

Glovan, Pollak and Associates LLC
THE BEHAVIORAL WELLNESS GROUP
8224 Mentor Ave. #208 Mentor OH 44060
Phone: 440-392-2222 Fax: 440-565-2349
www.behavioralwellnessgroup.com

THESE ARE QUESTIONS TO ASK YOUR INSURANCE COMPANY
IF YOU ARE GETTING PSYCHOLOGICAL TESTING

Please call the toll free number, usually on the back of your insurance card, for mental health/behavioral health benefits. If you don't have a card, check your benefits manual for the number. Please ask the following questions:

- Do I have coverage for psychological testing?
(Ask specifically for the codes below as circled by your clinician)

Codes **96130, 96131, 96136, 96137** (Psychological testing evaluation)

Codes **96132, 96133, 96136, 96137** (Neuropsychological testing evaluation)

Codes **96116, 96121** (neurobehavioral status exam)

Codes **96105, 96125** (aphasia, cognitive performance)

Codes **96110, 96112, 96113, 96127** (developmental/behavioral screening)

Code **96146** (single automated instrument)

- Is there a limit to the number of any of the **units** above that I am allowed?

If so, within what period of time?

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- Do I need prior authorization for psychological testing involving any of the codes above?
- Is there a deductible for testing involving any of the units above?
- What is the testing copay and/or coinsurance for any of the units above?
- **FOR AUTISM SPECTRUM DISORDER ASSESSMENTS:** Assessments are available with the use of the **Autism Diagnostic Interview-Revised**. *Please ask your insurance company if they accept this test in order to cover therapeutic services for autism (e.g., those in need of an ASD diagnosis in order to receive ABA or other behavioral services).*

Who Spoke With _____ Date _____

**Please complete and forward prior to or bring to your first appointment*

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