

ANSWERS TO THE QUESTIONS YOUR INSURANCE COMPANY MAY ASK

- 1) I am not a preferred provider in your network.
- 2) I am licensed as a clinical psychologist in the state of California. My license number is PSY14261. My tax ID is 20-4969484. My National Provider ID is 1407010374.
- 3) Cost of the evaluation is \$9500.
- 4) What I will be doing as part of the evaluation:

<u>Procedure for comprehensive evaluation</u>	<u>Insurance code</u>	<u>Cost</u>
1 hr initial interview	CPT 90791	(\$00)
1 hr psyche testing evaluation services (integrate data, interpret results, write report, plan treatment, give feedback)	CPT 96130	(\$354)
8 additional .5 hours psyche testing evaluation services, (integrate data interpret results, write report, plan treatment, give feedback)	CPT 96131	(\$177x8=\$1416)
2 hours assessment of aphasia/language-related testing	CPT 96105	(\$354x2=\$708)
1 hr neuropsych testing evaluation services (integrate data, interpret results, write report, plan treatment, give feedback)	CPT 96132	(\$354)
12 additional .5 hours neuropsych testing evaluation services (integrate data, interpret results, write report, plan treatment, give feedback)	CPT 96133	(\$177x12=\$2124)
Initial .5 hours psyche/neuropsych test admin/score	CPT 96136	(\$177)
21 additional .5 hrs psyche/neuropsych test admin/score	CPT 96137	(\$177x21= \$3717)
1 psyche/neuropsych test administration with single automated standardized instrument	CPT 96146	(\$ 50)

5) An initial interview with a child’s parent(s) or an adult’s significant other are included in the base evaluation fee (CPT 90791). Also included is up to one hour of combined record review and consultation with people familiar with the person being examined (e.g., teachers, other family members, business partners). Your evaluation may require more than one hour of such services. Beyond the first hour, charges are as follows:

Prolonged service without direct patient contact hour (record review)	CPT 99358/99359	(\$725 per hour)
Health behavior assessment (interviews)	CPT 96156	(\$725 per hour)

If your insurance company tells you they have to speak to the doctor (me) before they will authorize testing, tell them they need to authorize a “90791” before that conversation can happen. This code (90791) refers to our initial meeting, at which I gather information from you about the problems for which you are seeking testing. It is only after this meeting takes place that I will understand the issues in enough detail to explain to the insurance company why the

testing is needed. Note: Many insurance companies do not require authorization for the 90791 appointment. The insurance company representative with whom you speak may not be aware of this.

Some insurance plans may allow you to be reimbursed for my services if there is no comparable in-network provider in geographical proximity to you. You might inquire with your insurance company if this is so, and determine whether they can provide for you a “board certified neuropsychologist” or, for children, a “board certified pediatric neuropsychologist” in-network.

If this inquiry is for an evaluation of a child

If you tell the insurance company that your child is having problems in school, they may inform you that your health insurance is not designed to help a child with academic trouble. However, children who are having trouble in school are often having trouble in other areas of life. Problems may be more evident in school because school is where you child spends the most time and the demands made there are consistent. If the insurance representative asks why you are seeking the evaluation, I encourage you describe the impact of the issues at hand more broadly than the ways in which they are evident in the school setting.

Good luck. And please feel free to call if I can clarify anything further.