

Questions to Ask Insurance about Coverage for Nutrition Counseling

I'm so glad to be working with you! Let's make sure your appointment is covered.

Please follow the below instructions carefully - I suggest having this document on hand when calling your insurance so you can follow the suggested script!

In-network coverage depends on each client's insurance plan, state and each provider's enrollment status. I am in network with **Blue Cross Blue Shield, BCBS Medicare Advantage (effective 5/1/24)**, and **Original Medicare**. I will bill your insurance for you, however, you are responsible to know and understand your benefits. See the questions below that you can use when contacting your insurance.

FIRST: have this important info on hand before you call –

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To check your benefits, pull out your insurance card, find the customer/member service number, and give them a call. Here are the questions you need to ask:

1. Is my provider in-network or out-of-network? Do I have out-of-network benefits?

In Network – I will charge you for any deductible, co-pay, or co-insurance that your insurance does not cover. The rest of your appointment will be paid to us directly from your insurance company.

Out of Network– I can bill your insurance even if you only have out-of-network benefits. The cost of the appointment will be collected from you at the time of booking and you will be issued a refund for whatever reimbursement we receive from your insurance company.

2. Are telehealth visits covered?

You must ask if telehealth appointments are covered for CPT codes: 97802 (for initial consultations) & 97803 (for follow-up consultations). Due to COVID-19 most plans are currently covering telehealth.

3. Does my policy cover preventative nutrition counseling?

Many insurances now cover preventative nutrition counseling appointments at 100% without a diagnosis or doctor's referral.

4. Ask if your plan covers the following:

ICD-10 Code Z71.3 for Preventative Nutrition Counseling.

5. Does my policy cover Medical Nutrition Therapy for a specific disease or condition?

See examples below of specific conditions that might be covered.

- N18.31- Stage 3a Chronic Kidney Disease
- N18.32- Stage 3b Chronic Kidney Disease
- N18.4- Stage 4 Chronic Kidney Disease
- N18.5- Stage 5 Chronic Kidney Disease
- E11- Type 2 Diabetes
- R73.09- Abnormal Blood Glucose (Pre-diabetes)
- E66.9- Obesity (BMI >30)
- E78.5- Hyperlipidemia/High Cholesterol
- I10- High Blood Pressure (Hypertension)

6. Do I need a referral from my physician?

Many private insurance plans do NOT require a referral for preventative nutrition services. However, for specific diagnosis codes, you WILL need a physician referral.

Medicare Patients: All Medicare plans REQUIRE a referral from your physician - must be an MD or DO; referrals from NPs and PAs are not accepted. Please also note that Medicare ONLY covers nutrition counseling for diabetes, chronic kidney disease, and kidney transplants. If you do not have any of these three conditions, Medicare will not cover your nutrition counseling appointment. If you have BCBS Medicare Advantage, your plan *may* cover additional diagnoses. Please check with your plan.

Please send any physician referrals to me by fax: **312-646-4120**.

7. Does my plan have a limit to the number of visits covered per calendar year?

Some plans will pay for appointments to be covered but only up to 4-6 visits per year. Check with your plan for specific details.

8. Will I have to pay co-insurance, a co-pay, or a deductible first before my nutrition counseling session is covered?

In some cases, nutrition counseling is only covered after a patient has met their deductible. Check with your particular plan for details.

If your insurance pays for a specific diagnosis (like diabetes or chronic kidney disease), you must give me either a referral or doctor's notes with this diagnosis. I'm not a doctor, so I can't diagnose; if I don't have documentation from your doctor or other qualified healthcare professional (like a nurse practitioner), I won't be able to bill using this diagnosis.

That's it! Although I will bill the service correctly, to the best of my abilities, I cannot personally guarantee coverage for services, so I strongly encourage you to follow the provided steps to confirm your own benefits. If you need help, please reach out and I'll do what I can to walk you through this process.

I look forward to working with you!

Kate Zalewski RDN, CSR, LDN

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