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.