

### INSURANCE 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. It contains relevant dates of service (including CPT code and # of units/hours); diagnostic codes; location of services; total hours billed; payment history; and provider information such as state license and national provider numbers.

**PLEASE NOTE: Reimbursement practices changed under COVID-19. In Oregon and Washington, telemedicine and in-person appointments gained parity and began to be reimbursed at the same rate. Our evaluations are now a combination of telemedicine and in-person appointments. BE SURE TO CLARIFY COVERAGE FOR BOTH TYPES OF APPOINTMENTS WITH YOUR CARRIER.**

**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 _____	

Clarify whether your coverage is under your **behavioral health** or **major medical policy** (Note: Some policies use major medical benefits only if the evaluation is conducted during inpatient hospitalization).

**The following CPT codes are used in an evaluation** (anticipated number of service units/hours 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 (1)
- 96137 Test Administration and Scoring by neuropsychologist – additional ½ hours (11.5)
- 96132 Neuropsychological testing evaluation services – first hour (1)
- 96133 Neuropsychological testing evaluation services – additional hours (6)

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

Date of contact \_\_\_\_\_ Person(s) with whom you are speaking \_\_\_\_\_  
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? Are there different rates of reimbursement for telemedicine and in-person appointments?

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_