

CLINICAL DECISION MAKING & EFFORT DOCUMENTATION

NEUROPSYCHOLOGICAL ASSESSMENT

Patient: _____ Provider: _____

MRN: _____ Technician: _____

Service	Code	Date	Start Time	Stop Time	Total Time
PRE-SERVICE					
Referral Review, Test Selection	96132/3				
INTRA-SERVICE					
Interview & Exam					
Neurobehavioral Status Exam	96116/96121				
Test Administration & Scoring					
Test Administration/Score by LCP	96136/7				
Test Administration/Score by Tech	96138/9				
Neuropsych Test Evaluation Services					
Tech Consult/Test Review/Modification	96132/3				
	96132/3				
Patient Management	96132/3				
	96132/3				
Records Review/Integration/Report Writing	96132/3				
	96132/3				
	96132/3				
Interactive Feedback	96132/3				
POST-SERVICE					
Tx Planning, Referrals, Care Coordination	96132/3				
Other:					

* Record time in hours and minutes

Total	96116	
	96121	
	96132	
	96133	
	96136	
	96137	
	96138	
	96139	

Signature _____

Date _____