

Working With Insurance to Access Out of Network Benefits For Neuropsychological Assessment

The Levin Center is out-of-network with ALL insurance companies. This guide is provided to assist you with calling your insurance company to check on your out-of-network benefits.

The Levin Center does not bill insurance. You will be responsible for securing authorization and filing claim forms.

Upon request, Dr. Bloom will give you a Superbill (receipt), showing your payment and procedure codes; however, there is no guarantee of coverage.

If authorization for out of network benefits is not obtained prior to your appointment with Dr. Bloom, your insurance company may deny your claim.

The Levin Center is not responsible for the information obtained using this guide.

Follow these steps to request approval for out-of-network benefits:

- 1) Contact your insurance plan by calling the number on the back of your insurance card for Behavioral Health or Mental Health. Tell them you are seeking out-of-network benefits.
- 2) Make sure you let the insurance representative know you are seeking psychological testing services to assess for medical diagnoses, not “educational testing.”
- 3) Ask for these services. Each service is \$200 per hour.
 - Psychiatric Diagnostic Interview (CPT code: 90791, typically 2 units)
 - Psychological Testing (CPT codes: 96130, 96131, 96136 and 96137, typically one hour of 96136, 4 hours of 96137, one hour of 96130, and 5 hours of 96131)
 - Feedback session (CPT code: 96130, 1-2 hours)
- 4) Because psychological testing is a specialized service, your insurance company may be more inclined to allow you to see Dr. Bloom. You will most likely be given a list of providers who are on your insurance panel. Inform the insurance representative that psychological assessment services must be provided by a trained psychologist or neuropsychologist, and cannot be provided by a counselor, MFT (Marriage-Family Therapist), or LCSW (Licensed Clinical Social Worker).
- 5) Ask the insurance company to quote you the amount they will reimburse you in a dollar figure. The insurance company may state this as a percentage (for example, “60%”). This means that they will reimburse you 60% of the “usual and customary rate” (UCR) set by the insurance company; this is not 60% of Dr. Bloom’s fee. For example, an insurance company states they will reimburse 60% of the UCR of \$100 for psychological testing (96131, for example), or \$60. As Dr. Bloom’s fee is \$200 for each hour of 96131, the family would pay \$200 in Dr. Bloom’s office, then the insurance would mail you a check for \$60.

6) Sometimes, a claim form must be filled out, so request a copy of their form and where to send it to the insurance company.

Feel free to contact Dr. Bloom's office with any questions.