

Guidance and Questions for Prospective Patients Contacting Their Insurance Companies About Reimbursement for Psychological Evaluations

Dimensions Psychology is considered an out-of-network provider with all insurance companies, meaning Dimensions does not contract with any insurance company. While this can be an inconvenience, we have found it is often beneficial for patients and Dimensions alike. We have prepared this document to be best prepared to speak with your insurance company about out-of-network coverage.

Section 1: Basic Information

Before you call your insurance company, be aware of the following:

- Your insurance ID card (group and member numbers)
- Dr. Kevin Goldberg's name and NPI number (1962925651)
- The reason for seeking a psychological evaluation (e.g., for ADHD, autism, learning disability, mood difficulties, diagnostic clarification, etc.)
- CPT Codes to reference: 90791, 96118, 96119, 96130, 96131
- Dimensions Psychology, PLLC, will provide everyone with a Superbill detailing dates of service(s), diagnoses, CPT codes, and all other relevant information to provide to your insurance company

Section 2: Questions to Ask Your Insurance Company

Specific Out-of-Network Evaluation Benefits

- Are out-of-network psychological evaluations covered by my plan?
- What is the deductible for out-of-network psychological evaluations?
- How much of the deductible has already been met this year?
- What percentage of the evaluation fee is reimbursed for out-of-network services?
- Is pre-authorization or a referral required for out-of-network psychological evaluations?
 - If a pre-authorization is required, do you have a specific form for my provider to complete?
- Are there any exclusions, restrictions, or special requirements for reimbursement of psychological evaluations?
- What documentation is required to submit a claim for a psychological evaluation?

Cost Estimates and Reimbursement

- Can you provide the allowed amount for the following CPT Codes: 90791, 96118, 96119, 96130, 96131?
- What is the process for submitting claims for psychological evaluations?
- How long does reimbursement typically take?
- Where do I send my claim forms and receipts?
- Does my plan have a maximum for annual out-of-pocket expenses related to psychological evaluations?
- How close am I to reaching the out-of-pocket maximum this year?

Section 3: Tips for Successful Insurance Communication

- Take thorough notes during your call, including names, dates, and specific information discussed.
- Ask for a reference number for your call and save it for future communications.
- If possible, request written confirmation of your coverage details via email or postal mail.
- Be persistent and polite; if you encounter confusion or unclear responses, ask to speak with a supervisor or another representative.
- Keep copies of all correspondence and claims submissions.
- If you receive contradictory or unclear information, follow up for clarification.
- Insurance representatives may use technical language—ask for plain explanations if needed.
- Check for deadlines for claim submission and reimbursement for psychological evaluations.

Section 4: Sample Script for Speaking to Your Insurance Company

Below is a sample script you may use or adapt during your call:

- "Hello, I am considering obtaining a psychological evaluation with a psychologist who is not in your network. I would like to understand my out-of-network benefits for psychological testing and assessment. Could you please walk me through the coverage and reimbursement process?"
- "Can you clarify what my deductible and coinsurance are for out-of-network psychological evaluations?"
- "Are there specific requirements for the claims process, such as pre-authorization or documentation, for psychological testing?"
- "Are telehealth feedback or assessment sessions covered for out-of-network providers?"
- "How do I find out what the allowed amount is for specific CPT codes used in psychological evaluations?"
- "Can you send me any written documentation of my out-of-network coverage for psychological evaluations?"

Section 5: Patient Notes

Use this space to record information, advice, and reference numbers:

- Deductible for out-of-network psychological evaluations: _____
- Coinsurance percentage for out-of-network evaluations: _____
- Annual limit on evaluations (if any): _____
- Claim submission instructions: _____
- Required documentation: _____
- Representative's reference or call ID: _____
- Additional notes: _____

Section 6: Frequently Used Terms and Definitions

- **Deductible:** The amount you pay out-of-pocket before insurance reimbursement begins for an evaluation.
- **Coinsurance:** The percentage of costs you pay after meeting your deductible for an evaluation.
- **Allowed Amount:** The maximum fee your insurance considers eligible for reimbursement for a psychological evaluation.
- **Superbill:** A detailed receipt from your psychologist, usually required for claim submissions.
- **CPT Code:** A standardized code used to identify specific psychological testing and evaluation services.
- **Pre-Authorization:** Approval from your insurance company prior to receiving a psychological evaluation.
- **Out-of-Network Provider:** A psychologist who does not have a contract with your insurance plan.

Remember: Insurance policies can vary greatly. Obtaining clear information up front will help ensure a smoother process when seeking reimbursement for out-of-network psychological evaluations