

Insurance

The following insurance companies contract with us: Aetna PPO, Aetna via Stanford Healthcare Alliance (Stanford Univ & Cisco Employees), HealthNet PPO, United Healthcare PPO and various HMO products through the Santa Clara County IPA (SCCIPA) and Affinity Medical Group. Please scroll down to your insurance company to find out details of potential nutrition service coverage, reimbursement and limits.

Aetna PPO

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services.

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. Please refer to your specific insurance plan for details.

Aetna via Stanford Healthcare Alliance for Stanford Univ and Cisco Employees

PreCertification Referral Form is Required- In order to have nutrition services covered by your Stanford Healthcare Alliance Aetna plan, you must have your physician send Aetna a referral requesting nutrition therapy services be approved on Aetna's Referral Form for participating providers. Please see sample referral fax form here. Once authorized, the referral 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 deductible, copays and co-insurance. Please refer to your specific insurance plan for details.

Affinity Healthcare/Affinity Medical Group

Authorization Letters - In order to have nutrition services covered by an HMO insurance via Affinity Healthcare or Affinity Medical Group, 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. Please refer to your specific insurance plan for details.

HealthNet PPO

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services. 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. Please refer to your specific insurance plan for details

Santa Clara County IPA (SCCIPA)

Authorization Letters - In order to have nutrition services covered by an HMO or POS 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. Please refer to your specific insurance plan for details

United Healthcare PPO

Referrals - California state law requires us to have a referral from your physician with diagnosis in order to provide services.

Many nutrition related diagnosis are covered by United Healthcare PPO. Please call United Healthcare 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. Please refer to your specific insurance plan for details.

United Healthcare Group Medicare Advantage (PPO)

*Referrals – UHC Medicare Advantage Plan PPO requires us to have a referral from your physician. This plan will only pay for nutrition sessions for people with a diagnosis of Diabetes or PreDialysis Kidney Disease. They do not cover for Pre-Diabetes or any other diagnosis. This plan limits the amount of nutrition therapy to 3 hours for the first calendar year you receive nutrition therapy, whether nutrition therapy was provided by our group or another dietitian or institution. This plan limits the amount of nutrition therapy to 2 hours for the second calendar year. *Client's financial responsibility: You would be responsible for paying any deductible, copays and co-insurance. Please refer to your specific insurance plan for details.

INSURANCE COMPANIES THAT DO NOT CONTRACT WITH US SEE BELOW:

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 for services 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. 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 for services 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. 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 for services 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 that is able to see you within a reasonable amount of time or if you have an eating disorder and they do not have a registered dietitian who is a Certified Eating Disorder Specialist (CEDDS). 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 or to request Gap coverage or single case agreements.