Insurance Co Name

Insurance Co Address

December 16, 2019

Re: Name: Patient Name

DOB: Enter date of birth

Account #: Enter insurance company account number

To whom it may concern:

I am writing to appeal the denial of claim insert claim number for insert patient name , who has been referred for a neuropsychological evaluation.

Insert patient name has multiple sclerosis, a debilitating and progressive disease of the central nervous system that causes cognitive and emotional dysfunction in over 50% of people with this disease. Cognitive impairment from MS can include slowed information speed processing, problems with learning and memory, impaired executive functions (e.g., the ability to plan and prioritize)*,* problems with attention and concentration and impaired spatial relations. Scientific evidence has made clear the need for early and ongoing neuropsychological assessment in the treatment of MS1.

Insert patient name was referred for neuropsychological evaluation because of concerns raised by choose his/her MS healthcare provider about choose his/her insert patient specific cognitive issues here. Research has consistently shown that cognitive impairment disrupts daily functioning and significantly increases the risk for job loss2, falls3, and non-adherence4 to disease modifying medications, which are essential for reducing risk of future MS-related decline. In some cases, severe cognitive impairment can pose a significant threat to a person’s safety and independence.

Neuropsychological assessment is an essential health service in MS that involves administration of validated measures of cognitive, emotional, and social functioning, in order to determine (1) a patient’s current level of functioning, (2) their likelihood for future cognitive decline, and, most importantly, (3) recommendations for treatment and behavioral strategies to improve cognitive functioning.

The CPT codes relevant to a neuropsychological evaluation may include:

96116 & 96121: Neurobehavioral status exam. These codes are for a neurobehavioral status exam, which includes a clinical interview that is essential to obtaining relevant MS and other medical history, current health behaviors, and facilitators/barriers to cognitive rehabilitation treatment.

96136 & 96137: Neuropsychological testing by a psychologist or other qualified healthcare provider OR 96138 & 96139: Neuropsychological testing by a trained testing technician. These codes are for the time spent in face-to-face testing and scoring of objective tests and patient-reported measures.

96132 & 96133: Neuropsychological evaluation services. These codes are for the time spent interpreting test results, integrating the results with the clinical interview, preparing the report, and providing feedback to the patient.

96152: Health and behavior intervention. This code is for health and behavior intervention to address cognitive or emotional symptoms caused by MS using evidence-based behavioral therapy.

In compliance with these evidence-based guidelines for comprehensive MS care, I respectfully request that you reconsider coverage of neuropsychological evaluation for insert patient name . Please do not hesitate to contact me if I may be of further assistance.

Sincerely,

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

1. Kalb R, Beier M, Benedict RH, et al. Recommendations for cognitive screening and management in multiple sclerosis care. *Mult Scler*. 2018;24(13):1665–1680. doi:10.1177/1352458518803785
2. Morrow, S. A. et al. Predicting loss of employment over three years in multiple sclerosis: clinically meaningful cognitive decline. *Clinical Neuropsychologist* 24, 1131–1145 (2010).
3. D'Orio, Vanessa L., et al. Cognitive and motor functioning in patients with multiple sclerosis: neuropsychological predictors of walking speed and falls. *Journal of the neurological sciences* 316.1-2 (2012): 42-46.
4. Bruce, J. M., Hancock, L. & Lynch, S. Treatment adherence in multiple sclerosis: association with emotional status, personality, and cognition. *J. Behav. Med.* 33, 219–227 (2010).