

Below are the steps required for us to get you an appropriately coded superbill

Please note that I can only include sessions on a superbill that have been **completed**.

Download our [MNT Referral form](#) and have your physician (or physician office) complete it electronically or fax to us at [425-380-0779](tel:425-380-0779)

This form is helpful in ensuring we code our sessions with the right codes that can only come from your doctor. An alternative to the form can be a physician's note, but be sure it includes the list of your diagnosed health conditions.

Call Your Health Insurance and Follow These Steps

1. Contact your health insurance provider

Call the 800- number on the back of your health insurance card and speak with a representative. Be sure you write down their name. Have them spell it for you several times if needed.

For one, it will be helpful to know who you're speaking to, and another reason is you'll be able to identify with whom you spoke if you need to challenge a bill.

2. Determine your covered nutrition services

This is the time to ask if your insurance covers nutritionists. Ask the representative, "*are nutritionists covered by my insurance?*"

Ask if you have nutrition counseling services or nutrition insurance coverage. The common procedure technology (CPT) codes for services are 97802 and 97803.

As an alternative, ask about any coverage for **medical nutrition therapy**.

3. Find your ICD-10 codes

Your benefits may require certain diagnoses. These will come from your International Classification of Diseases (ICD) codes and there are [more than 70,000 disease codes available](#).

The next thing you'll want to do is find out if there are any specific diagnosis required by your insurance company. You can ask about preventive nutrition, which uses *ICD-10 code Z71.3*.

It's important to know that only your physician can diagnose you with these codes (with the exception of Z71.3 as it is preventive care). You can find your ICD-10 codes in your online health chart or by calling your doctor's office.

Write down any requirements the representative informs you of.

4. Find out how many visits you have *per year* with a dietitian nutritionist.

It could be anywhere from zero to unlimited. That being said, this may also hinge on the ICD-10 codes you have.

Equally important, ask **when the start of the year is for benefits**. Be sure to ask what the start and end dates are for your annual plan. Benefits can reset for the "new year."

5. Have I met my deductible?

Find out if you do, and how much. If you need to reach a deductible, you can request a superbill from your provider/specialist. This is basically a receipt that you can send to your health insurance provider that will go towards your deductible. Once you meet your deductible, you may have 100% coverage.

6. What is my copay?

Ask about any copay required to see a registered dietitian. Health insurance covers dietitian nutritionists under specialists. This information may be on your insurance card – check for specialist copay.

7. Do I have out of network benefits?

If yes, you can look at dietitian nutritionists and other healthcare providers that are outside of your health insurance network. If no, ask where you can get a list of dietitians that are in-network for you. (This is how you may be able to work with me and have insurance help cover some of the investment.)

8. Does my insurance cover telehealth visits?

Sometimes they will know this immediately and sometimes they won't. You may be able to ask about *location code 02* or *modifier code GT*.

For your reference, here is the [REVV Health MNT referral form](#).