

Insurance Benefits Script for Nutrition Services

This page will guide you through checking your nutrition counseling benefits to ensure that your insurance plan covers our time together. If you are contracted with an insurance company not currently accepted by Fireweed Nutrition, we are happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. The superbill does not guarantee reimbursement. **Please contact your insurance company and complete these steps before the initial appointment.**

Call the member services number on the back of your card and ask:

- 1. Does my plan cover outpatient nutrition counseling? (CPT codes: 97802 and 97803)**
- 2. If yes, do the benefits cover diagnosis code Z71.3? (Ask what other diagnosis code we will be using)**

If yes, how many sessions are allowed?

Does my plan only cover visits that are “medically necessary”? Or do they also cover preventive services? (if a specific diagnosis is discussed, feel free to clarify with Charlene)

- 3. Do I have synchronous virtual health benefits?**
- 4. Do nutrition sessions go towards my deductible?**
If yes, how much is your deductible?
If yes, how much of the deductible have you met?
- 5. Do I have a co-pay for outpatient nutrition counseling and medical nutrition therapy services?**
If yes, how much?
- 6. Do I have a restricted number of visits per year for nutritional counseling?**
- 7. Does nutritional counseling require a referral or a written order from my primary care provider?**
If yes, please get in touch with your primary care provider for a referral.
- 8. Does nutritional counseling require pre-authorization before my visit?**
If yes, please notify Charlene Koutchak, RDN, CD and request a pre-authorization from your insurance.

Record the representative’s name and a reference number when checking your benefits. This information will be necessary if you ever need to dispute a rejected claim.

My signature certifies that I have read and completed this form to the best of my ability. I understand that if insurance denies coverage for a nutrition counseling session performed at Fireweed Nutrition, I am responsible for 100% of the payment.

Name Printed:

Signature:

Date:

Charlene Koutchak NPI Number: 1578194130