



Nutrition Services Benefits Inquiry

Call the Member Services number on the back of your insurance card

Company Name: Nutrition in Motion, LLC

(This is the name on file — Nutrition in Motion is part of HUSK. Fulfilled Nutrition Counseling operates under the Nutrition in Motion name.)

Tax ID: 26-2588647

Group NPI: 1548437312

Provider NPI (Lyndsie): 1255928842

Questions to Ask Your Insurance Representative

1. Does my plan cover preventative medical nutrition therapy under the Affordable Care Act (ACA) or Health Care Reform?

☐ Yes ☐ No

1a. Are there any exclusions?

☐ Yes ☐ No

If yes, please describe: _____

Procedure Codes for Nutrition Appointments

Code	Description
97802	Initial nutrition counseling appointment
97803	Follow-up nutrition counseling appointment
97804	Group nutrition counseling session
99404	Preventative Nutrition Counseling (Oscar and Cigna only)

2. Is my plan self-funded by my employer, or is it a commercial plan?

☐ Self-Funded ☐ Commercial

3. Will my plan cover medical nutrition therapy for my health condition(s)?

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

1. _____

☐ Yes ☐ No

2. _____

☐ Yes ☐ No

Sample Diagnosis Codes

Code	Description
Z71.3	Dietary counseling
Z72.4	Inappropriate diet and eating habits
E66.3	Overweight
E66.9	Obesity, unspecified
E10.9	Type 1 diabetes

Code	Description
E11.9	Type 2 diabetes

Some diagnoses may require a physician referral for documentation.

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 per benefit period? _____

Benefit period start date: _____

Benefit period end date: _____

* If you're told there is a member cost share (deductible, copay, or coinsurance) but you 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 a cost share for preventative services under the ACA.

For Your Records

We suggest recording the date, time, reference number, and name of the representative you speak with — keep a copy for your files.

Date:

Time:

Representative:

Reference #:
