

Medically Necessity of Evaluations

Neuropsychological testing and assessment provide information about diagnosis, prognosis, and treatment of disorders that are known to impact central nervous system (CNS) functioning, and predict functional abilities across a variety of disorders. Neuropsychological testing and assessment may be a covered benefit when specific cognitive impairments are suspected or have been identified, and when the testing is performed to address questions that have not been able to be answered after a medical or behavioral health evaluation. To be covered, a request must meet insurance guidelines (e.g., CMS guidelines) for medical necessity.

Neuropsychological testing and assessment is typically not deemed medically necessary and NOT covered under the following circumstances (check all that apply, initial):

- ☐ The testing is primarily for the purpose of qualifying for services that are covered under applicable state or federal special education laws (e.g., disability evaluations, Vocational Rehabilitation Evaluations). _____
- ☐ The testing is being conducted primarily for educational (including learning disabilities and ADHD) purposes. _____
- ☐ The testing is being conducted primarily for vocational/occupational purposes (e.g., Fitness For Duty Evaluations, Impaired Physician Evaluations). _____
- ☐ The testing is being conducted primarily to gather data for legal purposes (e.g., personal injury, establish capacity, immigration court, victim of crime psychological sequelae, compulsory medical/psychological evaluations, and criminal mitigation cases). _____
- ☐ The testing is a request to repeat previous or similar testing, and there has not been a significant change in functioning or there isn't a clear reason to expect that the testing would yield new information or further impact the clinical management of the patient. Typically, neuropsychological evaluations are conducted at least one (1) year apart. _____

Non-medical necessary cases will be charged at the standard rate and do not qualify for medical hardship fee reduction. Due to the nature of this evaluation, there is no patient-doctor relationship. Dr. Lopez is not acting in the capacity of a treating provider.

- ☐ I have read this notice and certify that my evaluation is medically necessary.
- ☐ I have read this notice and understand that my evaluation is non- medically necessary.

Signature

Date