Insurance Coverage

- This document will help you determine if medical nutrition therapy (MNT) is covered by your health insurance plan.
- Call the member services number on the back of your insurance card.
- Our official business name is Healthy Hearts Nutrition LLC. We added a "Doing Business As" name in 2017: Clem&Thyme Nutrition. Tax ID: 45-3758882
- All of our dietitians are in-network with ALL of the plans below. If they ask for an NPI number, Leslie's is 1225207325

Patient Name: Patient DOB: Member ID:

Call the Insurance Provider Phone Number on the back of the card:

Here are some important questions to ask:

- Does my plan cover medical nutrition therapy (CPT code 97802 (initial appointment) and 97803 (follow-up appointment)?
- Most plans have a preventive policy **AND** a medical policy for nutrition. **You will want to ask for coverage for BOTH policies.**
- Ask, Does my plan cover preventive nutrition coverage under the Affordable Healthcare Act/Healthcare Reform? Most plans have coverage for this, you may have to ask several times.
  - What diagnosis codes are considered preventive? Z71.3? Overweight? Obesity?
- Does my plan have medical benefits for Medical Nutrition Therapy (MNT)? What diagnosis codes are covered under my medical benefit?
- Is there a limit on the number of visits for preventive? For medical?
- Do I have a deductible to meet first? Most preventive service do not require you to meet a deductible.
- Does my plan cover counseling provided via telehealth? Ask about place of service (POS) 10?
- Do I need a physician referral?
- Do I need preauthorization?
- Do I have a coinsurance amount?

Please ask for a reference number and date from your phone call:

Note: if you need a physician referral, please call your doctor and have the office manager send a referral with **ALL** of your diagnosis codes (including an overweight or obese BMI diagnosis code, if applicable) to (937) 917-8048.

- On the next page is a guide for each insurance plan. This is not a guarantee of coverage, as every insurance plan is different. Some plans are grandfathered, self-insured and decide which codes they will cover.
- Most insurance companies have preventive coverage AND medical coverage. You will want to ask about both. We try to bill under preventive coverage (if possible) so the client does not have a cost share (have to meet deductible or have coinsurance).

Anthem Blue Cross Blue Shield and Federal BCBS:

- There are many different Anthem Blue Cross Blue Shield plans and they each have their own rules. Self-funded plans and "grandfathered plans" make their own rules. It's VERY important to check benefits in advance for these plans.
- Most Commercial Anthem plans have preventive coverage under the Affordable Healthcare Act or Healthcare Reform. You will need to specifically ask about preventive coverage (sometimes multiple times). **Anthem reps typically just read the medical benefit and skip over preventive coverage if you do not ask.** If they ask for a diagnosis code for preventive coverage, ask about diagnosis code Z71.3 (dietary surveillance and counseling). Preventive coverage is usually covered 100% and does not have a limit on the number of visits.
- Federal Blue Cross Blue Shield has historically had 100% coverage, no limit on visits.
- Anthem Medicaid: Please call and confirm coverage.
- Anthem Highmark plans (with ID numbers starting with CKM) must meet their high deductible first.
- If you do not have preventive nutrition benefits, ask about medical coverage (depends on the plan).
- Most Anthem plans are currently covering telehealth, but please confirm with your plan.

United Healthcare/UHC Community/UMR/Surest/GEHA:

- Most of these plans have a preventive AND medical benefit.
- We must have your full diagnosis list (sent from your physician) to bill health insurance for these codes. Please fax over your most recent medical history **with ALL diagnosis codes (include overweight or obesity codes, as well)** to our office fax number: 937-917-8048.
- Preventive benefit (100% coverage, no limit on number of visits) usually applies if you have a BMI over 25 (overweight), metabolic syndrome, hyperlipidemia, high blood pressure, high cholesterol, atherosclerosis, impaired fasting glucose, diabetes.
- The UHC medical benefit (If your diagnosis codes do not fall under preventive) depends on your plan but you will usually have to meet your deductible first and will have a coinsurance.
- Most of these plans are covering telehealth, but please confirm with your plan.

Tricare:

- We are not in-network (or "certified") with Tricare.
- Your individual plan will decide if they cover our services. Please check benefits and verify.
- Many plans cover our services as "out-of-network" but you may have to meet your deductible first.

