



**Nutrition Elevated, PLLC**  
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Nutrition Elevated, PLLC is currently contracted with First Choice Health, United Healthcare, and Regence.

If you do not have one of these insurances, though not guaranteed, you may be eligible for reimbursement of nutrition services through your insurance provider after submitting a "Superbill." Upon request, we will provide a Superbill to you following your first appointment and subsequently after. Nutrition Elevated wants to do its best to help you navigate the process of understanding whether nutrition services are accepted by your plan. Use this form to understand what you may be reimbursed for.

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

- Is nutrition counseling covered? (the procedure codes are 97802 and 97803)
  - Are there restrictions on which diagnoses are covered?
  - Is Z71.3 (dietary counseling and surveillance) covered, or is a medical diagnosis required?
  - Is coverage limited only to certain medical diagnoses?
- What is my coverage for an out-of-network provider?
- Do I need a referral or prior authorization?
  - If yes, it is your responsibility to obtain a referral from your physician. If coverage is limited to certain medical diagnoses, please get a prescription from your physician for medical nutrition therapy, which includes the medical diagnosis and billing code.
- Is nutrition counseling covered when provided via telehealth?
- How many visits are allowed?
- Is there a time limit for each session?
- Do I have a deductible to meet before insurance pays? If so, is the deductible waived for preventive nutrition therapy?
- Will I have a copay or coinsurance?
- Is Nutrition Elevated, PLLC covered under my plan? (they will likely ask for the provider's NPI listed below)
  - NPI 1: 1609386390 (Individual NPI # – Lauren Rice)
  - NPI 2: 1386319861 (Business NPI # - Nutrition Elevated)

**2. After my appointment with my Registered Dietitian Nutritionist, where do I send the Superbill for reimbursement, and when can I expect to be reimbursed?**

Record the date and time of the call, the representative's name, and ask for a reference number for your call: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reference #: \_\_\_\_\_