

Benefits Verification Checklist – 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 patient's insurance plan, state, and each provider's enrollment status. I am currently in network with **BCBS PPO/HMO/Federal/Medicare, United Healthcare PPO/Medicare, Aetna PPO/Medicare, Cigna, and Original Medicare**. I will bill your insurance for you, however, you are responsible to know and understand your benefits. Follow the guide below when contacting your insurance.

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

Provider: Kate (or Caitlin) Zalewski – Registered Dietitian

Provider NPI: 1962838680

Organization NPI: 1336894856

Tax ID: 87-4601217

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:

☐ Is this provider (Kate Zalewski) in-network or out-of-network? If OON, 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 full out-of-pocket 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.

☐ Are telehealth visits covered?

Ask if telehealth appointments are covered for CPT codes 97802 & 97803. Try using 99401, 99402, 99403, and 99404 if those codes don't work. Due to COVID-19, most plans are currently covering telehealth.

☐ **Does my policy cover preventative nutrition counseling?**

Many insurances now cover preventative nutrition counseling appointments at 100% without a diagnosis or doctor's referral. Ask if your plan covers either ICD-10 Code Z71.3 or Z72.4 for preventative nutrition counseling.

*If **not**, please ask...*

☐ **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
- E66.9- Obesity, unspecified
- I10- High Blood Pressure (Hypertension)

☐ **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 - this 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 patients within 36 months of kidney transplant. If you do NOT have any of these three conditions, Medicare will not cover your nutrition counseling appointment.

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

☐ **Does my plan have a limit to the number of visits or units covered per calendar year?**

Some plans will pay for appointments to be covered, but only up to 4-6 visits per year. 1 “unit” = 15 minutes of time. Check with your plan for specific details.

☐ **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 a referral or doctor’s notes that include 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

Updated 12.1.2025.