Cigna

- Most of these plans have a preventive AND medical benefit.
- Cigna preventive benefit (100% coverage) usually covers three visits per calendar year; some plans cover more appointments.
- Some Cigna plans cover CPT code 99404 (one hour, **in-person** appointment). Please ask about this coverage, as well.
- Cigna medical benefit (if no coverage for preventive appointments) depends on the plan but you will usually have to meet your deductible first and will have a coinsurance.
- Most of these plans are covering telehealth, but please confirm with your plan.

Medical Mutual of Ohio:

- Most of these plans have a preventive benefit (100% coverage) usually covering **nine** visits per calendar year.
- Most of these plans are covering telehealth, but please confirm with your plan.
- There are a few Medical Mutual plans that have a TIER benefit structure. We are in tier 3 so if they limit coverage to tier 1 and tier 2, our services will be denied.
- Most of these plans are covering telehealth, but please confirm with your plan.

Aetna

- We must have your full diagnosis list (sent from your physician) to bill health insurance for these codes. Please fax over your most recent medical history **with ALL diagnosis codes (include overweight or obesity codes, as well)** to our office fax number: 937-917-8048.
- **16 visits should be covered with an overweight (e66.3) or obese (e66.9) diagnosis:**
  - E66.01-E66.1- range of ICD 10 codes representing various forms of obesity
  - E66.3-E66.9 - range of ICD 10 codes representing patient is overweight to obese
  - Z68.25 - Z68.45 - range of BMIs from 25-70
- **10 visits should be covered for "Healthy Diet Counseling":**
  - E08.00-E13.9 - range of ICD 10 codes representing various forms of diabetes
  - E66.01-E66.1- range of ICD 10 codes representing various forms of obesity
  - E66.3-E66.9 - range of ICD 10 codes representing patient is overweight to obese
  - E78.0, E78.1, E78.2, E78.3, E78.4, E78.5 - range of ICD 10 codes representing high cholesterol
  - I10 - ICD 10 codes representing hypertension.
  - Z71.3 - Dietary counseling and surveillance [needs a secondary code]
  - Z82.41 - Family history of sudden cardiac death
  - Z82.49 - Family history of ischemic heart disease and other diseases of the
  - circulatory system
  - Z83.3 - Family history of diabetes mellitus
- Most of these plans are covering telehealth, but please confirm with your plan.
- **All Aetna appointments are limited to one hour in length, therefore we must split your initial appointment into two sessions (our initial appointments are usually two hours).**

Medicare:

- Medical nutrition therapy is ONLY covered with a diagnosis of diabetes or pre-dialysis kidney disease (stages 3-5).
- Medicare limits 3 hours for the first calendar year, whether it was provided by us, another dietitian or a combination of both and limits to 2 hours for subsequent calendar years.
- A referral from your Medicare doctor (MD or DO) is **always** required and must have diabetes or chronic kidney disease listed. Have your doctor's office fax it to (937) 917-8048. It is the client's responsibility to ensure the referral has been received prior to any appointments.
- Additional appointments are covered when your physician feels you still need nutrition counseling and your doctor sends us a new referral and use CPT code G0270.
- Medicare plans are covering telehealth.
- **Medicare Advantage Plans:** We bill the insurance company, not Medicare. Anthem Medicare Advantage Plans may cover additional diagnoses that traditional Medicare won't but most Medicare Advantage plans follow Medicare guidelines, (only diabetes or chronic kidney disease (stages 3-5).
    - A referral is still required.
- **Medicare Supplemental Plans:** These plans don't provide any additional benefits beyond straight Medicare. If straight Medicare won't cover it, a Medicare Supplement won't either. These plans only help cover copays, which don't apply to nutrition therapy.

Medicaid:

- We are in-network with true Medicaid of Ohio.
- We are not in-network with Molina or Buckeye Health Insurance.
- Medicaid plans cover telehealth appointments.
- Please call and check to confirm what diagnosis codes are covered and limit of appointments.

Caresource:

- We are in-network with Caresource.
- Please call your healthcare plan to determine which diagnosis codes are covered and your limit on the number of appointments.
- Caresource plans cover telehealth appointments.
- Caresource Medicaid covers many medical diagnosis codes (overweight, obesity, diabetes, hypertension, eating disorders).
- Caresource Marketplace follows Medicare guidelines, only covering a diagnosis code of diabetes or chronic kidney disease.