

NeuroDynamics, LLC

Determining Private Health Care Insurance Benefits and Preauthorization Requirements

Discovering the benefits for your particular insurance plan can be very confusing, as there are many insurance companies, and each company has various plans. This form is intended to help you navigate the system more effectively.

Section I

To determine if you have insurance coverage for Neuropsychological Testing, Psychological Testing, or counseling services, you will need to call your insurance company and request the information described below. You will need your insurance identification card, a pen or pencil, and this form.

Remember that **you are the customer and you have a right to this information and to be treated politely and respectfully** so do not feel shy about requesting this information.

With paper and pencil, and your insurance card, phone your insurance company. The number is usually a 1-800 phone number on the back of your insurance card that you need to call for authorization of mental health benefits. Your insurance company may direct you to a managed health care company whose job is to “manage” (i.e. keep the cost down) your use of my services, or you may be channeled through an “electronic” menu. Please make sure that you eventually get to speak with a “live” person.

When an insurance representative answers, begin by saying:

“I’m calling to find out what coverage I have for testing/therapy provided by a licensed psychologist.” “To whom am I speaking?”

Write down the representative’s name _____.

The representative or electronic system will ask for the policy holder’s name, policy holder identification number and group number (this information should be available on your insurance card, so have it ready), name of client, date of birth of client. They will probably ask who the provider is. You will say, “Mary K. Hales, Ph.D.”.

The insurance representative may ask for specific information about Dr. Hales to determine if she qualifies as an in-network or out-of-network provider for your insurance company. If they ask for my credentials:

- Licensed Psychologist in the state of Utah.
- Federal tax I.D. number is 87-0672454

If they say that Dr. Hales is not a preferred provider, this means she does not work under their fee schedule. Then ask if your insurance plan pays only for a preferred provider or allows for out-of-network benefits.

If Dr. Hales is not listed as a preferred provider and you have no out-of-network benefits, payment for an evaluation or therapy will be “out-of-pocket” and you will be responsible for all testing or therapy costs. We have three payment plans for evaluations, which are described on a separate form.

If Dr. Hales is a preferred provider or you do have out-of-network benefits, you will need to continue to Section II.

Section II

You will need to ask the following questions:

1. What month does the new insurance year begin for me? _____
2. Do I have a deductible? (This is the amount you must pay out of pocket each year before your insurance begins to reimburse services). Yes ____ No ____
Amount _____
3. Is the deductible amount different for out-of-network benefits? _____
4. How much of the deductible has been satisfied? _____
5. Do I have any co-pays? What are they for therapy? _____
6. Does my policy have testing benefits? Yes____ No____
7. What percentage will I be responsible for if testing is completed? _____
8. Is preauthorization required for testing? _____

If preauthorization is required, you will need to ask the following questions:

1. What is the preauthorization procedure? _____

2. What is the preauthorization phone number? _____

The representative will probably ask what the **diagnosis** is. Tell the representative that you are not sure but you or your child seems to be having problems with... (anxiety, depression, attention, memory, learning, up to 3 problems). If there is also a medical diagnosis, communicate that as well (i.e., traumatic brain injury, stroke, hydrocephalus, prematurity, birth trauma, etc.). Be aware that almost no insurance companies cover testing for learning disabilities unless they are part of a more complex diagnosis. Some insurance companies do not cover what they consider to be “developmental disorders” (i.e., ADHD, Asperger’s Disorder, Tourette’s Syndrome). Other insurance companies have benefits for testing (for example, ADHD), but not therapy for the same diagnosis.

Next the representative will ask what procedures are going to be performed. If the representative does not ask, tell the representative that you have questions about the coverage for a number of procedures and that you have the codes for these procedures.

Intake interview: An intake interview will always be required prior to testing or therapy. Ask the representative; is a **diagnostic interview – CPT code 90801** covered? Yes ____ No ____ . “Will reimbursement come to me or Dr. Hales?” _____ Is there a limit to the number of hours covered by insurance for a 90801 in a single day? _____ Is there a maximum dollar amount for this service? _____

Psychotherapy Ask the representative:

Is **individual psychotherapy –CPT code 90806** covered? Yes ___ No ___. Is there a limit of the number of sessions per year? _____. Is there a lifetime maximum? _____ . Are there any diagnoses that are not covered for psychotherapy? _____.

Is **family psychotherapy –CPT code 90847** covered? Yes ___ No ___. Yes ___ No _____. Is there a maximum dollar amount for this service? _____. Is there a yearly maximum? _____. A lifetime maximum? _____.

Testing Ask the representative:

Is **Psychological testing –CPT code 96101** covered? Yes ___ No ___. At what percentage is testing covered? _____. Is there a limit on the number of hours? _____. Is there a maximum dollar amount for this service? _____. Is there a yearly maximum? _____. A lifetime maximum? _____.

Is **Neuropsychological testing covered –CPT code 96118** covered? Yes ___ No ___. At what percentage is testing covered? _____. Is there a limit on the number of hours? _____. Is there a maximum dollar amount for this service? _____. Is there a yearly maximum? _____. A lifetime maximum? _____. What diagnoses are covered for testing? _____ Are there any diagnoses that are not covered for testing? _____

Are there any other restrictions or limitations we have not talked about? _____

Will Dr. Hales be asked to fill out any additional forms such as description of the problems that brought you/your child to testing or therapy including symptoms, past history of symptoms, prognosis for change, etc.? Yes ___ No ____ Will Dr. Hales be asked to have a telephone case review with an insurance representative? Yes ___ No ____

Again, verify the representative’s name _____ Then ask, “In the future, what is the **best phone number to call** with inquiries about mental health benefits?” _____.

At this point, if you have decided to proceed and use your insurance benefits, you may be assigned an **authorization number**. Write it down _____.

After ending the conversation, record the **date**: _____, **time** _____, and **length** _____ of phone call.

REMEMBER - Any time you talk with a representative in the future, record on a separate piece of paper:

Date:

Time:

Length of call:

Name of representative:

Information received from representative:

This information will be helpful in settling any disputes that may arise.