

Insurance Benefits Worksheet

PLEASE NOTE: Child Neuropsychology PC is not a member of insurance panels and does not bill insurance. You assume full responsibility for the financial agreement with Child Neuropsychology PC. However, we will assist you in any legal and appropriate manner as we can, such as helping you complete a preauthorization form if needed, once we have formally met you in a Parent Interview. We also provide a detailed Statement of Service at the conclusion of the evaluation that contains: Relevant dates of service (including CPT code and # of hours); Diagnostic codes; Location of services; Total hours billed; Payment history; and Provider information such as state license and national provider numbers.

There are several things you will want to have ready before calling your insurance company, such as:

Insured's Name: _____ Policy Holder: _____
Med Record #: _____ Social Security # _____
Insurance Co: _____ Plan or group # _____
Address: _____ Employer _____
Phone _____

You'll want to contact your insurance company to verify your benefits regarding an *outpatient neuropsychological evaluation*. This may be covered under your **behavioral health** or **major medical policy** (Note: Some policies use major medical benefits only if the evaluation is conducted during inpatient hospitalization).

As of January 2019, we use several codes (CPT codes) to bill an evaluation. These include, with anticipated number of service hours provided in parentheses:

- 96116 Neurobehavioral Status Examination/Clinical Interview- first hour (1)
- 96121 Neurobehavioral Status Examination/Clinical Interview – additional hours (1)
- 96136 Test Administration and Scoring by neuropsychologist – first ½ hour (0.5)
- 96137 Test Administration and Scoring by neuropsychologist – additional hours (6.5)
- 96132 Neuropsychological testing evaluation services – first hour (1)
- 96133 Neuropsychological testing evaluation services – additional hours (6)

Total Hours Billed = 16

Once you connect with your Claims Representative, write down the following:

Date of contact _____ Person(s) you are speaking with _____
Call Back # _____

To clarify your benefits:

- Ask about potential restrictions under each of the CPT codes listed above:

Notes: _____

- Are there limitations on the number of hours per day, the number of visits per week, or the number of visits per month?

Notes: _____

- Do you need **PRE - AUTHORIZATION**? _____ Yes _____ No

If yes, what exactly is needed: _____

NOTE: Since we do not know your child in advance of the evaluation, we can help with Pre-Authorization only after we meet for the Parent Interview (i.e. Neurobehavioral Status Examination). If you need our help, **it is your responsibility to ask for Pre-Authorization assistance at our Parent Interview.**

- What is the difference in coverage for *In-Network* vs. *Out-of-Network* providers (we are Out-of-Network)

It may be relevant to ask if you have an *In-Network Pediatric Neuropsychologist*. If not, you might be able to negotiate a rate adjustment.

Notes: _____

- How should you process your claim?

Notes: _____

Additional notes:

