PAYMENT OPTIONS

Using Insurance or HSA/FSA Funds for Functional Nutrition Services

A practical guide for clients who would like to explore possible reimbursement or use tax-advantaged health funds.

INSURANCE REIMBURSEMENT	HSA / FSA PAYMENT
What it is: Your health plan may repay part of what you paid for a covered, out-of-network service.	**What it is:** You use money already held in a tax-advantaged health account for an eligible medical expense.
Who decides: Your insurer and the specific terms of your plan.	**Who decides:** Federal tax rules plus your account administrator's documentation process.
LMN effect: Helpful when requested, but it does not create coverage.	**LMN effect:** Often used to show that counseling treats a physician-diagnosed disease rather than general wellness.

The most important thing to understand

Megan Strub Functional Nutrition is a private-pay practice and does not bill or participate with insurance. You are responsible for payment in full. You may independently ask your insurer or HSA/FSA administrator whether your expense is eligible, but **coverage and reimbursement are never guaranteed.**

Which path applies to me?

- **I want my insurance company to repay me.** Follow Part 1 on pages 2-3.
- **I already have an HSA or FSA and want to use those funds.** Follow Part 2 on pages 4-5.
- **I do not have an HSA or FSA.** A letter of medical necessity does not create an account or provide reimbursement. You may still explore insurance using Part 1.
- **I have both insurance and an HSA/FSA.** Try insurance first. HSA/FSA funds may generally be used only for the portion that is not reimbursed elsewhere.

Important credential note

Megan is a **Nutritional Therapy Practitioner (NTP)**. Many insurance plans limit nutrition benefits to registered dietitians (RD/RDN), licensed dietitians or nutritionists, or other provider types specifically recognized by the plan. A letter from your physician generally cannot override an insurer's provider-eligibility rules.

Part 1: Trying for Insurance Reimbursement

Complete these steps **before enrolling or paying whenever possible.** The goal is to learn whether your plan covers the service, the condition, and this provider type.

1. **Call Member Services.**
   Use the phone number on the back of your insurance card. Tell the representative you are considering out-of-network functional nutrition or nutritional counseling services.

2. **Ask about out-of-network benefits.**
   An HMO generally does not cover non-emergency out-of-network care. A PPO or POS plan may, but a separate deductible, coinsurance, or allowed amount may apply.

3. **Verify the provider credential - specifically.**
   Do not ask only whether “nutrition counseling” is covered. Say that the provider is a Nutritional Therapy Practitioner (NTP) and ask whether that exact credential/provider type is eligible.

4. **Verify your diagnosis and service.**
   Ask whether nutrition counseling related to your physician-diagnosed condition is a covered benefit and whether a referral, prior authorization, or letter of medical necessity is required.

5. **Ask what a member-submitted claim must contain.**
   Request the claim form and a complete list of required documentation. Ask whether the insurer requires an NPI, tax ID, CPT/HCPCS code, ICD-10 diagnosis code, itemized receipt, superbill, referral, or LMN.

6. **Get the answer in writing.**
   Request a secure-message or email confirmation if available. Record the representative's name, call reference number, date, and exact answers on the next page.

7. **Share the requirements with Megan before assuming documents are available.**
   Megan can provide an itemized receipt and may provide other accurate documentation when appropriate. She cannot use credentials, diagnosis codes, service codes, or identifiers she does not legitimately hold.

8. **Pay, submit, and follow up.**
   You pay the practice directly. Submit your own claim by the plan's deadline, keep copies, and track the claim. If denied, request the written reason and appeal instructions.

A “yes” on the phone is not a guarantee of payment

Final payment depends on the claim as processed under your plan. Your deductible, allowed amount, coinsurance, exclusions, coding rules, and provider eligibility may reduce reimbursement to $0 even when a representative initially says the service may be covered.

Insurance Verification Call Worksheet

Have your insurance card and plan documents available. Write down the answers; do not rely on memory.

Date and time	_____
Representative	_____
Call reference #	_____
Plan type	■ HMO ■ PPO ■ POS ■ Other: _____

Read this script

> *"I am considering nutritional counseling from an out-of-network **Nutritional Therapy Practitioner, or NTP**, for a condition diagnosed by my physician. Before I receive services, I need to verify whether my plan could reimburse me. Please check the provider-credential requirements, the covered diagnoses and services, and everything I would need to submit a member claim."*

Ask every question

■ **1.** Does my plan include out-of-network benefits for nutritional counseling?

■ **2.** Is a Nutritional Therapy Practitioner (NTP) an eligible provider under my plan?

■ **3.** If not, which credentials are required: RD/RDN, LD/LDN, or another licensed provider?

■ **4.** Is counseling for my diagnosis covered? What documentation of the diagnosis is required?

■ **5.** Do I need a physician referral, prior authorization, or letter of medical necessity before services begin?

■ **6.** Which CPT or HCPCS codes are covered? Which ICD-10 diagnosis codes are acceptable?

■ **7.** Must the provider have an NPI or other enrollment/credentialing status?

■ **8.** What are my out-of-network deductible, coinsurance, allowed amount, visit limit, and telehealth rules?

■ **9.** Which member claim form and supporting documents do I submit? What is the filing deadline?

■ **10.** Where do I submit the claim, and how long should processing take?

