

Are you having trouble with insurance for your eating disorder dietitian?

Does your insurance

- Refuse to pay? Reject your claims?
- Say eating disorders aren't covered?
- Say dietitians aren't covered?



They may be breaking the law.

These instructions show what you can do when insurance won't pay.

How to Respond to Insurance Denials of Dietitian Services

What to know:

Your INSURANCE POLICY is 100 pages long or more with details of your plan.

The CLAIM is what is sent in to the insurance company. This is either your bill from the dietitian (sometimes called a “SUPERBILL”) or a form with information about your meetings – the date, the reason, the procedure code – that the dietitian gives you.

The DENIAL is when they send you a letter that says they won’t pay. It may be called an EOB or EXPLANATION OF BENEFITS, showing that \$0 are allowed.

The APPEAL is when you send more information to the insurance company explaining why their denial is wrong and they should pay for your nutrition sessions.

The COMPLAINTS are when you ask your state and a national agency to investigate and put pressure on the insurance company to pay for your nutrition sessions.

Keep in mind that even though the insurance company is not doing this to you on purpose, this process can get very frustrating. Try not to get discouraged and ask a friend, family member or your dietitian for help when you need it.

It doesn’t matter if your dietitian is in your insurance network or not, and it doesn’t matter if you’ve already paid them or not. Your right to appeal and protections are the same either way.

It’s better if the appeal and complaint come from you instead of from your dietitian. You should still ask the dietitian for help when you have questions.

What to do:

Step 1: You or your dietitian send in your claim for nutrition sessions to insurance.

Even if you’ve already talked with someone on the phone who said it will not be paid, you need to get an official denial in writing to move on to the next steps. The person you talk with on the phone will most likely have wrong information, so send in your claim keep going even if they tell you there’s no coverage for nutrition sessions, or for eating disorders, or coverage is limited to a certain number of visits, or only if medically necessary, even if they tell you there’s nothing they can do.... send your claim to insurance anyway so you can get an official denial in writing. The official denial is actually the first step to getting things solved.

While you wait for the official denial letter, work on the next steps:

Step 2: Sign the next page (the Designated Authorized Representative form) and give a copy to your dietitian. That way if someone from your insurance needs to speak with your dietitian, they have your permission in advance, and if your dietitian needs help, they can contact the Access to Care Project for guidance.

Step 3: Gather the following documents. It's best to have them all as computer files instead of printed.

- A medical necessity letter from your dietitian.
- The pre-written appeal letter at this link:
https://docs.google.com/document/d/1FKPC8LnZ2yJedwyQv45svllwkzqwG0Zx_Csf-QgZONw/edit Download it to your computer and type your personal information into the red sections on the first page.
- Your insurance policy. You can sometimes get this from your insurance company's website, or you may need to ask someone in the Human Resources department of your workplace.

Step 4: Find where to send your STATE complaint and what information to include here:

<https://docs.google.com/document/d/1SQHjSWo8IGQUfqvRJH8DxLXU8mQXtVC2HMNrM3LMu0k/edit>

Step 5: Decide where to send your FEDERAL complaint based on where your insurance comes from.

1. If your insurance is through a CITY OR STATE GOVERNMENT, SCHOOL DISTRICT or GOVERNMENT AGENCY that is NOT part of the Federal government, send your complaint will go to Michelle Alveario at Michelle.Alveario@cms.hhs.gov. Detailed information for what to include is here: <https://docs.google.com/document/d/1Fgl6oEBsKClSxIhNrNsFe8czk2kxJoZzUEzLHMIVro/edit>
2. If your insurance is through the FEDERAL GOVERNMENT or a BUSINESS OR COMPANY that is not part of the government, the complaint will go the Federal Department of Labor. Detailed information for what to include is here: <https://docs.google.com/document/d/1YfleEeFC51SHzp-pT500h8MyzzQIEVtu/edit>

Important Note: If one of these agencies asks to speak with your employer, this does NOT mean your boss or supervisor, it means the person at your employer in charge of insurance.

Step 6: As soon as you receive your official denial letter (or EOB stating \$0 is covered), send in your appeal and complaints. Keep your dietitian informed as you receive responses from your insurance and the agencies.

The IFEDD Access to Care Project is available to guide you at any point in this process.

We will confidentially answer your questions and there is no charge for our help.

If you'd like us to help follow up on your complaints, include the IFEDD Access to Care Project on the following page and send a copy of everything you submit to us at

CARE@IFEDD.org

Good luck! We're rooting for you!

Please note: The information provided in this guide does not, and is not intended to, constitute legal advice; all information, content, and materials provided are for general information purposes only and do not constitute an attorney-client relationship.

Designated Authorized Representative Form

I _____ want to allow _____
Your Printed Name Print Name of Dietitian or Practice

to be my representative in an appeal, grievance or complaint. I understand I can revoke permission for my Authorized Representative to act on my behalf at any time.

I authorize the individual or representative of the practice named above to: *(Please Initial Each Line)*

_____ Help or act on my behalf to advocate for coverage in a complaint to an oversight agency such as a State Insurance Department, Centers for Medicare & Medicaid Services, U.S. Department of Labor, etc.

_____ Give consent to a health oversight agency to contact my Employer Health Plan Administrator

_____ Consult with/disclose/discuss appeal, complaint and claim details with a representative of the IFEDD International Federation of Eating Disorder Dietitians Access to Care Project.

I also authorize my health plan/representative and health oversight agencies to:

_____ Disclose necessary personal information and claim/complaint details with my representative. This may include information about my medical condition(s) and care if applicable and may include mental health treatment, HIV treatment or testing, alcohol or drug treatment, or other health care information.

_____ Disclose claim/complaint details with an advocate representing the IFEDD International Federation of Eating Disorder Dietitians Access to Care Project.

Your Signature or Legal Guardian Signature

Today's Date

Your Preferred Telephone #

Your Date of Birth

Your Residence or Mailing Address