

Health insurance covers acts delivered by a dietitian if they have been prescribed by a doctor and if the insured person suffers from one of the conditions for which coverage is provided.



Course of treatment

The dietary treatment consists of an initial dietary treatment including:

- one initial consultation about the person’s medical history and a nutritional assessment (minimum duration of 60 minutes)
- one consultation to provide advice and documentation, (presentation of the nutritional plan, minimum duration of 30 minutes)
- four follow-up consultations as part of an initial treatment (minimum duration of 30 minutes)

An extension of the dietary treatment is possible with a prescription. This extension includes four follow-up consultations (minimum duration of 30 minutes).



Conditions of coverage

Specific pathology

The insured person must have one of the pathologies provided for in the CNS statutes.

Medical prescription

Services delivered by dietitians are only covered by the CNS if they are provided following an original and prior medical prescription.

The prescription should indicate:

- the code or wording of the nomenclature relating to the prescribed acts;
- the pathology or pathologies justifying the coverage of dietary care;
- if applicable, the precise number of consultations.

Limitations

The CNS only covers one initial dietary treatment per pathology every three years. With a medical prescription, each initial treatment can be extended only once.

The extension of dietary treatment is only covered:

- if the initial treatment is completed;
- if less than three years have passed since the beginning of the initial treatment. After this period, a new initial treatment may be requested.

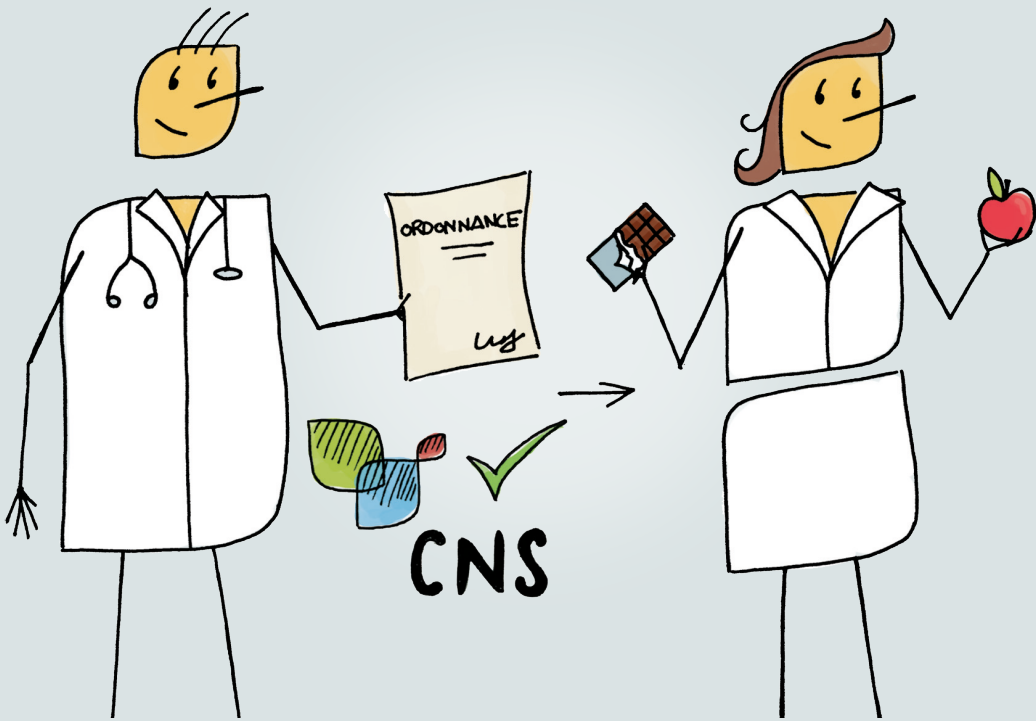
Validation of the prescription and certificate of coverage

The medical prescription must be validated by the CNS. This validation must be requested within 90 days of the prescription’s issuance. Through this validation, the CNS issues a certificate of coverage.

Either the dietitian or the insured person can request this validation from the CNS.

Validation requested by the dietitian: If the insured person submits the medical prescription directly to the dietitian, the latter enters the information provided on the prescription into a dedicated software and sends it to the CNS within the required time limit.

Validation requested by the insured person: If the insured person requests validation, they must send the original medical prescription by post to the CNS within the required deadline.



Method of payment

Third-party payment (if the dietitian requested validation)

Under the third-party payment system, the insured person pays the dietitian only the part for which he is responsible (the part that is not refunded by health insurance). The CNS covers the rest directly.

Advance of costs (if the insured person requested validation)

In this case, at the end of the treatment, the dietitian presents an invoice to the insured person showing the total amount to be paid, i.e. the portion to be covered by health insurance as well as any part to be paid by the insured person. After payment, the insured person requests a reimbursement with their competent fund (CNS or public sector health fund).

Coverage rate

The acts and services listed in the dietitians’ nomenclature are covered at the rate of 88% provided that these acts are prescribed to a person who presents one of the pathologies provided for in Annex E of the CNS statutes.

By derogation, the coverage rate is 100% when the insured person has not reached the age of 18 years on the issuance date of the medical prescription.

