



ICD-10 and CPT Codes Defined

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Americans Do Not Have Insurance or Medicare Coverage!

Though American's pay for coverage, they do not actually have coverage. It is the Health or Disease Care Service that has the coverage. If Americans actually had the coverage they pay for, then their Insurance Companies and Medicare would pay for any service for which the patient/client chose to use for their health and/or disease care needs. (Disease Care Services, for example, are all medical services.)

The Purpose of This Document

To provide information our clients may need when filing Insurance and Medicare Claims for reimbursement for our services or direct payment for laboratory services ordered through **Advanced Clinical Nutrition**.

What are ICD-10 Codes?

1. ICD-10 codes are **Medical Codes** physicians assign to the diagnoses of their patients.
2. Each diagnosis has an ICD-10 Code.



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3. **Contact your physician's office to obtain ICD-10 Codes for your diagnoses** if you do not currently have them in your personal records and obtain them before leaving your physician's office at all future visits whenever you receive a new diagnosis, when applicable. Then you will have them to include on your Claim Forms and when you want Genova to file the Claim for you.
4. Please note: Because we are not a "medical" office providing a medical diagnosis, **Advanced Clinical Nutrition**, is not able to provide ICD-10 Codes. However, because physicians do not diagnosis for Mineral Deficiencies and Heavy Metal Toxicity, as a rule, and some insurance companies are recognizing these, the ICD-10 Code for the Tissue Mineral Hair Analysis is 2.01.43.

What are CPT Codes?

1. CPT Codes are **Service Codes** for any health care service.
2. The health care service may be medical, nutritional, chiropractic, i.e., any health care service.
3. Contact each health care provider for the CPT Codes for the services they provide if you do not currently have them in your personal records and obtain new CPT Codes from them whenever a new service is provided, when applicable.
4. All CPT Codes for our Clinical Nutrition and Dietary Services are provided on the **CPT Code PDF Document**, which is the next document that follows on the same webpage as you downloaded this document.
5. Each Invoice we provide to our clients has the type of services provided. This will help our clients choose the correct CPT Code for the service.

Purpose for Codes?

ICD-10 and CPT Codes are used for **Insurance and Medicare Patient Claim Processing**. A **Claim Form** is completed by either the Insurance Company, Medicare or by the patient to submit to the Insurance Company or Medicare.

Some Laboratories that provide medical and nutritional testing will complete Claim Forms for patients/clients, though this is a courtesy and not a common service provided by all Laboratories.



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Insurance companies and Medicare use these codes so they will know the diagnoses (ICD-10 Codes) and services (CPT Codes) to determine the amount of money to either:

1. Pay directly to the **Health Care Provider** for providing their service(s) to the patient or
2. Reimburse to the patient, when the patient's insurance policy or terms for Medicare will reimburse for services already paid for by the patient.

Are Clinical Nutrition and Dietary Services Covered?

Our clients are advised to check their Insurance Policy (or policies) and terms for Medicare for information about coverage for the services provided through **Advanced Clinical Nutrition. Clinical Nutrition is also termed as Medical Nutrition Therapy, Molecular Medicine and/or Functional Medicine.**

Client pay us for our services by credit or debit card; then complete their own Claim Forms for reimbursement from their Insurance Company or Medicare, when applicable, as we do not file Insurance or Medicare Claims.

Though **Dietary Services** are covered, not all of our Clinical Nutrition Services are covered, yet. Some policies and Medicare terms limit the number of dietary and/or clinical nutrition services they will cover, however. Their criteria is not selective, it is just about the amount of money they want to pay for services in the field of Nutritional Science and this criteria applies to all health and disease care services.

For example, up to and throughout most of the 20th Century, they paid physicians for **44 Blood Chemistries, which comprise "Comprehensive" testing of human blood.** This was standard blood testing by all physicians until the time Insurance Companies and Medicare stopped paying them for comprehensive blood testing.

