

Checking Insurance Benefits



This page will guide you through checking your nutrition counseling benefits to ensure that our time together is covered by your insurance plan.

Please note the dietitians at Side By Side accepts **Cigna, United Healthcare, and Aetna**. If you are contracted with another insurance company, you would be a private pay client and we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. The superbill does not guarantee reimbursement.

FOR IN-NETWORK BENEFITS: AETNA AND UHC

Record the **representative's name and a reference #** when checking your benefits. This information will be necessary if you ever need to dispute a rejected claim:

Call the member services number on the back of your card and ask:

- Does my plan cover outpatient nutrition counseling? (**codes: UHC and Aetna-97802 and 97803**)
- Does my plan only cover visits that are "medically necessary"? or do they also cover preventive services? (**code: Z71.3**)
- Do I have a deductible to meet first?
 - If yes, how much is your deductible?
 - How much of the deductible have you met?
- Do I have a copay for outpatient nutrition counseling?
- Do I need a physician referral?
- Is Your Happy Healthy DBA Side By Side Nutrition in-network with my insurance plan? If they are not in-network, do I have out-of-network benefits?
- If you have UHC/Aetna for insurance when calling to check on your benefits it's often helpful to ask "does my plan have any exclusions for nutrition counseling?"
- Is my diagnosis (insert diagnosis code) covered for nutritional counseling?
 - If your diagnosis is not covered, what diagnoses are covered?
 - It also may be helpful to ask if OSFED (diagnosis code) is covered. If yes, typically all eating disorder diagnosis is covered.

We ask for a diagnosis and to check if you have a diagnosis because we can NOT bill without one. However, we can get you started without a diagnosis if you're anticipating a diagnosis

FOR IN-NETWORK BENEFITS: CIGNA

Record the **representative's name and a reference #** when checking your benefits. This information will be necessary if you ever need to dispute a rejected claim:

- Does my plan cover nutrition counseling?
- Does my plan cover **codes: 99205, 99215 and 99417**
 - If yes, how many how many sessions are allowed?
- Does my plan only cover visits that are “medically necessary”? or do they also cover preventive services? (**code: Z71.3**)
- Do I have a deductible to meet first?
 - If yes, how much is your deductible?
 - How much of the deductible have you met?
- Do I have a copay or coinsurance for **99205, 99215 and 99417** for outpatient nutrition counseling?
- Do I need a physician referral?

FOR OUT-OF-NETWORK BENEFITS:

Record the **representative's name and a reference #** when checking your benefits. This information will be necessary if you ever need to dispute a rejected claim:

- If the provider is out of network, is there a possibility of reimbursement?
- Does my plan cover out of network nutrition counseling?
- Does my plan cover codes: 97802 and 97803
- Does my plan cover codes: 99205, 99215 and 99417
 - If yes, how many sessions are allowed with which code?
- Does my plan only cover visits that are “medically necessary”? or do they also cover preventive services? (**code: Z71.3**)
- Do I have an out-of-network deductible to meet first?
 - If yes, how much is my out of network deductible?
- How much of my out of network deductible have I met?
- Do I have a copay for out of network nutrition counseling?
- Do I need a physician referral for out of network nutrition counseling?

IF INSURANCE FAILS TO GO THROUGH, YOU WILL BE RESPONSIBLE FOR THESE PAYMENTS AT OUR PRIVATE PAY RATES:

- 60-minute Initial session - **\$225**
- 50-minute follow-up session - **\$170**

UNITED HEALTHCARE DENIED YOUR CLAIM AFTER APPROVING PREVIOUS CLAIMS

You are receiving this PDF because you are in the following situation with UHC:
United has approved some of your claims while denying others- here is what to do next!

First of all, we are sorry for the frustration this causes. Unfortunately, UHC does this often. Here at SBSN, we do all we can to work with your insurance company to get you continued coverage for your sessions. However, when United denies claims sporadically like this, we appeal once but if denied again, we have exhausted our options on our end. However, you as the customer still have options and here is what we suggest you do.

SBSN'S NEXT STEPS

- If you are receiving this, that is because SBSN and our billing team has already done all we can. We have submitted the claim and already appealed the denied claim ourselves.
- SBSN will continue to bill United for future claims for future appointments because they have approved past claims which means that they may approve future claims. We will do this because it is worth the effort to attempt to bill since UHC has approved your claims in the past.
- Please remember that future claims that may be denied will be your responsibility.

YOUR NEXT STEPS:

- Call UHC (the number on the back of your insurance card) about the denied claim and let them know the issue and demand that they fix it. Many times, when you the client calls, they will take this more seriously and may resolve the issue and get that claim paid. If they do this, SBSN will reimburse you for that session.
- When you call, you will say "there is a discrepancy in my claims. My previous claims went through and were paid for dates: _____ for nutrition counseling. However, for my session on _____, this was denied. This does not make sense because it was billed the same way as the previous approved appointments. What are you going to do to fix this?"

Record the **representative's name and a reference #** when calling.

- 60-minute Initial session - **\$225**
- 50-minute follow-up session - **\$170**