Nutritional Weight & Wellness

The Insurance Handout – Medicare

Medicare Coverage

Medicare plans have very limited coverage and will only cover visits with a Registered Dietician (RD) or Licensed Nutritionist (LN) if the client has one (*or more than one*) of three specific diagnoses. The three (3) allowable diagnoses are:

1. Diabetes (not pre-diabetes)
2. Kidney Disease stage 1, 2 or 3
3. Having had a kidney transplant within the last 36 months.

Medicare and Medicare Advantage plans will only cover 3 hours of Nutrition Therapy the first year you see an RD or LN. In addition, Medicare Plans only cover 2 hours per year for subsequent years.

***If your physician wants you to be seen for another medical reason – Medicare will not cover any other diagnoses codes for our services.

Medicare Advantage/Replacement and Supplemental Plans

Nutritional Weight & Wellness, Inc. is an in-network provider for Blue Cross Blue Shield, Medica, United Healthcare and Medicare. Those are the **ONLY** insurance companies we bill.

- If you have Medicare as Primary, we can send in a claim.
- If you have Medicare as Primary PLUS a Medicare supplement plan (Medigap) from any insurance company, we can send in a claim.
- If you have a Medicare Advantage/ Replacement plan (Medicare Part C), it needs to be from Blue Cross Blue Shield, Medica or United Healthcare for us to send in a claim.

If you are unsure if you have Regular Medicare (Part B), Or Medicare Advantage/Replacement (Part C), or a supplement (Medigap) look at your insurance card, it might indicate which plan you have or you may call your insurance company to confirm.

If we submit to insurance and your claim is denied

The insurance rate for an initial consultation (90 mins) is $300 and an insurance follow-up consultation (1-hour) is $160. That is the price we bill insurance. It is important to know if your insurance will pay **BEFORE** you are seen. If we submit a claim for nutrition therapy and your claim is denied, you will be required to pay the full insurance rate. We use procedure codes: **97802** and **97803** for Nutrition Therapy visits.

How to Obtain a Dr's Order (Diagnosis needed)

Please call your **Medicare approved** primary care physician/clinic and request a Dr's Order. Doctor's Orders may also be called "Insurance Referrals" or "Prescription for Services" – so you may hear those terms used as well.

Medicare needs to know from your Medicare Approved Physician if you have any of the covered diagnoses that are covered under the Nutritional Counseling/Medical Nutrition Therapy benefit. [Diabetes, Kidney Disease Stage 1, 2 or 3 OR if you have had a Kidney Transplant in the last 36 months]

The Dr's Order should contain:

- Doctor's first and last name
- Doctor's NPI number
- Patient's first and last name
- Patient's address
- Patient's birthdate
- Patient's diagnosis ***If you have diagnosis of diabetes; chronic kidney disease stage 1, 2, or 3; or if you have had a kidney transplant in the last 36 months, please make sure that is listed.
  - **Other diagnostic codes may be listed but will **not** be covered by Medicare primary.

We request that your Dr's Order be here **prior** to your first Medicare Insurance visit. **Medicare clients need to obtain a Dr's Order each calendar year for verification that they do or do not meet the allowable medical conditions.** Dr's Orders do expire each year on December 31st. Therefore, we will request an updated/new Dr's Order faxed to us again before your first visit each calendar year.

Please have your Medicare Approved Physician/Clinic FAX the referral to:

Nutritional Weight and Wellness, Inc
Attn: Insurance Department
Fax: **651-305-0183**

If you have any questions, please email at Pamela@weightandwellness.com

These questions are provided as a courtesy to help you determine if nutrition counseling may be covered by your insurance provider. Having these questions addressed by your insurance provider's member services does not guarantee coverage.