

# Nutrition Partners

## Insurance Benefits Check

### In-Network Plans

Nashville Nutrition Partners is considered an in network provider with Blue Cross Blue Shield of Tennessee and many out of state plans (not Medicaid plans), Aetna, Cigna (not Cigna Connect), and Medicare (not Medicare Advantage plans).

### Out-of-Network Plans

If we are out-of-network (OON) with your insurance (See question #4 on the next page), we can provide courtesy billing, which means we can submit your OON claims for you. If you would prefer to submit the claims to your insurance yourself, we can provide superbills (basically a claim in receipt form) to you monthly. Both of these options do require you to pay out of pocket for your session first. (We have discounted packages [here](#)) If your plan has out-of-network benefits, then you would be reimbursed directly. Please note, any questions you have regarding submitted OON claims, need to be directed to your insurance.

### **A few important notes:**

- If you didn't submit pictures of the front and back of your insurance cards on your insight questionnaire, please email them to [billing@nnp.clinic](mailto:billing@nnp.clinic).
- In the event of a misquote you will be responsible for any remaining balance.
- If your insurance company were to deny/reject a claim or process the claim with any copay, coinsurance, or deductible, you would be responsible for these and/or any remaining balance.

### **IMPORTANT claims submission information:**

- All claims that we submit require a procedure code (CPT code). Your initial session will have a 97802 CPT code, and follow up sessions are submitted with a 97803 CPT code.
- All claims that we submit require a diagnosis code(s) and is typically what determines whether a procedure is preventative or medical. Typically we send all claims with Z71.3 then Z72.4 if necessary. These are the only diagnosis codes that we can add to claims without getting anything from your outside healthcare provider.
- If your insurance plan requires a referral or a diagnosis and you would like us to request this information from your provider, please email [billing@nnp.clinic](mailto:billing@nnp.clinic) with your provider's name, phone number, and fax number and/or email address.
  - If your plan does require a referral/diagnosis, and we are unable to obtain them, there is a chance your insurance claims may be denied.

**Ready to check your coverage? Awesome - you can do this!**

## How To Call Insurance About Nutrition Counseling Coverage

1. Call the member services number on the back of your card
2. Say: "Hello, I would like to ask a few questions to find out if my plan covers nutrition counseling sessions with a registered dietitian. I have the CPT codes, the group name and NPI, and possible diagnosis codes."
3. "There are 2 CPT codes I want to check. Are 97802 (initial session) and 97803 (follow-up sessions) covered charges?" Yes  No
4. "Is Nashville Nutrition Partners - NPI 1790268506, in my network?" Yes  No
5. "Do I need a physician referral for nutrition counseling?" Yes  No
6. "How many sessions per calendar year are covered?" # of sessions \_\_\_\_\_
7. "I want to now understand what diagnoses are covered"
  - "Is Z71.3 or Z72.4 covered for preventative health?" Yes  No
  - *If you have other conditions that are nutritionally relevant such as high cholesterol, high blood pressure, diabetes, eating disorder, family history of diabetes or heart disease you can ask if these conditions are covered as well. Other covered diagnoses \_\_\_\_\_*
    - Also, we know that BMI is not an indicator of health, but some plans still consider it a relevant diagnosis. If you have a BMI that falls outside the "normal" range and want to ask if it's covered, go for it. If you don't want to, that's also fine. Your coverage may change, but your care from us will not.
8. Do I have telehealth coverage, and if so, until what date?
  - Yes  No  Date: \_\_\_\_\_
9. Do I have a co-pay/coinsurance for either 97802 (initial session) or 97803 (follow-up sessions)? \_\_\_\_\_

**Reference # for the Call:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***This worksheet is for you - we want you to understand what is covered in your plan. If you learn anything that you feel is necessary for us to know prior to submitting claims, send this information to [billing@nnp.clinic](mailto:billing@nnp.clinic).***