

# DO THIS FIRST - Insurance Checklist - Aetna, UHC (Medica, PreferredOne through UHC)

This checklist is ONLY for clients with Aetna, UHC, Medica, PreferredOne and possibly Medicare

MEDICARE DISCLAIMER: If you have			
Medicare as your primary and private as			
your secondary* insurances, you need to			
fill out the Medicare Insurance checklist			
instead. *You have the option to check	_	_	_
your secondary insurance with this	☐ I do not have Medicare	☐ I have Medicare, but will also check my	I have Medicare and will only fill out the
checklist if you want to see if you have		secondary (Aetna, UHC, etc.) for any	Medicare checklist
additional coverage as Medicare ONLY		additional coverage. I will let them know I	
covers nutrition counseling for Type 2		have Medicare.	
Diabetes or Kidney Disease. Tell the rep			
you ALSO HAVE Medicare (or Medicare			
Advantage) and you may or may not have			
additional MNT coverage through your			
secondary private insurance carrier. *			
Who is your insurance provider? We	United Healthcare	Aetna	Medica (those with MultiPlans)
accept: *	PreferredOne		,
If your primary private insurance cov	verage is with any	y of the compani	es we contracted with
please proceed with calling the custo	mer service line	found on your m	edical card, asking the
fo	ollowing question	ns:	
I have confirmed that Thrive Nutrition LLC			
5739 Garfield Ave. Minneapolis, MN 55419	Yes		
is in-network with my insurance provider. *			



What is a reference number and
representative's name for this call? (Do
NOT skip this, you will want this
information for any reason reimbursement
issues arise which do happen!). *Insurance
reps make a lot of errors. If your insurance
rep doesn't seem to know what they are
talking about, please call again to speak
with someone else. You can also pay
Thrive Nutrition cash insurance rates
(\$200/hr) and request a Superbill to be
reimbursed from your insurance. *

Nutrition Counseling for Medical Nutrition Therapy (MNT) services fall under 2 categories: Preventative MNT and Medical MNT. Coverage for either of these is unique to each plan.

#### PREVENTATIVE MNT SECTION

Answer the following questions if you want to use preventative coverage nutrition counseling or skip to the next section, Medical MNT.

Preventative MNT is generally covered for FREE by insurance under the Affordable Care Act and this is what we try to primarily bill for our clients. Preventative services include coverage for people with chronic diseases and those people at risk for chronic disease.

Preventative MNT can be billed for weight loss for those that are diagnosed overweight or obese from the BMI chart from their providers, Type 2 Diabetes, Pre-diabetes, Cardiovascular disease risk factors like hypertension and hyperlipidemia, fatty liver disease, and metabolic syndrome. Pregnancy can also be covered for healthy weight and weight gain during pregnancy.

Aetna offers healthy eating without weight loss usually 10 visits per year.

Is Preventative MNT covered on my plan's policy?* If you have a medical condition for example like IBS or Celiac, but you are overweight, please check coverage for preventative MNT with overweight or obesity diagnosis codes. *	Yes	No	NA - need to check Medical MNT coverage instead for a different diagnosed medical condition (IE Gastrointestinal, Celiac, IBS, food allergy, gestational diabetes, etc.)
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If YES, is telehealth ALSO covered? You must have BOTH telehealth and preventative MNT to proceed. *	☐ Yes ☐ No		
If the insurance company asks for CPT codes coverage using those CPT codes THEN check alternative. They will also ask you for the diagnostic that your covered CPT codes: *	ck coverage for the t	-	
Usually we bill for overweight/obesity codes. You may provide the rep with any of these diagnosis code(s) that you HAVE BEEN FORMALLY DIAGNOSED with by a medical provider (you will need to provide Thrive Nutrition with diagnosis documentation that shows the diagnosis code like a progress note). Select any conditions you are diagnosed with AND are confirmed covered with preventative MNT	NA I need to bill under Medical MNT for a different medical condition  Metabolic Syndrome: E88.810  Familial hypercholesterolemia E78.01  Pregnancy:	Z71.3 or Z72.4 - Aetna  Pregnancy: obesity	Pre-diabetes: Impaired Fasting Glucose: R73.01 or R73.03  Tobacco Use: F17.210  High Cholesterol: Hyperlipidemia/Dyslipi demia: E78.00  Pregnancy: malnutrition: 025.10  Pregnancy: low weight: 026.10  Pregnancy:
How many Preventative MNT visits do I have per calendar year?  What is the length of time for appointments	excessive weight: 026.00  Pregnancy: pre- existing Type 2 Diabetes: 024:119  Pregnancy: pre- existing hypertension: 010.019		099.810  Pregnancy: gestational diabetes with insulin: 024.414
allowed (especially important with Aetna insurance)? *	60 Minutes List your limit in Others if different	90 Minutes	Unlimited

End Preventative MNT coverage, next is Medical MNT to determine coverage for other medical conditions or skip to the Client Claims Responsibilities section.

#### **MEDICAL MNT SECTION**



MEDICAL MNT is for diagnosed medical conditions. You only have to ask about this coverage ONLY IF YOU HAVE A MEDICAL CONDITION THAT YOU WANT TO WORK WITH A NUTRITIONIST ON. Conditions covered are unique to each plan (Must have Medical MNT benefits AND coverage for your specific diagnosis). Coverage may cover: Type 2 diabetes, pre-diabetes, gastrointestinal disorders, hypertension, hyperlipidemia, seizures, renal disease, celiac disease, etc.

