Chapter 2
Interacting with Others

A Referral Sources

Rule I-A01: Make sure you know who the real referral source is, as sometimes a primary care physician is required by an insurance company to formally make the referral, whereas the professional actually wanting to see the results is a specialist such as a psychiatrist, physiatrist, or neurologist.

*Rationale:* Appropriate patient care may be delayed if your report is not received by the professional who initiated the request for the evaluation.

*Exceptions or Clarifications:* Often it is appropriate to also provide a copy of the report to the primary care physician, even when a specialist initiated the referral.

Rule I-A02: When accepting referrals from attorneys, be especially careful to establish who is responsible for payment.

*Rationale:* You are more likely to be paid and to avoid accusations of inappropriate billing.

*Incorrect Example:* Accepting a referral from an attorney for a forensic evaluation and billing the insurance company without establishing with the insurance company that the service will be covered.

*Correct Example:* Clarifying with the attorney and patient who will be responsible for the bill and, if appropriate, obtaining payment or a retainer in advance.

Rule I-A03: Ascertain the manner in which your referral source wishes to receive results.

*Rationale:* Patient care is likely to be enhanced if results are delivered in the manner most convenient for the referral source.
Exceptions or Clarifications: Some referral sources wish to have the test results faxed for more rapid delivery, while others prefer to have the results mailed in order to have a more legible report and in order not to overload their fax machines. If a report is faxed, find out if the referral source also wants a copy to be mailed.

Do not fax without first carefully verifying the accuracy of the fax number, and then double-check the number you have entered before pushing the “send” button on the fax machine. Comply with any applicable policies or regulations regarding the electronic transmission of confidential patient information.

Some referral sources may, in certain cases, prefer to receive telephone feedback, possibly even before the report is completed. Some may also have preferences about the length of the report that they find most helpful.

Rule I-A04: List appropriate titles and/or degrees of your referral sources in reports.

Rationale: People who pursue advanced degrees in fields such as healthcare generally appreciate having their credentials listed and may be more likely to keep referring if shown this courtesy.

Incorrect Example: Referring to a doctorate holder as “Mr. Smith” or “John Smith.”

Correct Example: “Dr. Smith” or “John Smith, M.D.”

Exceptions or Clarifications: Do not list both title and degree unless submitting your report to a professional who has demonstrated a preference for such redundancy in his or her own communications (e.g., Dr. John Smith, D.C.).

B Support Staff

Rule I-B01: When operating within an institution, be especially courteous towards and respectful of support staff involved in scheduling patients, checking patients in, transcribing reports, and billing.

Rationale: In addition to contributing to a more enjoyable working environment, courtesy and respect for support staff may increase their motivation to be helpful towards you and your patients.

Rule I-B02: Be courteous towards support staff working in other offices (e.g., colleagues, referral sources).

Rationale: Courtesy towards support staff in other offices may increase their motivation to assist in transmitting information between you and the other professional (e.g., providing records), obtaining authorizations or payments, and directing future referrals to you.
C Patients

Rule I-C01: Recognize that patients referred for neuropsychological evaluation may have cognitive deficits and/or resource limitations that make it difficult for them to keep scheduled appointments, and make appropriate accommodations for this.

*Rationale:* You will be less likely to experience no-shows.

*Incorrect Example:* Scheduling an appointment by telephone with a patient being referred for memory impairment and trusting that the patient will arrive.

*Correct Example:* Arranging the appointment, if necessary, with a family member and following up with written and/or telephone confirmation and reminders.

*Exceptions or Clarifications:* Observe appropriate confidentiality practices when contacting parties other than the patient.

Rule I-C02: Make sure that you verify and document that the patient or guardian understands the purpose and nature of the evaluation, potential uses of the results, and limitations in confidentiality.

*Rationale:* Professional ethics and legal statutes generally mandate adherence to this rule. In addition, cooperation with the evaluation may be improved if the patient understands the purpose of testing.

*Exceptions or Clarifications:* Some patients may be too cognitively limited to fully appreciate these issues, and in such cases it is advisable to also provide explanation and obtain consent from a responsible family member even when no formal guardianship has been established by the court.

When guardianship or conservatorship is claimed, verify this through examination of the relevant legal document and document that you have done so.

When evaluating a child of divorced parents, verify which parent has legal authority to give consent for the evaluation and who has a right to receive disclosure of results.

When the evaluation is being conducted at the request of a third party such as a judge, hearing officer, or disability insurance company, clarify to the examinee who the actual “client” is and who will be entitled to receive the evaluation findings and report.

D Family Members

Rule I-D01: When possible be inclusive of and courteous towards family members.

*Rationale:* Cooperation of family members is frequently useful for gathering background information, ensuring that the patient comes to scheduled appointments, and implementing recommendations.
**Exceptions or Clarifications**: Follow applicable legal and ethical guidelines, including obtaining consent from the patient to communicate with family. In cases in which a family member asserts a right to receive information, but the patient does not consent, verify the family member’s legal authority (e.g., conservatorship documentation).

### E   Payers

**Rule I-E01**: Verify insurance coverage or other payment agreements, or else make sure support personnel have done so.

**Rationale**: Insurance companies differ widely in terms of what services/CPT codes they reimburse, the number of billable hours they consider appropriate for a neuropsychological evaluation, whether pre-authorization is required, and the amount they pay.

**Exceptions or Clarifications**: Even in self-pay cases, clear delineation of services and costs, preferably with written documentation of the agreement, can prevent misunderstandings and complaints.
The Neuropsychology Toolkit
Guidelines, Formats, and Language
Wanlass, R.L.
2012, XII, 160 p., Hardcover
ISBN: 978-1-4614-1881-8