

Call Reference #

First Name:

Last Name:

DOB:

Questions to Ask Your Insurance Representative

1. Ask “what nutrition and/or mental health services are covered and how many visits are provided?” Use the procedure codes (also called CPT codes) below.

- CPT 97802 (nutrition initial visit) _____
- CPT 97803 (nutrition follow-up visit) _____
- CPT 90791 (mental health initial visit) _____
- CPT 90837 (mental health follow-up visit) _____

What Diagnosis code is needed? How many sessions are covered?

Common Diagnoses Codes for Nutrition

- Z71.3 - Dietary counseling and surveillance
- F50.00-F50.9 - Eating Disorders
- Z72.4 - Inappropriate diet and eating habits
- R73.03 - Prediabetes
- R73.01 - Impaired fasting glucose
- E13.65 - Other specified diabetes mellitus with hyperglycemia (Diabetes)
- E78.5 - Hyperlipidemia, unspecified (high cholesterol)

Common Diagnoses Codes for Mental Health

- Z71.9 - Counseling, unspecified

Follow up to ensure we are in your network by using our NPI number

Aspire's NPI number is 1093315244



If we are not in your network please proceed to **Out of Network Benefits** on the next page.

If we are **In Network** please ask the following

2. Ask **“Are preventative care or wellness services covered under my plan?”** If yes, ask **“how many sessions do I have per calendar year?”**

Preventative care coverage?

- YES, How many sessions per year? _____
- NO

3. Ask **“Do I need a referral from my PCP?”**

- YES
- NO

If you need a referral from your PCP with your plan you can request Aspire Nutrition using our **NPI# 1093315244.**

Our fax number is **678-742-8047.**

Out-of-Network Benefits

If we are not an in-network provider for your insurance we may be able to use **out of network benefits** and provide **courtesy billing** on your behalf.

Please ask the following Questions to your insurance representative:

1. Ask **“Does my plan include out-of-network benefits for mental health care and/or nutritional counseling? Specifically, for outpatient services?”** If yes, **“How many sessions do I have coverage for?”**

- YES- Nutritional counseling, How many sessions? _____
- NO- Nutritional Counseling
- YES- Mental Health Counseling, How many sessions? _____
- NO- Mental Health Counseling

2. Ask **“Do I have a deductible for out-of-network services? If yes, “What is the remaining amount I will have to pay before my health plan will pay?”**

- YES, the amount left is \$ _____ before my insurance will pay.
- NO

3. Ask **“What is my coinsurance? ”** And **“What is the maximum amount my plan will reimburse?”**

My coinsurance is _____% (my health plan pays _____%, I pay _____%). Maximum amount: 97803 _____ 90837 _____