Notes / exact language used by the plan:

_____

_____

_____

_____

Part 2: Using HSA or FSA Funds

The IRS says nutritional counseling may be paid or reimbursed by an HSA or FSA **only when it treats a specific disease diagnosed by a physician**, such as obesity or diabetes. Counseling for general health does not qualify on that basis.

1. **Confirm that you actually have an account.**
   An LMN does not create an HSA or FSA. If you do not have one, ask your employer whether you have an FSA or HRA, or explore insurance using Part 1.

2. **Check when the account became effective.**
   For an HSA, an expense generally must be incurred after the HSA was established. Opening an HSA later does not make an earlier expense HSA-qualified.

3. **Connect the counseling to a diagnosed disease.**
   Ask your physician whether the counseling is recommended to treat or manage a specific diagnosed condition. General goals such as “improve wellness,” “eat healthier,” or “feel better” are usually not enough.

4. **Ask the administrator what documentation it requires.**
   Call the HSA/FSA administrator before paying. Ask whether it requires an LMN, prescription, itemized receipt, diagnosis information, provider credentials, or a specific claim form.

5. **Obtain the LMN when required or advisable.**
   The diagnosing physician should complete it. It should identify the diagnosed condition, explain how nutritional counseling treats or manages it, and state the recommended duration or frequency. Use the administrator's form if it has one.

6. **Choose a payment method.**
   If the HSA/FSA debit card is accepted, you may try it. If it is declined, that does not necessarily mean the expense is ineligible; you may be able to pay personally and request reimbursement from the account. Confirm the process with the administrator.

7. **Keep your records.**
   Retain the LMN, itemized receipts, proof of payment, claim decisions, and any reimbursements. HSA owners are responsible for showing that distributions were for qualified, unreimbursed medical expenses.

Do not reimburse the same expense twice

If insurance reimburses part of the fee, HSA/FSA funds should be used only for the remaining eligible amount. You also cannot claim a tax deduction for an amount paid or reimbursed tax-free through an HSA/FSA.

HSA/FSA Verification Checklist

Call the account administrator listed on your card or online portal before relying on the account.

Suggested script

> *"I am considering nutritional counseling to help treat or manage a specific condition diagnosed by my physician. Can this expense be paid or reimbursed through my account? What documentation do you require, and do you have your own letter-of-medical-necessity form?"*

Account type	■ HSA ■ FSA ■ HRA ■ Other: _____
Account effective date	_____
Administrator	_____
Representative	_____
Call reference #	_____

Questions for the administrator

■ Is nutritional counseling to treat my physician-diagnosed condition an eligible expense?

■ Do you require an LMN? If so, do you have a required form?

■ Must I obtain the LMN before treatment begins?

■ Does the LMN need a diagnosis, recommended frequency, and end date?

■ Are there restrictions on the provider's credentials?

■ Will the debit card work, or should I pay personally and submit a claim?

■ What receipt or itemization is required?

■ What is the submission deadline, especially for an FSA?

Documents to keep together

- The administrator's eligibility confirmation and claim instructions
- The physician-signed LMN or prescription, if applicable
- Itemized receipts and proof of payment
- Insurance explanation of benefits (EOB), if insurance was tried first
- Reimbursement approval or denial notices

HSA versus FSA: one practical difference

HSA: You may generally pay personally and reimburse yourself later, provided the expense was qualified, unreimbursed, and incurred after the HSA was established; retain documentation. **FSA:** Follow the plan's claim deadline and documentation rules. FSA time limits are much less flexible.

What Megan Can - and Cannot - Provide

Megan can provide	Megan cannot promise or provide
An itemized receipt showing services purchased, dates, and amounts paid.	A guarantee that insurance, an HSA, or an FSA will approve or reimburse the expense.
Accurate information about her services and NTP credential.	A diagnosis, physician referral, prescription, or physician-signed LMN.
Other documentation that is accurate, appropriate, and within her professional role when reasonably available.	Credentials, billing codes, provider identifiers, or enrollment status she does not legitimately hold.
Cooperation with reasonable clarification requests directed to the practice.	Claim submission, insurer appeals, benefits interpretation, tax advice, or plan-administrator decisions.

If your request is denied

1. Ask for the denial reason in writing. Do not settle for a vague explanation.
2. Confirm whether the problem was the service, diagnosis, provider credential, missing document, filing deadline, or coding requirement.
3. Correct missing information only when it can be supplied accurately.
4. Ask the insurer or administrator for its formal appeal or reconsideration process.
5. Decide whether the likely reimbursement is worth the time required to appeal.

Bottom line

You are welcome to explore these options. Start by verifying eligibility **before services begin**, describe Megan's NTP credential accurately, obtain any required physician documentation, and keep complete records. Regardless of the outcome, you remain responsible for the practice's fees.

Authoritative references

IRS: “Frequently asked questions about medical expenses related to nutrition, wellness and general health” irs.gov/individuals/frequently-asked-questions-about-medical-expenses-related-to-nutrition-wellness-and-general-health

IRS Publication 969: Health Savings Accounts and Other Tax-Favored Health Plans irs.gov/publications/p969

IRS Publication 502: Medical and Dental Expenses irs.gov/publications/p502

HealthCare.gov: Health insurance plan and network types healthcare.gov/choose-a-plan/plan-types