

**Testing Authorization Checklist**

*Dr. Spader (and possibly her billing manager) will telephone your insurance company to verify your coverage benefits. Please remember, however, that the benefits quoted to us or to you by your insurance company are not a guarantee of payment. Therefore, if insurance fails to pay the full amount, you will be responsible for the remaining balance. If you have any questions regarding your financial responsibilities with Dr. Spader, please do not hesitate to ask.*

**Insurance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is Dr. Spader listed as In Network? Y N If no, are there out of network benefits? Y N

For out of network benefits, is there a deductible you will be required to meet before insurance will offer reimbursement? Y N If yes, amount: $\_\_\_\_\_\_\_\_\_

Are the CPT codes for Psychological Testing covered (96130, 96131, 96136, 96137)? Y N

If yes, is authorization required? Y N Auth Phone Number (if provided by agent): ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do the CPT codes for Psychological Testing have a different deductible compared to other outpatient mental health? Y N

 If yes, what are the details? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours allowed/covered for Psychological Testing: \_\_\_\_\_\_\_

Is learning disabilities testing covered (diagnosis codes include F81.0, F81.81, F81.2)? Y N

Are there any other excluded diagnoses (such as Autism Spectrum Disorder F84.0)? Y N

 If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a copay (flat fee) or coinsurance (percentage)? Y N How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a deductible remaining? Y N How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times is testing allowed per year? \_\_\_\_\_ Have testing benefits been used this year? Y N

Name of person you spoke with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*Reference number for the call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_