Since then and to the present time, Insurance Companies and Medicare will only pay physicians for 16-25 blood tests, on the average. This means that patients are at risk of:

1. **Not being diagnosed** if blood chemistries have progressed to the medical (disease) stage, but are not tested in their Insurance/Medicare-Controlled Blood Chemistry Panels.
2. And because any one or more chemistry in the blood can have effect on one or more other blood chemistry, if chemistries not tested have an effect on those that are tested or vice versa, the patient is also at risk of **misdiagnosis**.



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At **Advanced Clinical Nutrition**, we provide the original "Comprehensive (44) Blood Chemistry Testing for our clients and therefore, we are able to monitor all blood testing and refer a client to their physician if any chemistry is in need of emergency medical assistance. However, this is rare because we are providing clinical nutrition therapy for their abnormal chemistries so we can assist our clients in restoring optimal nutritional values. In doing this, the patient will automatically attain optimal medical values.

We are concerned about the Americans who are at risk:

1. Because they are not currently aware of this change in physician-ordered blood testing,
2. Not yet aware of the importance of prevention and/or
3. That optimal blood values can be restored through clinical nutrition.

Hence we appreciate our client referrals as we know this good news is being shared.

The Internal Revenue Service Recognizes All Of Our Services

It is interesting to note, however, that the **Internal Revenue Service** recognizes all Clinical Nutrition and Dietary Services. Therefore, it is important **to keep your invoices for all of our services** so that you can include them in your total "Health Care" investment each year, as they will help **reduce total income tax due**. In other words, add the total for our services to the total paid out for medical, chiropractic, massage, physical therapy, acupuncture, dentistry, etc.

Genova Diagnostics Laboratory

One of the reasons Dr. Smith uses **Genova Diagnostics** for saliva, urine and stool testing is because Genova will file our clients' claims. This helps our clients obtain reimbursement for our services since Laboratories have more influence with Insurance Companies and Medicare than when the client is the initiator of the Claim.

The **Genova Lab Requisition**, which is the white form in each Lab Kit, indicates the information Genova requires to file Insurance and Medicare Claim Forms, such as:

1. Insurance or Medicare Information, such as Policy or Medicare Number.



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2. A photocopy of the insurance or Medicare card, when requested.
3. **ICD-10 and CPT-Codes.** The Lab cannot file your claim without these codes. If you have more than one ICD-10 Code from one or more physicians, you may contact Genova for help regarding which ICD-10 Code to enter on their Requisition Form in the Lab Kit(s).
4. It is important to be thorough in providing any and all information requested on the Requisition to **not delay processing of specimen samples and Claim Form, if you choose to include this information instead of paying them by check or Credit Card.**
 - a. **For example:** When information is lacking, Genova contacts our office. However, we do not have the information they need and must then contact our client, which also causes delays.
5. If you have any questions about your Claim through Genova Diagnostics, please contact them. Their phone number is provided on the Patient Instructions for Specimen Collection.

Questions?

In conclusion, if you have any questions about...

1. **ICD-10 Codes?** Please contact your physician's office. If you have more than one diagnosis, you will need to contact each physician who provided a diagnosis for the ICD-10 Code for that diagnosis. If you are providing an ICD-10 Code for Genova Diagnostic Lab and you have more than one ICD-10 Code, you may contact Genova for help regarding which ICD-10 Code to enter on their Requisition Form in the Lab Kit(s).
2. **CPT Codes?** If you have any questions about CPT Codes for our services after reading this document and the **CPT Codes** PDF Document that accompanies it on the same web page, please feel free to contact our office at (940) 761-4045.
3. **Genova Diagnostic Lab?** Please contact Genova at (800) 522-4762 regarding any questions about providing information they need to file your claim for payment to test your saliva, urine or stool samples. Their phone number is also included on the Patient Instructions for Specimen Collection that is included in each saliva, urine and/or stool lab kit.