Guide for Reimbursement of Out-of-Network Benefits for Therapeutic Assessments

This document was created to assist clients who want to submit their final receipt for psychological testing for out-of-network reimbursement. Clients are also strongly encouraged to read the MNCCTA Financial Contract and what is on the website on the Billing page.

Given the wide variety of insurance plans, and the variability among plans for any given insurance company, it is not possible to determine your benefits and what monies, if any, you will be reimbursed. It is recommended that you call your insurance company and ask the following questions so you can make an informed choice about your costs. Below each suggested question is some explanation and rationale for why this question may be important. It is recommended that you take notes during this phone call, including the date, time and the name of the representative who provided you information.

What are my out of network benefits?

> **And if you have a deductible for out of network benefits—How much of my out of network deductible has been met?**

Rationale—This should provide you a broad overview of what benefits, if any, you have when you receive services out of network, and if you have a deductible, how much has been met.

I plan to complete psychological testing with a licensed psychologist, and I would like to know what coverage I have for the following CPT codes?

CPT Code	Description
Assessment Codes	
90791	Diagnostic interviewing.
96136	Psychological or neuropsychological test administration and scoring by physician, two or more tests, any method, first 30 minutes.
96137	*Add on code for 96136. Each additional 30 minutes.
96130	Psychological testing evaluation services by physician, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s); first hour.
96131	*Add on code for 96131. Each additional hour.
Psychotherapy Codes	
90832	Individual psychotherapy-30 minutes.
90834	Individual psychotherapy-45 minutes.
90837	Individual psychotherapy-60 minutes or greater.
90847	Family psychotherapy with family member present-45 minutes.
90846	Family psychotherapy without family member present-45 minutes.

Rationale—All medical and behavioral health services are billed using what are known as CPT codes. Above are the codes used as part of a Therapeutic Assessment, which are a mix of codes that are used for psychotherapy and psychological assessment services. Knowing if these codes are covered will help you determine your final cost.

Are there any limits on my how many of each of these codes can be billed? For example, is there a cap on the number off 90791 or 96137 codes that can be billed in a calendar year?

Rationale—Some insurance companies place limits on the number of units that can be billed for certain CPT codes, and when those limits are reached the insurance company may not reimburse for additional units, even when professionals believe additional units are needed.

Does a pre-authorization need to be completed before any of these CPT codes can be billed?

> **If a pre-authorization is required, how long after the needed pre-authorization documentation is submitted can I expect to get approval**?

Rationale—Some insurance companies require a pre-authorization before certain psychological services will be reimbursed. If a pre-authorization is required and not completed, the insurance company may deny any reimbursement to you. Additionally, note that if pre-authorization is required, insurance companies typically have up to 10 business days to review that authorization.

If you determine a pre-authorization is required, please let Dr. David know asap so he can properly coordinate appointments and the work he will need to do to submit the required documentation.

How much will you reimburse for each code?

> **If the answer is X% of the allowed amount---Can you tell me what the allowed amount is for each of the codes listed above?**

Rationale—This answer should give you some sense of how much you can expect to be reimbursed for the codes submitted. Note that the allowed amount that insurance companies dictate for psychological services is different than the amount billed by Dr. David. While your final reimbursement amount cannot be guaranteed, most clients have reported receiving about 25% of the total cost quoted by Dr. David, although some less and some more.

How soon after I submit a bill can I expect reimbursement?

Rationale—This answer will help with your financial planning. When you receive the final Therapeutic Letter, you will also receive what is known as a 'super bill' and it contains all of the information necessary to submit for reimbursement.