

How to Use Out-of Network Insurance Benefits

Some insurance plans offer out-of-network benefits, which means you initially pay for your nutrition services and then submit a form to get reimbursed a percentage of the fee.

- **Step 1: Check your out-of-network benefits**

- Contact your insurance (phone # located on the back of your insurance card) to make sure that they offer out-of-network reimbursement benefits.
 - If yes, ask if they cover CPT code 97802 and 97803.
 - Then ask if you have coverage for preventative nutrition counseling or z71.3 or z72.4 (if they ask for a code).
 - If not, ask if you would have medical nutrition therapy coverage with a medical diagnosis such as gestational diabetes.
 - You can also ask:
 - How many visits you have coverage for.
 - What portion your insurance company will reimburse.

- **Step 2: Submit a superbill**

- A "superbill" is the paperwork you submit to your insurance to get reimbursed for services. I'll share one with you on a regular basis for you to send to your insurance.

- **Step 3: Get reimbursed**

- The time it takes to get reimbursed depends on your plan. You can ask your insurance if they can provide an estimated turnaround time on superbills if you'd like to know in advance.