

Insurance

The following insurance companies contract with us: Aetna, HealthNet, Medicare, Multiplan and various HMO products through the Santa Clara County IPA (SCCIPA) and Stanford Healthcare/Affinity. Please scroll down to your insurance company to find out details of potential nutrition service coverage, reimbursement and limits.

Aetna

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. [Click here for a copy of our standard referral form.](#)

Many nutrition related diagnosis are covered by Aetna. Please call Aetna to determine if Medical Nutrition Therapy is a covered benefit for your diagnosis. The procedure codes we use for MNT are: 97802, 97803 and 97804.

Aetna limits all sessions, including initial session to 50 minutes.

Client's financial responsibility: You would be responsible for paying any deductible, copays and co-insurance.

Affinity Healthcare/Stanford Healthcare

Authorization Letters - In order to have nutrition services covered by an HMO insurance via Affinity Healthcare or Stanford Healthcare, you must have your physician make an authorization. The authorization letter will have an expiration date and number of visits. Be sure to schedule your appointments before expiration date of authorization in order for nutrition sessions to be covered by your insurance company.

Client's financial responsibility: You would be responsible for paying any copays and co-insurance.

HealthNet

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. [Click here for a copy of our standard referral form.](#)

Many nutrition related diagnosis are covered by HealthNet. Please call Aetna to determine if Medical Nutrition Therapy is a covered benefit for your diagnosis. The procedure codes we use for MNT are: 97802, 97803 and 97804.

Client's financial responsibility: You would be responsible for paying any deductible, copays and co-insurance.

Santa Clara County IPA (SCCIPA)

Authorization Letters - In order to have nutrition services covered by an HMO insurance via SCCIPA, you must have your physician make an authorization. The authorization letter will have an expiration date and number of visits. Be sure to schedule your appointments before expiration date of authorization in order for nutrition sessions to be covered by your insurance company.

Client's financial responsibility: You would be responsible for paying any copays and co-insurance.

Medicare

Referrals - Medicare requires us to have a referral from your physician. [Click here for a copy of](#)

our Medicare referral form.

Medicare will only pay for nutrition sessions for people with a diagnosis of Diabetes or Pre-Dialysis Kidney Disease. They do not cover for Pre-Diabetes or any other diagnosis.

Medicare limits the amount of nutrition therapy to 3 hours for the first calendar year you received nutrition therapy, whether nutrition therapy was provided by our group or another dietitian or institution. Medicare limits the amount of nutrition therapy to 2 hours for the second calendar year.

Client's financial responsibility: 100% of nutrition services are covered by Medicare. There is NO copay and the services DO NOT go towards your deductible.

Multiplan

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. [Click here for a copy of our standard referral form.](#)

Certain insurance plans will use Multiplan to process their claims. They will often have a nutrition therapy benefit, however there are often limits. Depending upon your plan and diagnosis nutrition therapy may be a covered benefit. Multiplan contracts with us similarly to other insurance plans. It is best for you to call your insurance company or ask your benefits department the details of your plan. Click here for information on what to ask your insurance company.

Client's financial responsibility: You would be responsible for paying any deductible, copays and co-insurance.

Anthem Blue Cross and Blue Shield

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. [Click here for a copy of our standard referral form.](#) Some Anthem Blue Cross Blue Shield will cover for nutrition therapy. This depends upon your plan and how it is set up. There are some companies that use the Anthem Blue Cross and Blue Shield provider lists but have written their own policies. Some of these companies have written into their insurance policy a nutrition therapy benefit. It is best for you to call your insurance company or ask your benefits department the details of your plan. Click here for information on what to ask your insurance company.

Client's financial responsibility: You would be responsible for paying a deposit at the time of service. See fee structure agreement form.

United Healthcare

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. [Click here for a copy of our standard referral form.](#)

United Healthcare insurance plans typically have a nutrition therapy benefit. If you have diabetes, nutrition therapy must be covered in California due to Senate Bill 64 as it requires California insurance companies to pay for nutrition therapy for people with Diabetes. Depending upon your plan and diagnosis nutrition therapy may be a covered benefit. It is best for you to call your insurance company or ask your benefits department the details of your plan. Click here for information on what to ask your insurance company.

Client's financial responsibility: You would be responsible for paying a deposit at the time of service. See fee structure agreement form.

Cigna

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. [Click here for a copy of our standard referral form.](#)

Cigna insurance plans typically have a nutrition therapy benefit. If you have diabetes, nutrition therapy must be covered in California due to Senate Bill 64 as it requires California insurance companies to pay for nutrition therapy for people with Diabetes. Depending upon your plan and diagnosis nutrition therapy may be a covered benefit. It is best for you to call your insurance company or ask your benefits department the details of your plan. Click here for information on what to ask your insurance company.

Client's financial responsibility: You would be responsible for paying a deposit at the time of service. See fee structure agreement form.

Other Insurance Companies

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. [Click here for a copy of our standard referral form.](#)

Some insurance plans may have a nutrition therapy benefit. If you have diabetes, nutrition therapy must be covered in California due to Senate Bill 64 as it requires California insurance companies to pay for nutrition therapy for people with Diabetes. Depending upon your plan and diagnosis nutrition therapy may be a covered benefit. It is best for you to call your insurance company or ask your benefits department the details of your plan. Click here for information on what to ask your insurance company.

Client's financial responsibility: You would be responsible for paying a deposit at the time of service. See fee structure agreement form.

Checking Your Insurance Policy's Benefits

We are a small office and in effort to keep costs down, we do not have staff available to call and check insurance plan benefits. We recommend you contact your insurance company, or ask someone from your HR department to call, and see what benefits your plan may have regarding Medical Nutrition Therapy (MNT) coverage even if your physician wrote a referral. The referral does not guarantee that nutrition therapy will be covered by your insurance company. Call the phone number for customer service which is usually located on the back of your insurance card. Ask if MNT is a covered benefits based upon your plan and diagnosis. The procedure codes we use for MNT are: 97802, 97803 and 97804. You will want to contact your physician for a diagnosis code before you call the insurance company.

Our tax id # is: 77-0569652, which they may ask for to identify our group. If there is a MNT benefit, ask if there are any restrictions. For example, a limit of visits, having to use a certain practitioner, etc. If your insurance company says that MNT is a benefit, be sure to document the date and who you spoke with and ask them to send you the information in writing. You may be able to have the MNT benefits applied to the 'in network' benefit side of your insurance plan if they do not have registered dietitian in their network or if you have an eating disorder and they do not have a registered dietitian who is a Certified Eating Disorder Dietitian (CEDRD). When insurance companies agree to cover an out of network practitioner under the in network benefits, this is often called Gap coverage. You may also be able to request a single case agreement for MNT depending upon your plan and diagnosis. Unfortunately we are not set up to provide the service of contacting insurance companies to verify benefits.