## Insurance Coverage

We're in-network with many major insurance plans—and most of our clients have excellent coverage for nutrition services!

If we are in-network with your insurance provider, all of the dietitians on our team are considered in-network providers under that plan. Occasionally, insurance representatives may mistakenly state that only one or two of our dietitians are covered. Please know this is not accurate—all Clem&Thyme dietitians are credentialed and in-network with the plans we accept.

Before your first visit, we encourage you to call the member services number on the back of your insurance card to verify your benefits for Medical Nutrition Therapy (MNT). While we're happy to help you understand your benefits, every plan is different. Some are self-funded or "grandfathered" and don't follow standard coverage policies.

Business Information for Insurance:

- Legal Business Name: Healthy Hearts Nutrition LLC
- Doing Business As: Clem&Thyme Nutrition
- Tax ID: 45-3758882
- NPI (for Leslie Edmunds): 1225207325

## How to Check Your Insurance Benefits

When you call your insurance company, ask the following questions:

- Does my plan cover Medical Nutrition Therapy (MNT) with CPT codes:
    - 97802 (initial appointment)
    - 97803 (follow-up appointments)?
    - Most plans have a preventive policy **AND** a medical policy for nutrition. **You will want to ask for coverage for BOTH policies.**
- Is there preventive coverage for nutrition services under the Affordable Care Act?
    - Ask about diagnosis code Z71.3
    - Ask if overweight or obesity are considered preventive
- Does my plan also offer medical coverage for MNT?
    - What diagnosis codes are included?
- Is there a limit on the number of visits?
- Do I need to meet a deductible first?
- What is my copay or coinsurance, if any?
- Does my plan cover telehealth appointments?
- Do I need a referral or preauthorization from my doctor?

Ask for a reference number for the call and the representative's name.

Need a referral?
If required, please have your doctor's office fax your referral, including all relevant diagnosis codes (such as overweight/obesity), to 937-917-8048.

**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% (if not a self-funded plan) 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 **Medicare**, as of 2025, requires a PRE-AUTHORIZATION from your D.O. or M. D. to be paid.
- Anthem **Medicaid**: Please call and confirm coverage. Get a reference number.
- 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.

- You must have documentation from your physician for diagnosis codes (not just a self-reported condition). 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.

- The preventive benefit (usually 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. Family history of CVD (Z82.49) may be used as a preventive diagnosis without provider documentation but you must notate it on your health assessment form.

- 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 **Tricare certified**, which means we are authorized to provide services to Tricare beneficiaries and submit claims on your behalf. However, we are **not considered in-network**, and services may be processed at out-of-network rates.
- The best option is for your physician (MD or DO) to submit a **preauthorization** specifying the number of visits. If a preauthorization isn't obtained, a **referral with diagnosis codes** may still allow Tricare to reimburse the visit—but you'll likely need to meet your deductible first.
- Please call your Tricare plan to verify your coverage for nutrition counseling.

**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 regardless of diagnosis code.
- 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 medical codes. Please fax over your most recent medical history **with ALL diagnosis codes (include overweight or obesity codes)** to our office fax number: 937-917-8048.
- **16 visits per year 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 per year 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 + BMI or family history 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 (MNT) is covered for diabetes or chronic kidney disease (stages 3–5), or post-kidney transplant (within 36 months).

- 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 uses CPT code G0270. This code allows for **additional nutrition visits under Medicare** when your doctor believes continued care is medically necessary—especially if there has been a change in your condition, diagnosis, or treatment plan.
- Medicare plans are covering telehealth.
- Medicare Advantage plans may allow broader coverage but typically follow traditional Medicare guidelines. A referral is still required.
    - **Anthem Medicare Advantage Plans :** as of 2025, requires a PRE-AUTHORIZATION from your D.O. or M. D. to be paid.
- **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 traditional Ohio Medicaid (also known as "fee-for-service"). However, your physician must submit and receive an approved preauthorization for a certain number of appointments  before your appointment.
    - If a preauthorization is not on file, the visit will be considered self-pay at the time of service. You may be reimbursed if the claim is later approved by Medicaid.
- We are <u>not</u> in-network with Humana, Molina or Buckeye Health Insurance.
- Medicaid plans cover telehealth appointments.
- Please call and check to confirm what diagnosis codes are covered and the 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.