

FAQ: Steps For Speaking With Your Insurance Carrier About Your Mental Health Benefits

As a courtesy, Cashman Center will connect with your insurance carrier for pre-authorization and verification of insurance benefits. However, insurance carriers indicate that this benefit verification is not a guarantee of coverage. You are ultimately responsible for understanding your coverage, including deductible(s), co-pay/co-insurance amounts, limits on number of visits, etc. – as well as for any and all charges not covered by your insurance.

Here are some helpful tips about how to speak with insurance about your mental health benefits:

- When verifying coverage at Cashman Center, you may need to refer to our clinic as “Swenson Psychological Services, doing business as Cashman Center”

How to Verify Your Benefits Via Phone:

1. Call the number listed on the back of your primary insurance card for “Mental Health Benefits” or “Behavioral Health Benefits”. If there is no separate number for either of these options, call the customer service number.
2. From the menu options, choose an option having to do with finding out ‘member benefits’.
3. Hold for the customer service representative and give them your insurance ID number and ask them the following questions:

<p>I need to find out if Swenson Psychological Services, doing business as Cashman Center is an in-network provider for my mental/behavioral health benefit plan? <i>Note: our National Provider Identification Number (NPI) is: 1740429307</i> <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>(If “no”, then you will need to ask if you have OUT-of-network benefits for mental health services and then ask the same questions below in terms of out-of-network benefits).</p>			
<p>Are these all “valid & billable codes”?</p>		<p>Do these codes require preauthorization?</p>	
90791? (intake assessment)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no
90834? (45 min. therapy session)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no
90837? (60 min. therapy session)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no
90853? (group therapy)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no
<p>96130/96131? (1 hr/unit of testing administration services)</p> <p>How many units are covered without prior authorization? _____</p>			
96136/96137? (30 min/unit of psych testing)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no
<p>How many units are covered without prior authorization? _____</p>			
99205? (1 hr. medication eval)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no
99214? (20 min. med follow-up)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no



Cashman Center
Therapies for Mind & Body

Psychological Evaluation No Show Policy/Late Cancellation Policy

Cashman Center reserves the right to charge a fee for missed appointments or late cancellations for psychological evaluations for those who do not have Medical Assistance and/or Medicare plans. 'No Shows' (not showing for your appointment and not calling to cancel) or cancellations made with less than a 24-hour notice will be charged \$100 per scheduled hour. For example, a no show/late cancel for a two-hour interview would result in a \$200.00 fee.

All payments including co-pays/co-insurance, late cancellation fees, 'No Show' appointment fees, any unpaid claims from your insurance company, or any unpaid balances are due prior to the time of service of your appointment. If there is no payment or payment plan in place for your outstanding balance, Cashman Center reserves the right to reschedule your appointment until payment or a payment plan agreement is received.

Please also be aware that if you have private insurance and you do not show for two scheduled appointments in a row for the psychological evaluation, your provider has the right to discontinue the evaluation at their discretion. If you have a Medical Assistance and/or Medicare plan and you do not show for one scheduled appointment for your psychological evaluation, your provider has the right to discontinue the evaluation at their discretion. If this does occur, you will not be scheduled for subsequent sessions without first communicating with your provider, and they have the right to discontinue the evaluation process. In the event of a discontinued psychological evaluation, you may request any completed records or documentation from the provider. All questions about the status of your evaluation should be directed to your provider.

By signing below, you acknowledge that you have received the information about the 'No Show' and late cancellation policy at Cashman Center. Your signature below also indicates that you understand the policy and agree to comply with it.

Signature: _____ Date: _____

Printed Name: _____

Cashman Center – Therapies for Mind and Body
2970 Judicial Road, Suite 100, Burnsville, MN 55337 ~ T: 952-224-8990 ~ F: 952-224-8991
7525 Mitchell Road, Suite 310, Eden Prairie, MN 55344
5700 Bottineau Boulevard, Suite 100, Crystal, MN 55429
1495 County Road 101 North, Plymouth, MN 55447



Supplemental Billing Agreement Regarding Insurance Reimbursement

At times, insurance companies do not fully reimburse psychological testing services, *whether your clinician is an in-network or out-of-network provider*. There are two main situations when this occurs: 1) the insurance company does not consider psychological testing “medically necessary” for “experimental” or “investigational” diagnoses. Diagnoses considered “experimental” or “investigational” vary depending on the insurance carrier. Another situation is 2) when insurance companies reimburse fewer hours than billed. For example, some insurance companies only reimburse up to 4 hours of psychological testing, when 6-7 hours may be billed for a full evaluation.

It is your responsibility to verify coverage with your insurance company prior to consenting to services. While we offer the courtesy of verifying benefits and coverage prior to beginning services, the insurance carriers are clear that the benefit verification is not a guarantee of coverage. You are ultimately responsible for knowing your coverage and for all charges. Please let us know if you have questions or concerns in this area, and please refer to our resource “FAQ: Steps For Speaking With Your Insurance Carrier About Your Mental Health Benefits.”

Most insurance companies require that you be informed of the reason testing hours or services were denied or deemed not medically necessary. Below are listed several potential reasons.

Please check each box to indicate that you were informed of these reasons:

- Testing services are considered “experimental” or “investigational” for the diagnosis
- Educational/Academic testing is not typically covered under your plan
- Psychological testing requires a pre-authorization or referral
- Psychological testing is covered only up to a certain number of hours

Your signature below indicates that you have read this document and agree to pay for all psychological testing and evaluation services, **even those not reimbursed by your insurance carrier**. For psychological testing and evaluation services not reimbursed by your insurance carrier, you will be billed the full rate for services unless you and your clinician have agreed to use the sliding fee scale (this option is unavailable if any services are billed through your insurance provider). Payment plan options are available and can be set up with the billing office.

By signing below, I am indicating that I understand and agree to the information above. I am agreeing to be “balance billed” for any services not approved or reimbursed by my insurance company, whether in-network or out-of-network, for services rendered by Cashman Center. My signature indicates that I have been made aware that it is my responsibility to call my insurance carrier and verify coverage for psychological testing. If I do NOT call to verify coverage, then I choose to proceed knowing that services may be denied and that I will be billed for these services.

Client or parent signature

Date

Client or parent printed name