INSURANCE VERIFICATION FORM

It is Important to understand your benefits and coverage details, including co-pays and deductibles. Please use this worksheet to guide you through a call to your insurance company to verify coverage of nutrition services.

Call the Member Services Number on Your Insurance Card

>>Ask to check Benefits and Coverage
"I'd like to check my benefits for nutrition counseling with a dietitian. Can you help me verify coverage?"

Practitioner Name: Michelle Ivy **NPI: 1417316340**

Questions to ask:

1. Are CPT codes **97802** (initial session) and **97803** (follow-up sessions) covered under my plan? ☐ **Yes** ☐ **No**
2. Is nutrition counseling covered under preventative services? ☐ **Yes** ☐ **No**
3. How many visits are covered per year? __________ ☐ **Yes** ☐ **No**
4. Do I have a co-pay, deductible, or coinsurance for these visits? ☐ **Yes** ☐ **No**
   Covered@________% Apply to deductible? Y/N
   Limits: ______ Co-Pay :______Co-insurance________% Limits_______
5. Do I need a referral or prior authorization? ☐ **Yes** ☐ **No**
6. Are telehealth visits covered? ☐ **Yes** ☐ **No**
7. Is my provider in network with my plan? ☐ **Yes** ☐ **No**
8. If my provider is not in-network, do I have nutritional counseling out- of-network benefits? ☐ **Yes** ☐ **No**

Preventative Coverage ICD 10- Codes
Z71.3 – Dietary counseling and surveillance **Z72.4** – Inappropriate diet and eating habits **Z68 -**BMI **R73.01:** Prediabetes , **Z83.3:** Family history of diabetes mellitus (indicating a risk factor for preventive counseling), **Z83.49:** Family history of other cardiovascular diseases (indicating a risk factor).

Medical Conditions:
E66.9 – Obesity, unspecified, E66.3 – Overweight, E11.9 – Type 2 diabetes, without complications, E78.0 – Pure hypercholesterolemia, E78.5 – Hyperlipidemia, unspecified, I10: Essential (primary) hypertension, E88.81 – Metabolic syndrome

*****Before you hang up, please ask for the Reference Number for the call*****
This will help if they misquote coverage and may result in getting coverage if they deny the claim

Representative's Name: ___________________________ Reference#:____________________________