Verification of Medical Nutrition Therapy Benefits

Use this worksheet when calling the Member Services number on the back of your child's insurance card before the first appointment. Write down the representative's answers so you have a record of the benefit information you were given.

Important: It is your responsibility to contact your insurance company PRIOR to the visit to confirm benefits. Shae Foudy LLC will make reasonable efforts to reduce surprise bills, but verification of benefits is not a guarantee of claim payment. Your health plan makes the final coverage and patient-responsibility determination after a claim is processed.

YOUR CHILD & INSURANCE CALL

Child / Patient Name _____ **DOB** _____

Insurance Company _____ **Member ID** _____

Policyholder / Subscriber _____ **Call Date** _____

Plan funding (ask if known): ☐ Fully insured ☐ Self-funded ☐ Representative unsure

What to say when you call

"My child will be receiving Medical Nutrition Therapy (MNT) from a Registered Dietitian Nutritionist. I would like to verify the nutrition benefits on this specific plan."

Question 1: Does this policy have nutrition counseling / Medical Nutrition Therapy benefits?

☐ Yes ☐ No

If yes, which codes are covered when billed by a Registered Dietitian Nutritionist?

☐ 97802	Initial MNT	☐ 97803	Follow-up MNT
☐ S9470	Nutrition counseling	☐ 99401-99404	Preventive counseling

Note: S9470 is a HCPCS nutrition counseling code. Ask the representative which codes are covered under your child's plan.

Are BOTH preventive nutrition benefits and medical MNT benefits available under this plan? ☐ Yes ☐ No

Question 2: Will my child's diagnosis be covered for Medical Nutrition Therapy?

Ask about the exact medical diagnosis and ICD-10 code documented by your child's pediatrician or referring clinician whenever possible. Pediatric MNT coverage can be diagnosis-specific, and the rules vary by plan.

Child's documented diagnosis / reason for referral

ICD-10 code(s), if known

Did the representative confirm this diagnosis is covered? ☐ Yes ☐ No ☐ Unclear

For children, examples worth asking about when actually diagnosed include overweight/obesity, prediabetes or diabetes, hypertension, high cholesterol/dyslipidemia, eating disorders, and certain metabolic conditions. Coverage for feeding difficulties, poor growth, gastrointestinal conditions, food allergies, or other pediatric diagnoses may be plan-specific - give the representative the exact diagnosis from the medical record.

If the representative asks about counseling / preventive ICD-10 codes

You may ask whether the plan recognizes Z71.3 (Dietary counseling and surveillance) and/or Z72.4 (Inappropriate diet and eating habits) for nutrition benefits. These codes are not substitutes for a child's documented medical diagnosis and will only be used when they accurately reflect the visit and are supported by the medical record and payer rules.

Is Z71.3 covered under this plan when clinically appropriate? ☐ Yes ☐ No

Is Z72.4 covered under this plan when clinically appropriate? ☐ Yes ☐ No

Other diagnosis restrictions / qualifying diagnoses stated by representative

REFERRAL, AUTHORIZATION, TELEHEALTH & DOCUMENTATION

Is a physician / qualified-provider referral required? ☐ Yes ☐ No

Is prior authorization or precertification required? ☐ Yes ☐ No

Does the plan cover telehealth nutrition services? ☐ Yes ☐ No

If telehealth is covered, is there a copay? ☐ Yes ☐ No

Telehealth copay amount $

Must the dietitian submit medical documentation? ☐ Yes ☐ No

If yes, fax / submission destination

PREVENTIVE NUTRITION BENEFITS

Ask the representative to describe any preventive nutrition counseling benefits separately from medical MNT benefits. Do not assume they have the same diagnosis rules, visit limits, or cost-share.

Number of visits covered:

Unit limit (if any):

Does the deductible apply? ☐ Yes ☐ No **Amount $**

Does a copay apply? ☐ Yes ☐ No **Amount $**

Does coinsurance apply? ☐ Yes ☐ No **Percent**

MEDICAL NUTRITION THERAPY BENEFITS

Are benefits limited to specific diagnoses? If yes, which ones?

Number of visits covered:

Unit limit (if any):

Does the deductible apply? ☐ Yes ☐ No **Amount $**

Does a copay apply? ☐ Yes ☐ No **Amount $**

Does coinsurance apply? ☐ Yes ☐ No **Percent**

Question 3: How many visits do I have per calendar year or benefit year?

The number of covered visits varies by carrier, plan, diagnosis, and medical necessity. Ask whether the limit is counted by visits, 15-minute units, or another benefit structure - and whether preventive and medical benefits have separate limits.

Calendar / benefit year visit limit

Total units allowed

Do preventive and medical benefits have separate limits? ☐ Yes ☐ No

When does the benefit reset?

Question 4: Do I have a cost-share for my child's nutrition visit?

A cost-share is the amount the member may owe under the specific insurance plan. It may include a deductible, copay, or coinsurance. Ask about preventive and medical MNT separately because the patient responsibility can differ.

Shae Foudy LLC may use preventive coding when it accurately reflects the service, documentation, and payer requirements. Preventive coding does not guarantee a $0 cost-share. If the health plan assigns a deductible, copay, coinsurance, or noncovered amount after processing the claim, that amount may become the patient's responsibility under the practice financial agreement.

Some plans classify Registered Dietitian Nutritionist services similarly to specialist services, while others apply a distinct nutrition benefit. Ask the representative which cost-sharing rule applies to this plan and whether telehealth changes the amount.

Specialist / nutrition copay (if applicable) $

Any difference in cost for telehealth vs. other covered delivery?

SUMMARY - QUESTIONS TO CONFIRM BEFORE ENDING THE CALL

- [ ] Do I have coverage for nutrition counseling / Medical Nutrition Therapy?
- [ ] Do I need a referral to see a Registered Dietitian Nutritionist?
- [ ] Is my child's documented diagnosis covered on this specific plan?
- [ ] How many visits and/or units are covered per calendar or benefit year?
- [ ] Do I have a deductible, copay, or coinsurance for these services?
- [ ] Is telehealth covered, and is my cost different for telehealth?
- [ ] Is prior authorization / precertification required?
- [ ] Does the dietitian need to submit medical documentation?

Before you hang up - save the call details

Representative name

Call reference #

Representative department / extension

Additional notes

Please save this completed worksheet for your records.

This worksheet is intended to help families ask plan-specific benefit questions. It is not a guarantee of coverage or payment and is not a substitute for the insurer's written benefit documents. CPT, HCPCS, and ICD-10 codes should only be used when accurate and supported by the service and medical record.