

Insurance Benefit Verification Procedure

Bay Area Nutrition (BAN) is contracted with the following PPO Insurance Plans: **Aetna PPO, Cigna PPO, HealthNet PPO and United Healthcare PPO.**

Additionally, BAN is contracted with **Aetna via Stanford Healthcare Alliance** (Stanford Univ & Cisco Employees), **United Healthcare Group Medicare Advantage (PPO) and various HMO products through the Santa Clara County IPA (SCCIPA)** and Affinity Medical Group (AFMG)** See below for specifics about these plans.**

For all other insurance companies, we are considered out of network.

Since payment for services is ultimately your responsibility, we recommend you contact your insurance company and see your specific insurance plan **covers Medical Nutrition Therapy (MNT) benefits**, 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. Please note that Referrals - **California state law requires us to have a referral** from your physician **with diagnosis** to provide services regardless of insurance company's criteria.

Ask the following questions and document the answers:

- **Is Medical Nutrition Therapy (MNT)/nutrition counseling a covered benefits based upon your plan and diagnosis?** The procedure codes we use for MNT are: 97802, 97803 and 97804. You will need to contact your medical provider 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.
- **Is MNT/nutrition counseling covered as a preventive benefit?**
If so, is your diagnosis covered?
- **Is MNT/nutrition counseling covered as a medical benefit?**
If so, is your diagnosis covered?
Do I have a deductible to meet before insurance will pay?
Will I have a copay/ coinsurance?
- **Is MNT/nutrition counseling covered via telehealth?**
- **How many visits are allowed?**
- **Write down the date and reference number for your call.**

Affinity Healthcare/Affinity Medical Group (AFMG)

Authorization Letters - To have nutrition services covered by HMO insurance via Affinity Healthcare or Affinity Medical Group, you must have your **physician make an authorization requesting MNT for CPT codes: 97802 and 97803.** The authorization letter will have an

expiration date and number of visits. Be sure to schedule your appointments before the expiration date of authorization 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.

Santa Clara County IPA (SCCIPA)

Authorization Letters - To have nutrition services covered by an HMO or POS insurance via SCCIPA, you must have your **physician make an authorization requesting MNT for CPT codes: 97802 and 97803**. The authorization letter will have an expiration date and number of visits. Be sure to schedule your appointments before the expiration date of the authorization 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 and deductibles.

Aetna via Stanford Healthcare Alliance (Stanford Univ & Cisco Employees)

For this plan, **an Aetna specific referral form** is required from your healthcare provider to be entered into Aetna's referral system, Availity, or faxed directly to Aetna. If you have questions about this please reach out to our office

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

United Healthcare Group Medicare Advantage (PPO)

This plan will only cover MNT for people with a diagnosis of Diabetes or Pre-Dialysis 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 copays and co-insurance and deductibles.