ACORN Dietetics, LLC - Insurance script for patients seeking reimbursement

The purpose of this script is to give you guidance in navigating the insurance process and to assist you in determining if our time together will be reimbursed. It is important to understand that every plan is different and has different benefits. Nutrition Services are typically considered a specialty even if you have comprehensive health coverage.

I strongly recommend completing this form before your initial appointment. It is your responsibility to know your nutrition coverage including any charges that are not covered by your insurance company.

As a reminder, the fee for your visit with me is due before service is provided. You will receive a Superbill that you can submit to your insurance company for potential reimbursement.

Gather the information below PRIOR to your first appointment:

|  |  |  |
| --- | --- | --- |
| **Insurance Company** | **Insurance Policy Number** | **Date of Birth** |
|  |  |  |

Call the member services number on the back of your insurance card.

Ask for the name of the representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask for the reference number for this phone call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mark the date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Here are the important questions to ask:

1. Does my plan cover outpatient nutrition counseling for the following CPT Codes: 99201 - 99215 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. If Yes, how many visits or hours are allowed per plan year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Does my plan cover diagnosis code(s) (look up visit code on page 2) with CPT codes 99201-99215? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Does my plan only cover medical nutrition therapy visits that are considered “medically necessary?” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Does my plan only cover visits that are billed as preventive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Do I need a prior authorization or pre-determination letter prior to my appointment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do I need a physician referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. If yes, please bring in physician referral to the initial appointment
3. Do I have a deductible to meet first? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_
4. What is my co-pay amount for outpatient nutrition counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commonly used diagnosis codes (only choose the code for which you are being referred)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Diagnoses | | | | | |
| ✓ | ICD-10 | ICD-10 Description | ✓ | ICD-10 | ICD-10 Description |
| ☐ | N18.5 | Chronic kidney disease, stage 5 | ☐ | E10.1 | Type 1 diabetes mellitus with ketoacidosis |
| ☐ | N18.4 | Chronic kidney disease, stage 4 | ☐ | E10.2 | Type 1 diabetes mellitus with kidney complications |
| ☐ | N18.3 | Chronic kidney disease, stage 3 | ☐ | E10.3 | Type 1 diabetes mellitus with ophthalmic complications |
| ☐ | Z94.0 | Kidney transplant status | ☐ | E10.4 | Type 1 diabetes mellitus with neurological complications |
| ☐ | N17.9 | Acute kidney injury | ☐ | E10.5 | Type 1 diabetes mellitus with circulatory complications |
| ☐ | I 10 | Essential (primary) hypertension | ☐ | E10.6 | Type 1 diabetes mellitus with other specified complications |
| ☐ | I 12 | Hypertensive chronic kidney disease | ☐ | E10.64 | Type 1 diabetes with hypoglycemia |
| ☐ | E 66.0 | Obese due to excess calories | ☐ | E10.65 | Type 1 diabetes with hyperglycemia |
| ☐ | E66.01 | Morbid (severe) obesity due to excess calories | ☐ | E10.8 | Type 1 diabetes mellitus with unspecified complications |
| ☐ | E66.3 | Overweight | ☐ | E10.9 | Type 1 diabetes mellitus without complications |
| ☐ | E66.8 | Other obesity | ☐ | E11.0 | Type 2 diabetes mellitus with hyperosmolarity |
| ☐ | E66.9 | Obesity, unspecified | ☐ | E11.2 | Type 2 diabetes mellitus with kidney complications |
| ☐ | E78.0 | Pure hypercholesterolemia | ☐ | E11.3 | Type 2 diabetes mellitus with ophthalmic complications |
| ☐ | E78.2 | Mixed hyperlipidemia | ☐ | E11.4 | Type 2 diabetes mellitus with neurological complications |
| ☐ | E78.4 | Other hyperlipidemia | ☐ | E11.5 | Type 2 diabetes mellitus with circulatory complications |
| ☐ | E78.5 | Hyperlipidemia, unspecified | ☐ | E11.6 | Type 2 diabetes mellitus with other specified complications |
| ☐ | E78.8 | Other disorders of lipoprotein metabolism | ☐ | E11.64 | Type 2 diabetes with hypoglycemia |
| ☐ | E88.81 | Metabolic Syndrome | ☐ | E11.65 | Type 2 diabetes with hyperglycemia |
| ☐ | R73.1 | Impaired fasting glucose | ☐ | E11.8 | Type 2 diabetes mellitus with unspecified complications |
| ☐ | R73.09 | Other abnormal fasting glucose (prediabetes) | ☐ | E11.9 | Type 2 diabetes mellitus without complications |
| ☐ | M1A.3 | Chronic gout due to renal impairment | ☐ | M 10.9 | Gout, unspecified |