

## Insurance Verification Worksheet

This worksheet is intended to guide you through a call to your insurance company to verify coverage of nutrition services. This call may take approximately 15 minutes.

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- *Locate and call the "Member Services" line, usually on the back of your insurance card.*
- *Follow the call prompts to connect you with a benefits representative. Specify you are calling for your MEDICAL (not behavioral health) in-network benefits for nutritional counseling with an outpatient registered dietitian.*
- *Once you have connected with a representative, ask the following questions:*

1. Does my plan cover nutrition counseling procedure codes 97802 (Initial Assessment) and 97803 (Follow Up Appointments)?
2. What are my benefits for these covered procedure codes?  
Options:
  - a. *Covered at 100%, no co-pay, do not need to meet deductible first*
  - b. *Co-pay is patient responsibility, then covered by 100%*
  - c. *I must meet a deductible first*
  - d. *Other*
3. Is there a limit to how many sessions are covered for these procedure codes? If "yes", please ask question 5.
4. Are there any exceptions to these calendar year limitations (ex: for eating disorders)?
5. If you are scheduling a Telehealth/virtual appointment, ask if these procedure codes are covered if performed via Telehealth.
6. Do I need a physician referral for these procedure codes?
7. Are there any diagnosis codes that are excluded from these benefits? Please note, when we do not have a more specific diagnosis to submit claims, we bill with Z71.3 (Dietary Counseling and Surveillance)

*\* Before you hang up, gather the following information from the person you are speaking with:*

*Call Representative's Full Name:*

*Call Reference Number:*