

Insurance Benefits Worksheet

There are 3 “Most Important” things to know:

- ✚ The **CPT CODE** for our evaluations is: **96118**. This is how your carrier will look up your benefits.
- ✚ Ask if you need a **PRE-AUTHORIZATION** - This is NOT the same thing as a referral from your physician. It must be completed BEFORE you start the evaluation process.
- ✚ Clarify that you are inquiring about **OUT OF NETWORK** benefits. If your carrier tells you that you have in-network neuropsychologists it is imperative that you *clarify that the in-network provider is truly a neuropsychologist*, someone who has completed a **2-year post doctoral fellowship** in pediatric neuropsychology or is **board certified** in neuropsychology.

There are several things you should have *ready for your call to your insurance company*:

Insured's Name: _____ Plan or group # _____
Social Security # _____ Employer _____
Insurance Co: _____ Phone _____

There are several things *you want FROM your insurance company*:

Name of Claim Rep you're talking to: _____
Phone _____ Fax# _____

Your carrier may have guidelines about whether **CPT Code 96118** is covered under Medical or Behavioral Health benefits. It is important for you to clarify this because it can affect how your claim is processed and your rate of reimbursement. As a rule of thumb, *neuropsychologists* use medical diagnostic codes unless we are required to use behavioral health codes by your carrier. Some carriers only cover services under your medical policy if your child has been recently hospitalized or has a chronic medical condition.

You want to *WRITE DOWN* each time you call:

Date of call _____ Person(s) you speak with _____

The reference # of your phone call/contact: _____

You want to *ASK*:

What are your benefits for **CPT 96118** (neuropsychological evaluation by doctoral level professional)?

Are there any limitations to the number of hours per day, the number of visits per week, or the number of visits per month. If so, what are they?

Do you need a physician's referral? Yes No

Do you need PRE - AUTHORIZATION? Yes No

If yes, *what are the pre-authorization requirements*:

If yes, do you have additional/separate benefits for an initial *diagnostic interview* with us to determine need?

Yes No Notes: _____

Where should you mail your claim? _____

Who do you call with questions about your claim? _____

Additional notes:

