



**BlueCross BlueShield
of North Carolina**
An Independent Licensee of the
Blue Cross and Blue Shield Association
1-800-672-7897

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Authorization Notification

Date: 2/18/2021

To: [Redacted]

**One single
case
agreement
approval
ever...**

Patient: XXXXXXXXXXXXX
 Line of Business: XXXXXXXX
 Reference number: 115480082
 Effective date of the authorization: 02/10/2021 - 05/11/2021
 Service Provider: [Redacted]
 Service:
 Status: Modified
 Reason: Non Par Approved Network Gap
 Procedure Code: [Redacted]
 Description: MED NUTRIN TX INTL ASSESS EA 15 MIN
 Procedure Code: 97802 Total Authorized: 1.00
 Service: Medical Care
 Status: Modified
 Reason: Non Par Approved Network Gap
 Procedure Code: [Redacted]
 Description: MED NUTRIN TX REASSESS/INTERV 15 MIN
 Procedure Code: 97803 Total Authorized: 1.00

Service(s) listed above as "Approved PPA" or "Certified in Total" are valid for the above date of service. **All services listed as "modified" are not subject to prior review and may be reviewed for medical necessity at the time of claims processing.**

Provider(s) listed above have been approved as in-network for the patient and services referenced above. Approval of in-network status is a separate and distinct decision as it does not determine whether or not a claim will be paid. If there are any questions or concerns, or need for updates to information, please contact Care Management Operations at 1-800-672-7897.

Disclaimer: Please keep in mind that this is not a guarantee of payment. **Eligibility and Benefits** determinations will be made at the time the claim is reviewed for processing.

Sincerely,

Care Management

Confidentiality: This form contains confidential information belonging to the sender. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this form is strictly prohibited. If you have received this in error, please immediately notify this office at 1-800-672-7897 to arrange for the return of the original form to us. Thank you.

PO Box 2291 • Durham, NC 27702-2291
 An Independent Licensee of the Blue Cross and Blue Shield Association

Frustrating Parts of Insurance:

- We spent a huge amount of time trying to get information from insurance companies and information about why claims have been denied. It is extremely difficult to get clear answers and told different things each time we call about the same claim.
- There are many policies that have no nutrition coverage or visit limits (3-4 visits for example)
- Insurance will not negotiate fees - I have attempted to negotiate fees several times and been told they will not negotiate fees for various reasons
- One of our contracts is based on the "first posted Medicare rate of the year" - rates are changed every April and our rates decreased every year for 4 years. As the cost of living has greatly increased over the last 5 years, our rate of reimbursement decreased.
- I have spent up to 10 hours per week on the phone with insurance companies - I would be on hold for 30-60 min and then told they will only look at 6 claims at a time - I'd then have to call back to do 3 more claims. When I would speak on the phone, it was challenging for the representative to find information about coverage for medical nutrition therapy, because of the different names it's listed under.
 - Medical Nutrition Therapy is called different things in different insurance plan booklets "dietary counseling" "nutritional counseling" - and often when there is a denial I'm told that if the client has "obesity" or "diabetes" it's covered.
 - Clients get different information about their coverage then when I would call after a denial.
- It's been unclear if there is coverage for eating disorders, if there are certain eating disorder diagnoses that are covered/not covered
- Many clients have visit limits for medical nutrition counseling and visits are denied, regardless of diagnosis after the visit limit is reached
- Medical nutrition therapy is billed in 15 min in increments and some insurance company say how many units we can bill at a time, which is often contrary to how we work clinically
- MNT is defined as 1:1 face to face nutrition counseling - evidence based care for the treatment of children with eating disorders is family based treatment - when we work directly with parents on refeeding their child.
- Many insurance panels are closed - and insurance companies don't seem to value specialists in eating disorders - there may be many Rd's on a panel but not eating disorder specialists - they will tell clients for do single case agreements or if a client has no nutrition coverage, they will tell client they can file an appeal - and these are all very rarely approved - leading to lots of lost time.
- I have been told many times if there's an eating disorder diagnosis I need to talk to the behavioral health department - but medical nutrition therapy is a medical procedure code - and I have been bounced back and forth between behavioral health and medical
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