



INSURANCE VERIFICATION SCRIPT

Please use this script as a guide to verify your insurance benefits and determine what services are covered by your insurance plan. When contacting customer service, *make sure to note the date, time, representative's name, and reference number of your call.*

Piece of Nutrition currently accepts only Blue Cross Blue Shield (BCBS) PPO for nutrition services at this time; which also includes Blue Choice, Anthem, and some other affiliate BCBS plans.

*** If you have a plan other than BCBS, we are able to provide a superbill for you to submit to the insurance company for out-of-network reimbursement. The superbill does not guarantee reimbursement.**

Please have the following information on hand as it may be needed:

**Piece of Nutrition
Group NPI #: 1699350207**

**Libby Moser, MS, RDN, LDN
Provider NPI #: Libby Moser 1760049415**

**Jaclyn Jozefiak, MPH, RDN, LDN
Provider NPI #: 1497412126**



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

- **Is my plan a PPO or HMO?**
 - Please note, HMO plans are not currently accepted by Piece of Nutrition
 - If it is an HMO plan, what is my out-of-network reimbursement rate and can it be applied to nutrition services?
- **Does my plan cover outpatient nutrition counseling codes (CPT codes: 97802, 97803, S9470)**
 - Does my plan cover Telehealth services for the following codes: 97802, 97803, S9470 ?
 - Is there an end date for Telehealth coverage in my plan?
 - Does my plan require prior authorization?
 - Am I required to meet my deductible prior to reimbursement for these services? If so, how much is my deductible?
- **Does my plan cover the ICD code Z71.3 dietary counseling and surveillance (preventative MNT services)?**
 - If yes, how many sessions are allowed?
 - Is there a copay or coinsurance associated with the coverage? If so, what is the copay/coinsurance?
- **If preventative services are not covered, please ask about other diagnoses codes that are covered within your plan (for example- FO 50.9 eating disorder OR Z72.4 inappropriate diet and eating habits).**
 - Please note the diagnoses codes that are provided by the representative.
 - *These codes will need to be obtained and provided by a medical or mental health provider.*
 - If yes, how many sessions are allowed?
 - Is there a copay or coinsurance associated with the coverage? If so, what is the copay/coinsurance?

By using this form I certify that if insurance denies counseling for nutrition services I am 100% responsible for the payment. In addition, I will provide the following information from my insurance agent representative to help navigate/dispute denied claims to Piece of Nutrition.



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