



Nutrition in Motion, LLC Pre-Authorization Information

Nutrition in Motion, LLC is a preferred provider for the following:

- Aetna (Physician order required regardless of plan type)
- Mass General Brigham Health Plan (Formerly known as Allways Health Plans)
- AvMed
- Blue Cross Blue Shield/Anthem (Highmark, Capitol Blue)
- Cigna
- Harvard Pilgrim (Physician order required regardless of plan type)
- Health Plans
- Humana
- Medicare (Referral Required, CKD and Diabetes ONLY)
- Medical Mutual
- Oscar
- Tufts (PCP Authorization required for HMO and EPO plans)
- UMR
- United Healthcare
- Wellsense

If medical nutrition therapy is covered under your plan, we will bill your carrier and do our best to get your visit paid for by your insurance plan. If all or part of our services are not covered under your plan or apply to your deductible, you will receive a bill for the balance.

In some cases, our services may be covered at 100% under preventative services. If you would like to call and verify your coverage prior to your visit, below are some helpful tips for you to better understand your coverage.

***REFERRALS AND AUTHORIZATIONS**

All HMO and Medicare plans require a referral for services

All Harvard Pilgrim and Aetna plans require a physician order for services

All Tufts HMO and EPO plans require a PCP Authorization in the Tufts provider portal

Please call your PCP to request this documentation prior to your appointment date.

Note: These questions are provided as a courtesy to help you determine if nutrition counseling is a covered service under your plan. It is ultimately your responsibility to understand your coverage.



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Call the Member Services Number on the Back of your Insurance Card:

Company Name: Nutrition in Motion, LLC

- Tax ID: 26-2588647
- Group National Provider Identifier (NPI): 1548437312

Questions to ask your Insurance Service Representative

1.) Does my plan cover preventative medical nutrition therapy under the Affordable Care Act (ACA) or Health Care Reform? Yes No

a. Are there any exclusions? Yes No

If yes: _____

Procedure codes for nutrition appointments:

97802 - Procedure code for an **initial** nutrition counseling appointment

97803 - Procedure code for a **follow-up** nutrition counseling appointment

2.) Is my plan self-funded by my employer or a commercial plan? Self Funded Commercial

3.) Will my plan cover medical nutrition therapy for (your health conditions)?

List the health conditions that you want to address at a your appointment:

_____ Yes No

_____ Yes No

Sample Diagnosis Codes: Z71.3 – Dietary Counseling , Z72.4 – Inappropriate diet and eating habits, E66.3 Overweight, E66.9 – Obesity Unspecified, E10.9 – Type 1 Diabetes, E11.9 – Type 2 Diabetes

4.) Do I have a deductible to meet first*? Yes No

If yes, how much? _____

5.) Do I have a copay or coinsurance*? Yes No

If yes, how much? _____

6.) Do I need a physician referral? Yes No

7.) Do I have a limited number of visits? Yes No

If yes, how many visits can I have per benefit period? _____

What is my benefit period? Start date: _____ End Date: _____

*If you are told there is a member cost share (deductible, copay, or coinsurance) but also have preventative coverage (see question 1), ask member services to specify what services are covered under preventative care. You should not be responsible for member cost share for preventative services under the ACA.

We suggest you record the date, time and name of the representative and keep a copy of this information for your records.

Date: _____ Time: _____ Name of Representative: _____

Reference # _____

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