

# Out-of-Network Benefits Check

Below are the steps to inquire with your insurance about nutrition consultation reimbursement for out of network services:

**01** Call the number on the back of your card. Ask to speak to the benefits department.

**02** Once you get ahold of someone, ask them these specific questions. Make sure you document the answers!

- Do I have any out of network benefits?
- Does my plan cover out of network nutrition counseling/medical nutrition therapy for the following CPT codes: 97802, 97803, S9470?
  - *If yes, how many appointments or hours are allowed per plan year?*
- Please note, if you have any of the following diagnoses, please ask about coverage for the associated diagnostic code:
  - Anorexia Nervosa: F50.019, F50.029, F50.00
  - Bulimia Nervosa: F50.20
  - Binge Eating Disorder: F50.819
  - OSFED: F50.89
  - ARFID: F50.82
  - Rumination Disorder: F98.21
  - Body Dysmorphic Disorder: F45.22
  - Pica: F50.83, F98.3
  - Gastroparesis: K31.84
- Do I need a referral prior to my out of network appointment?
  - *If the representative says your plan is covered with preventative only, ask if the diagnosis code Z71.3 is considered preventative with the CPT code 97802 and 97803*
- Do I have a deductible to meet first before my out of network coverage will be reimbursed?
  - *If yes, how much is the deductible?*
  - *Note: The deductible is the amount of money you have to spend out of pocket before insurance begins covering 100% of services*

**03**

Take note of the following information and keep for your records:

- Name of representative
- Phone call reference number
- Day/Time of call

