

Pediatric Neuropsychological Evaluation

When a private neuropsychological practice does not directly accept insurance, patients may still be able to receive reimbursement for out-of-network benefits based on their insurance plan's coverage. Here's a step-by-step guide to navigate this process:

1. **Understand Your Insurance Plan:** Before scheduling an evaluation, review your insurance policy or contact your insurance provider to understand your out-of-network benefits for neuropsychological testing. Ask about any deductibles, copayment amounts, percentage of coverage for out-of-network services, and any caps on the number of sessions or total coverage amount.
2. **Pre-authorization:** Some insurance plans require pre-authorization for neuropsychological evaluations, even if they are out-of-network. Contact your insurance provider to inquire if pre-authorization is needed and follow their procedure to obtain it.
3. **Obtain a Detailed Invoice or Superbill:** After your evaluation, request a detailed invoice or superbill from the neuropsychologist. This document should include:
 - The provider's contact information and tax identification number.
 - The patient's information.
 - The date(s) of service.
 - The CPT (Current Procedural Terminology) codes for the services rendered.
 - The ICD-10 (International Classification of Diseases, Tenth Revision) diagnosis codes.
 - The total cost of the services.
 - A statement that payment was made in full, if applicable.
4. **Submit a Claim:** Fill out your insurance company's claim form for out-of-network services. Attach the superbill or detailed invoice and any other required documentation, such as a referral or pre-authorization approval, if applicable. Be sure to keep copies of all documents for your records.
5. **Follow Up:** After submitting your claim, monitor its status. Insurance companies typically provide a decision within a few weeks, but this can vary. If your claim is denied or you receive less reimbursement than expected, you can call the insurance company for clarification and potentially appeal the decision.
6. **Consider Using a Health Savings Account (HSA) or Flexible Spending Account (FSA):** If you have an HSA or FSA, you may be able to use these funds to pay for the evaluation. These accounts often allow you to use pre-tax dollars for medical expenses, including neuropsychological testing, which can offer additional financial relief.

Navigating insurance reimbursement for out-of-network neuropsychological services requires some legwork and patience, but it can significantly offset the cost of the evaluation. Always ensure clear communication with both the neuropsychologist's office and your insurance provider to facilitate the process.

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ICD-10 diagnostic codes

- F80.80 Phonological Disorder/Speech Sound Disorder
- F80.1 Expressive Language Disorder
- F81.81 Specific Learning Disorder of Written Expression
- F82 Developmental Coordination Disorder/Dyspraxia
- F90.2 ADHD, Combined Presentation