

Guide to Inquiring about Insurance Coverage for Nutrition Services

Depending on your specific plan, your insurance may or may not cover nutrition counseling. Here are some questions you may ask them to find out if or how much your insurance will pay:

- Does my plan cover nutrition counseling (procedure codes 97802 and 97803)?
- Is Professional Services of Holy Cross an approved provider?
- What is the coverage if the services take place in a specialist's office? (Outpatient Nutrition at Holy Cross is considered to be a specialist's office, not a hospital setting)
- Will I need to get a referral or a preauthorization number? *
- Is nutrition counseling covered only if I have a certain diagnosis (i.e. diabetes, heart disease, cancer, etc)? *
- How many sessions per benefit period will my insurance cover?
- If nutrition counseling is covered, will I be responsible for a copay or coinsurance?
- Do I have out of network benefits, and if so, how much of the visit is covered?
- Do I have a deductible, and if so, what is it and how much have I paid so far this year? For your benefit, it is recommended that you obtain a reference number for your call.

If your plan does not cover nutrition counseling, or you do not meet your plan's qualifications for coverage, you have the option of paying out of pocket. Self-pay rates vary depending on insurance coverage.

Holy Cross Nutrition Services participates with the following insurance companies:

- Aetna
- Amerigroup (MCO*)
- Carefirst
- BlueChoice (HMO of Carefirst)
- Medicare

- Cigna
- Tricare (includes Champus)
- UHC (including MAMSI/ MDIPA/OptimumChoice)

Holy Cross Nutrition Services is considered non-participating with the following insurance companies:

- Medicaid
- Priority Partners (MCO)
- AmeriChoice (MCO of UHC)

^{*} If the answer is "yes" to a question with an (*), then you are responsible for providing written documentation from your physician or nurse practitioner on the day of your first session.