

Comprehensive Psychological Services, P.C.

Psychological and Neuropsychological Testing Policies

We are pleased to offer psychological and neuropsychological testing services to children, adolescents, and young adults. These assessments typically include several components with the goal of developing a better understanding of your child/adolescent's level and pattern of functioning, whether a particular diagnosis is appropriate, and what recommendations would be made to facilitate growth and development in the home and school setting. The testing procedures typically involve a diagnostic interview with parents, the completion of behavior rating scales by parents and school personnel, a diagnostic interview with the child/adolescent, and formal intellectual, academic achievement, cognitive processing, and social-emotional assessment. The specific procedures utilized would be determined by the purpose of the evaluation. Following the completion of testing, a feedback session is provided to the family as well as the preparation of a written report which summarizes findings and provides recommendations.

As the amount of time and effort typically required to complete a full assessment is significant, we would like our patients to understand the financial aspects of the provision of testing services. This can often be complicated to understand and we hope that the following points of information are helpful as you make a decision about how you would like to proceed. It is always necessary to contact your insurance plan so that you are aware of your benefits. Important points to consider would be the following:

- We are Licensed Clinical Psychologists (Ph.D. or Psy.D.) and are members of the Blue Cross Blue Shield PPO panel of providers. There are BCBS plans which we are not providers of including Blue Choice and HMO plans; please check with your plan to determine whether or not we are in-network providers. Also, it will be important to clarify whether your mental health services are covered by BCBS and not a different plan. When we are considered in-network providers by your plan you should determine your deductible, co-insurance or co-pay responsibilities. You should also ask whether pre-certification is required prior to testing.
- We are not in-network for other insurance plans such as CIGNA, Humana, Aetna, etc. When we are out of network providers you may still be able to receive some coverage from your insurance company. When you call your insurance company you can ask what the coverage is for out-of-network providers. Service codes to be utilized for testing include **90791** for diagnostic interviews, **96130, 96131, 96136 and 96137** for psychological testing, and **96132, 96133, 96136 and 96137** for neuropsychological testing. A diagnosis cannot be provided until after the testing is completed. Also, you should inquire about whether pre-authorization for testing services is necessary.

Psychological and Neuropsychological Testing Policies (page 2)

- **Please be aware that BCBS and other health care insurance companies do not cover educational testing or participation in school staffings.** If these services are part of the proposed evaluation, the psychologist will inform you of the charges prior to adding these to the assessment.
- For the majority of testing cases there will be a materials fee which cannot be submitted to the insurance company. This is typically \$75.00; however the psychologist working with you will specify the cost when discussing your particular testing needs.
- Your cost for the assessment will vary depending on your insurance plan and whether we are in-network or out-of-network providers. These may include deductibles, co-pay or co-insurance, materials fee, or charges for services not covered. Payment of fees or a plan for payment is required prior to the release of the report. When awaiting payment from insurance companies we will ask for credit card information as a retainer for charges not covered.
- When we are **in-network providers** we will submit the charges directly to Blue Cross/Blue Shield.
- When we are **out-of-network providers** we will ask for payment for all services rendered and provide a HCFA insurance form for you to submit to your insurance company. All benefits will be assigned to you meaning the insurance company will reimburse you directly for any services they cover.

CHECKLIST OF QUESTIONS TO ASK YOUR INSURANCE PLAN

- Are the providers at Comprehensive Psychological Services (Dr. Frey/Dr. Grandt-Dudle) in-network providers for the mental health coverage of my insurance plan?
- What are my deductible, co-pay and/or co-insurance obligations?
- Is it required to obtain pre-certification for services?
- Are there any procedures or diagnoses which are not covered?
- **If out-of-network**, is there coverage for out-of-network providers? What is the coverage for services delivered under the codes **90791** (diagnostic interview), **90834/90837** (individual therapy), **90847** (family therapy), **96130, 96131, 96136 and 96137** (psychological testing), and **96132, 96133, 96136 and 96137** (neuropsychological testing).