

QEEG and Neurofeedback Insurance Coverage Worksheet

PLEASE NOTE: If you are a Blue Cross Blue Shield of RI or United Healthcare Subscriber, do not use this form. It is our responsibility to verify coverage.

Name of patient: _____

Name of insurance company representative: _____

Insurance company employee number: _____

Quantitative EEG procedure (CPT) codes:

(All four codes are billed for the QEEG.)

- For procedure 95816:
 - Is this a covered service? _____
 - Is it covered only for certain diagnoses? If so, which? _____
 - If so, how much will be reimbursed for this service? _____
- For procedure 95816 – 26:
 - Is this a covered service? _____
 - Is it covered only for certain diagnoses? If so, which? _____
 - If so, how much will be reimbursed for this service? _____
- For procedure 95957:
 - Is this a covered service? _____
 - Is it covered only for certain diagnoses? If so, which? _____
 - If so, how much will be reimbursed for this service? _____
- For procedure 95957 – 26:
 - Is this a covered service? _____
 - Is it covered only for certain diagnoses? If so, which? _____
 - If so, how much will be reimbursed for this service? _____

Biofeedback procedure (CPT) Codes:

- For procedure 90901:
 - Is this a covered service? _____
 - Is it covered only for certain diagnoses? If so, which? _____
 - If so, how much will be reimbursed for this service? _____

Whenever possible, get a written response from your representative confirming coverage.