

Insurance Verification Handout

The following questions/steps are provided as a courtesy to help you determine if nutrition counseling may be covered. Having these questions answered by your member service representative is not a guarantee of coverage.

1. Call the member service number in the back of your insurance card. Please note the date, time, name of the representative you spoke to regarding coverage and a **reference number** for the call.
2. You can verify that I am in network with your insurance with the representative.
 - a. Change My Eating, Inc NPI number: 165989067
 - b. Jennifer Schimsky-Arussi NPI number: 1114329281
 - c. Procedure code for **initial** counseling session - 97802
 - d. Procedure code for **follow-up** counseling session - 97803
3. Ask these important questions:
 - a. **Does my plan cover “preventative nutrition counseling benefits?”** If they say yes, ask if **Z71.3 (nutrition counseling and surveillance)** is covered?
 - b. **Does my plan cover outpatient nutrition counseling for _____?**
Examples include: diabetes, overweight, obesity, diabetes, pre-diabetes, heart disease, bariatric surgery, binge eating disorder
 - c. **Do I need a physician referral?** See attached form for your physician to complete. Your doctor’s office can fax the completed referral form to 855-492-6784. Please note that a doctors referral is required in CA to provide Medical Nutrition Therapy (MNT).
 - d. **Does my deductible apply or is there co-insurance?** If yes, how much?
 - e. **Do I have a co-pay?** If yes, how much?
 - f. **Is there a visit limit?** Some plans offer unlimited visits as “preventative” and some will cover as long as medically necessary.
 - g. **Is tele-health covered?**

Please note the following important points:

- Medicare only covers for the diagnosis of **diabetes or kidney disease** and up to 3 visits the initial year (and 2 visits the subsequent year). Medicare requires a doctors referral be submitted with the claim filed.
- **If Change My Eating, Inc files a claim through your insurance and it is denied, you are ultimately responsible for payment.** An invoice will be provided and you can submit to your insurance for *possible* reimbursement.

“Helping smart, busy individuals struggling with their weight, change their eating habits without the typical feeling of shame and deprivation.”

Nutrition Counseling Referral Form

Jennifer Arussi, MS, RDN
Registered Dietitian Nutritionist

Office Phone: 818-836-8813 HIPPA-Compliant Office Fax: 855-492-6784

From:

Referring Physician Stamp/Write In:

Physician's Signature: _____

Patient's Name: _____ Parent/Guardian Name _____

Phone number(s): _____

ICD 10 Diagnosis (please circle all that apply, write in additional below)

Dietary Counseling and Surveillance Z71.3	Binge Eating Disorder: F50.81	Eating Disorder NOS: F50.9
Inappropriate Diet and Eating Habits Z72.4	Hyperlipidemia/Unspec: E78.5	Hypertriglyceridemia/Pure: E78.1
Diabetes type 2 w/ hyperglycemia: E11.65	Hyperlipidemia/Other: E78.4	Impaired Fasting Glucose: R73.01
Diabetes type 2 w /out complications: E11.9	Hypertension/Essential/Primary: I10	Hypercholesterolemia/Pure: E78.00
Gestational DM/diet controlled: O24.410	Irritable Bowel Syndrome: K58.0	Hyperlipidemia/Mixed: E78.2
Polycystic Ovarian Syndrome: E28.2	Obesity/NOS: E66.9	Hypertension w/out CHF: I11.9
		Overweight: E66.3

Diagnosis: _____ ICD 10: _____

Diagnosis: _____ ICD 10: _____

Diagnosis: _____ ICD 10: _____

***** Please attach Labs, consultation reports and any other information you wish us to have*****

Phone: 818-836-8813 Fax: 855-492-6784

Location: 18425 Burbank Blvd, Suite 500, Tarzana, CA 91367

www.ChangeMyEating.com