Is Medical MNT covered on my plan's policy? *	Yes	No - you do not have coverage, must use cash-pay	NA - Using Preventative MNT coverage
If YES, is telehealth ALSO covered? You must have BOTH telehealth and Medical MNT to proceed. *	Yes	□ No	NA, using Preventative MNT
If the insurance company asks for CPT codes \$9470.	s, provide them 978	02 & 97803. If you I	nave BCBS ask about
If they say you do not have coverage using the following CPT codes: 99404 or S9470 as an a		XT ask them to che	ck your coverage for the
List your covered CPT codes: *			
My Medical MNT benefits cover my diagnosis of: *	NA - using Preventative MNT	PCOS E26.2	Seizures* get from PCP your Dx code(s) and list next to CPT codes above
	☐ IBS K58.9	Celiac K86.81	IBD (diverticulitis, Crohn's disease)*get the diagnosis code(s) from your PCP and list next to CPT codes above
	None, my benefits do not cover my diagnosis* Must go to to cash-pay Clinical Nutrition Membership: https://www.thrivenutriionmn.com/clinical-nutrition	: t	
To use Medical MNT, we may need a copy of a chart note from your primary care physician indicating the medical diagnosis.	I confirmed this with my insurance rep that documentation IS needed. Have your physician fax it to: (612) 677-3062.		NA- Using Preventative MNT
How many Medical MNT visits do I have per calendar year? *			



What is the length of time for appointments			
allowed (especially important with Aetna insurance)? *	60 minutes If different, list in Others section	90 minutes NA - Using Preventative MNT	Unlimited
End Medical MNT coverage	e, next fill out to the	Client Responsibiliti	es section.
Client Claims Responsibilities (Everyone	e Fill Out)		
For those with Aetna and a 60 minute appointment limit, you will be responsible to pay cash (\$50) for the remaining 30 minutes of the 90-Minute Initial Consult. *	NA - I do not have Aetna	e I will pay \$50 charged to the card of file.	'n
Is a Referral or Authorization needed for MNT services (either preventative or medical)? *	Yes No		
If yes, you need to contact your primary care physician to submit a referral notification for nutritional counseling to the health insurance. Once obtained, it is important to get the referral number that the insurance will generate. Your primary care physician can also fax this information to us at (612) 677-3062 for us to keep on file. Note: Generally, only your primary care physician can process a referral.			
Referral number: *			
Important: "Covered" doesn't mean the insurance will always pay at 100%. Below you will find out if there are other patient responsibilities like copays, coinsurance, and deductible. This determination is finalized once we have submitted the claims to your insurance.			
have submitted the claims to your insurance			
have submitted the claims to your insurance  Do I have a co-pay/co-insurance for  Preventative MNT nutritional counseling? *	Yes	□No	NA - using Medical
Do I have a co-pay/co-insurance for	_	□ No	
Do I have a co-pay/co-insurance for Preventative MNT nutritional counseling? *  Do I have a co-pay/co-insurance for	Yes	_	MNT  NA - Using



If NO, how much is remaining? *			
What order does is your deductible/co-pay? *	I must reach my deductible first, then I have my co-pay	My co-pays are applied immediately before I reach my deductible	
We bill your insurance, so these costs can be insurance starts to cover. Please be reminded deductible has been met. If your deductible is accept HSA and FSA payments.	ed that the insurance	e will only start payi	ng the claims once your
Cash-Pay and Cards on File Policy			
Missed appointments or last minute cancellations will automatically be charged to your card on file, not billed to insurance.	□ I agree		
I (the client) understand that I will be responsible for paying anything insurance doesn't cover with a credit card or HSA/FSA on file. These payments will be due promptly when the invoice is revised to cash-pay from the denied claim. If a card on file is expired, any outstanding invoices unpaid 14 days after the revised cash-pay invoice will be sent to collections. *	I agree to the payment policy		
After a potential denied claim, you may call within 14 da	your insurance rep		something you can resolve
Medical Card Info			
Medical Card Information of Client:			
Primary Insurance Details			
Insurance Type *	☐ MEDICARE ☐ CHAMPVA	☐ MEDICAID ☐ GROUP HEALTH PLAN	☐ TRICARE CHAMPUS ☐ FECA BLK LUNG ☐ OTHER
Insurance Plan Name or Program Name *			



ID *			
Insurance Company Name (Payer Name) *			
Payer Id *			
Payer Address			
Payer City			
Payer Country			
Payer State			
Payer ZipCode			
Valid From			
Valid Until			
Policy Group/FECA #			
Copay			
Deductible			
Employer/School Name			
Comments			
Insured Person Details			
Patient Relationship *	Self Other	Spouse	Child
First Name *			
Last Name *			
Date of Birth *			
Sex *	Male	Female	Unknown
Address Line 1			
Address Line 2			
City			



Country	
State	
Zip Code	
Home Phone	
Mobile Phone	
Final Things	
Please provide a front/back picture of your medical card in the Insurance section.	Completed
Please provide a copy of the specific diagnosis codes that we will bill - these can be from a referral from your PCP, a progress note, discharge summary or lab slip. Your documentation will be: *	Faxed referral from A progress note your PCP to (612) (put copy as 677-3062 Document in Charm)  Lab slip (put copy as Document in Charm)  Charm)