

Insurance Coverage Guide

At Learning Dynamics, we want people to understand that any insurance coverage they have is an agreement between the individual and their insurance company. As the combination of insurance companies, plans, and covered benefits are endless; Learning Dynamics does not assume responsibility for ensuring reimbursement, and clients are responsible for any amounts not covered by their insurance plan, for any reason (e.g. code, location, provider, amount).

Whether you are seeking services with us or another provider, we strongly encourage you to confirm reimbursement qualifications prior to agreeing to services, so you are fully educated on your financial benefits and obligations. We understand that this can feel like an overwhelming task. Therefore, we have created this guide to provide you with a sampling of questions that may assist you in learning the details of your plan’s coverage.

Contacting your insurance company directly and speaking with one of their representatives, is the best way to ensure that you clearly understand your coverage and financial responsibilities. The first step is to locate your insurance card. This contains information that you will need, including a phone number to call with questions regarding your benefits. This number is usually on back of card and often listed as “member services.” If you do not have your physical card, the representative may be able to assist you. However, if you are not the primary policy holder (you are under parent/caregiver/spouse), be prepared to provide the representative with information on the primary policy holder to locate your account (e.g., their name, date of birth, address).

We hope the information below helps you gain a wealth of information from your conversation.

General Information

- Insurance plan coverage limits and amounts are often annual amounts. Not all plans start January 1st and end on December 31st. The annual dates vary, based on plan/employer. Confirming your dates can help you financially plan.
- Not all diagnoses and/or types of services and/or types of clinicians are covered by every insurance plan.
 - If you are seeking assistance for a specific difficulty/diagnosis, inquire to ensure that it is covered by your plan.
 - If you are seeking psychological, neuropsychological, or psychoeducational testing, to examine the possibility you have a diagnosis, you will want to ask specifically about this coverage.
 - Many plans do not cover testing to identify learning disabilities, so be sure to ask if you are seeking this.
 - People seeking evaluation for the potential of BOTH learning disabilities and psychological disorders (e.g., ADHD, anxiety, depression, autism, etc.), should ask separately about how this may apply.

CPT CODES

CPT (Current Procedural Terminology) codes are used by insurance companies to identify the service received and the amount of reimbursement available. For some plans, coverage amounts/percentages varies between services (e.g., testing, therapy). To get accurate coverage information, verify the CPT codes associated with the service(s) you are interested in receiving. This list is NOT exhaustive.

90791	Initial Session	96130, 96131	Testing Evaluation	96146	Electronic Testing
90834, 90837	Therapy Session	96132, 96133	Neuropsych Evaluation	0359T-0372T	ABA/Behavior codes
90846, 90847	Family Session	96136, 96137	Testing by psychologist		
90853	Group Session	96138, 96139	Testing by a technician		

When providers submit claims on your behalf, modifiers may be included with the CPT codes, based on the service/provider.

- Modifiers can inform insurance of the educational level for clinicians; including unlicensed, supervised clinicians: HO/HP
- If you are seeking virtual services, you will want to inquire about these modifiers:
 - Telehealth – 95
 - Virtual/telehealth from your home - POS 10
 - Virtual/telehealth from other location - POS 02

Questions to Ask Your Insurance Company Regarding Your Benefits

Do I have outpatient mental health (technical term = behavior health) coverage? Yes No

Do I need to obtain a referral from my physician or a preauthorization to utilize these benefits? Yes No

- If yes, pre-authorization number: _____
- Is there a certain number of sessions that this authorization covers? _____
- Can and how is this authorization renewed/extended if needed? Are there other limitations to be aware of? _____

Do I have “in-network” (health care providers that are part of your insurance company’s plan) coverage? Yes No

Do I have “out-of-network” (providers that do not participate in your insurance company’s plan) coverage? Yes No

▪ If we are an “out-of-network” provider, you will have to privately pay us for the service(s). We can provide you with a “superbill” (fancy word for medical receipt) that you can submit to your insurance company for reimbursement. We strongly recommend you clarify this process and the amount you should expect to receive prior to obtaining services with our agency. We are not responsible for this process, nor do we provide assistance, as it is out of our scope of knowledge.

- What email/address/fax do I submit my superbill to? _____
- Is there specific information you require? _____
- Is reimbursement sent to the provider or me? _____
- How long does this process generally take? _____
- Is there anything else I should be aware of? _____

Question	In-Network	Out-of-Network
Are these CPT codes covered in my plan? (Provide codes you want to check on. Bottom of p.1)		
Are these modifiers covered in my plan? (Provide modifiers you want to check on. Bottom of p.1)		
Are virtual telehealth visits (outpatient mental health) covered by my plan?		
What is my deductible (amount you pay before your coverage begins) for individual and family? [You pay 100% until you reach this amount. Then the insurance starts to pay their part.]		
To date, how much I have met towards my deductible? When does this amount reset at \$0?		
Is my deductible waived for therapy? For telehealth? For testing? Is it combined with other medical expenses? Is my deductible met when I first hit either the individual or family?		
What dollar or percentage of my session do I pay (co-pay/co-insurance)?		
What is the max. amount per session that will be reimbursed (reasonable & customary amount)?		
Do I have a limit on the number or frequency of sessions?		
What is my out-of-pocket maximum (amount I stop paying and insurance covers 100%)?		
Are there any other fees or limits to my policy?		
Are reimbursements sent to me or to the provider?		
Do the individuals providing my service need to be independently licensed to receive reimbursement if the name of both the unlicensed/registered provider and their licensed supervisor is provided on the superbill (technical term for receipt you are given by provider)?		
Other:		

Remember to ask for reference number for your call and/or name of insurance representative & date/time of your call. In the event your coverage does not process as described, having this information can be valuable.

**Now that you understand your coverage, you can contact potential providers!
For those of you interested in working with us, we can be reached at (310) 855-3276.**