



### Request for Neuropsychological Evaluation

The objectives of a neuropsychological evaluation in clinical practice are 1) to assess and diagnose disturbances of cognition and behavior; 2) to relate these findings to their neurological implications; and 3) to make recommendations for clinical treatment and prognosis. To do this, the neuropsychologist integrates test data, history, clinical interview, behavioral observations, and other available evidence into one cohesive summary report that arrives at a neurobehavioral diagnosis, discusses the neurological implications (e.g. localization, course, prognosis), and provides recommendations for treatment planning.

- Instructions: In order to facilitate rapid processing of your treatment plan, please:**
- Type or print legibly to prevent the return of forms for clarification
  - The authorization must be obtained PRIOR to actual testing. This is a service that must be pre-certed
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- You may fax your request to: **Gateway Health Plan<sup>SM</sup> FAX: 717-540-1146**
  - **Call 1-866-755-7299 for questions regarding this form**

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Member Gateway Health Plan<sup>SM</sup> ID #: \_\_\_\_\_

Provider Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please address the following:*

- 1) Description of all previous psychological or developmental evaluation results (including any previous psychological tests, school or educational evaluations, behavioral inventories, etc.) Include information on when these evaluations and/or testing batteries occurred.

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- 2) Description of **what questions would be answered** by the neuropsychological assessment that cannot be answered through clinical interview, treatment interventions and response, or a second opinion/consultation, etc.

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- 3) Description of how the neuropsychological assessment results would **direct the treatment planning**. Include justifications as to why other interventions (e.g. psychiatric evaluation, outpatient therapy, second opinion, etc.) would not better accomplish the same results. Include how the results of testing will be communicated to those likely to provide the individual treatment plan.

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- 4) For differential diagnosis, identify all competing symptoms and/or any confounding variables including, but not limited to: organic impairment, cognitive processing problems, substance abuse (recent or past), etc. Describe any concerns regarding assessment, intervention, prognosis, and/or treatment strategies (i.e., why current diagnoses or past evaluations are not clinically sufficient to determine, suggest, or direct treatment, etc):

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- 5) Recommendations for the preferred and specific type of neuropsychological tests to be administered.

| Tests to be administered | Time required for administration, scoring, interpretation and report preparation of each test |
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- 6) List current medications and status of the Member and his/her supports regarding ability/willingness to participate (e.g. follow-through with medication appointments). Note barriers to treatment where applicable.

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7) Describe any significant life changes and/or events within the last year and how these events affect the need for a neurological assessment:

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8. Axis 1 diagnosis (required): \_\_\_\_\_

Total # of evaluation hours requested: \_\_\_\_\_

Neuropsychological Billing Code (please circle): 96118, 96119, 96120

Results must be submitted to Gateway Health Plan<sup>SM</sup> within 15 days of completed exam.

Requested by: \_\_\_\_\_  
Print name Signature

Request Date: \_\_\_\_\_ Phone: \_\_\_\_\_