

CV Wellbeing Verification of Benefits

Office information you might need:

Business name: CV Wellbeing

Group National Provider Identifier (NPI): 1972151553

Supervising RD National Provider Identifier (NPI): 1194245209

1. Call your insurance by using the member services phone number that is (typically) on the back of your insurance card. Have your date of birth and insurance card handy. Ask the questions indicated below. Be sure to record the date/time of the call, the call reference number, and the name of the person providing the information. Keep this sheet for your records.

2. We can also provide specific diagnosis and procedure codes prior to making this call. Please call 207-370-7787 or email billing@cvwellbeing.com for codes.

Date & Time: _____ Name of Insurance Rep: _____

Call Reference Number (*Please make sure to ask your representative for this): _____

Deductible

What is my annual deductible, and when does it meet? _____

How much have I paid toward my deductible so far this year? _____

	In-Network Benefits	Out-of-Network Benefits
Does my plan cover nutrition services? In-person and telehealth?		
If so, what portion of each visit is covered? <i>Coverage may require a co-pay or be dependent on your deductible</i>		
Do I have any nutrition counseling benefits covered under the preventative care portion of my plan?		
Do I need a physician referral? <i>(If yes, this must be done 3 days prior to your visit)</i>		

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	In-Network Benefits	Out-of-network Benefits
How many visits am I allowed?		
Are those visits per diagnosis, per year, or per lifetime? If per year, when does my plan reset (date)?		
Will the cost of the visit be applied to my deductible? <i>If yes, the patient is responsible for the charge</i>		
Are the nutrition services benefits in my plan limited to certain ICD-10 (diagnosis) codes?		
If so, what are the ICD-10 codes that are covered?		
Are the nutrition services benefits in my plan limited to certain CPT (procedure) codes?		
If so, what are the CPT codes that are covered? <i>Typical CPT codes are 97802, 97803, and 99404 - if they're not mentioned, ask about these codes specifically</i>		
How do I submit a superbill for reimbursement?		

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For Out-of-Network Holders ONLY:

Out-of-network benefits generally can be accessed through the reimbursement process. In some cases, the insurance company may agree to full or partial coverage of certain benefits that aren't in your plan. Keep reading to learn about how to request a single case agreement.

1. If my health plan doesn't generally cover nutrition services, will my insurance company make an exception for me?

Even if you learn that you lack out-of-network benefits or your diagnosis isn't generally covered, you may be able to secure a single case agreement by demonstrating medical need and/or risk of high medical expense in the absence of this service. Call the members-only phone line for your insurance company and ask to speak to a patient care advocate. Write out a script and address the following:

What's your diagnosis? It may help to have the ICD-10 code.

What's the service you want? In the case of our services, medical nutrition therapy from a qualified registered dietitian.

Why do you need this service? What are you struggling with? Be specific and include hard data when possible; insurance companies love numbers.

What might happen if you don't have access to this service? Describe the financial impact on the insurance company.

If applicable, why this provider? Refer to the "gap" between what's available in-network and what you need. For example, the provider's specialization, location, familiarity with your case, etc., might create a more targeted intervention.

Examples:

Hi, my name is _____, and I have bulimia nervosa (F50.2). I see that my plan doesn't include out-of-network nutrition benefits, so I'm calling to request a single-case agreement that would allow me to see an outpatient dietitian on a weekly basis. Right now, I'm really struggling to eat a variety of foods and avoid calorie counting. I'm worried that I will resort to using eating disorder behaviors and end up back in a costly residential treatment program. I want to avoid that and need the support of a full outpatient team, including an RD, to do so. There are no eating disorder-informed dietitians that take insurance in my area.

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Hello, my name is _____, and I'm living with irritable bowel syndrome (K58.0). I'm calling to request a single case agreement so I can receive medical nutrition therapy from a dietitian who has experience with gastrointestinal disorders. IBS has significantly impacted my quality of life and forced me to seek out excessive medical testing and services, including multiple endoscopies and allergen panels. Working with a dietitian will help me better manage my food-related triggers and anxiety so I don't have to tap into unnecessary medical resources in the future.

If your insurance company agrees to a single case agreement and requests additional documentation, we are more than happy to provide that wherever possible!