

PLEASE GO TO THE RESTROOM PRIOR TO THIS PROCEDURE.

EVOKED POTENTIAL TESTS
PATIENT INSTRUCTIONS

Evoked Potential Tests show how well the body's electrical signals travel through the sensory pathways of the nervous system, in response to a specific external stimulus. Hundreds of responses are received, amplified and averaged by a special computer and the final averaged response is plotted on a graph in the form of a wave or waves, which are later evaluated by the neurologist.

VER (VISUAL EVOKED RESPONSE)

Visual Evoked Responses evaluate the visual nervous system. Five electrodes are attached to the scalp. The patient will focus on a checkerboard pattern on a computer monitor. The checkerboard pattern is the stimulus and the recording is made through the scalp electrodes. **If you wear glasses or contact lenses, you need to wear them during the test.**

BAER (BRAINSTEM AUDITORY EVOKED RESPONSE)

Brainstem Auditory Evoked Responses evaluate the auditory nervous system including the brainstem. Two electrodes are attached to the scalp, and one on each ear lobe. Earphones are then placed over the ears and a series of clicking sounds are delivered to each ear separately. The clicking sound is the stimulus and the recording is made through the scalp electrodes.

SSEP (SOMATOSENSORY EVOKED POTENTIAL)

Somatosensory Evoked Potentials evaluate the nerve pathways from the peripheral nerves through the spine to the somatosensory region of the brain (somato-body, sensory-reception). Electrodes are attached to the scalp as well as various points along the nerve pathway from arm or leg to the brain. A small electrical current is applied to the skin over a nerve on the arms or legs and the recording is made through the attached electrodes.

SSEP-arms (MEDIAN/ULNAR NERVE SOMATOSENSORY EVOKED POTENTIAL)

Electrodes will be placed on the shoulders near the neck area, on the back of the neck, and head. Please wear an open-necked top with short sleeves. **DO NOT** use body lotion on your arm or neck.

SSEP-legs (POSTERIOR TIBIAL SOMATOSENSORY EVOKED POTENTIAL)

Electrodes will be attached to your legs, back and head. If possible, please bring shorts/skirt to wear during testing. **DO NOT** use body lotion on your legs or back.

AUTONOMIC

Electrodes will be placed on the chest area. Wear an open-necked top with short sleeves. **DO NOT** use body lotion.

AUDIOGRAM: No preparation: Routine hearing test.

GENERAL INSTRUCTIONS

1. **HAIR:** Hair should be clean and dry. **NO HAIR PRODUCTS SHOULD BE USED** (*hairspray, oil, gel, etc.*) **NO WEAVES, BRAIDS, HAIR EXTENSIONS, CORN ROWS, OR ATTACHED TOUPEES** (*this may cause your test to be rescheduled*).
2. **LOTION:** Please refrain from using body lotion or powder.
3. **MEDICATION:** You should continue taking your normal medications.
4. **If you have a defibrillator or pacemaker we cannot perform the median, ulnar or tibial evoked potential tests.**

Please do not bring children to testing appointments.

A \$75.00 fee is charged for all appointments missed or not cancelled 24 hours in advance.

Neurology Center of Fairfax

3020 Hamaker Court, Suite 400
Fairfax VA 22031

Advance Beneficiary Notice/Advance Beneficiary Waiver (Commercial Insurance)

Date: _____ NCF Number: _____ Patient DOB: _____

Patient Name: _____ Insurance: _____

Please be sure that you understand the commitment you are making. If you do not understand your options, ask for assistance.

It is very likely your insurance will **NOT** pay for the services described below. Your doctor believes that these testing services are in the best interest of your health.

One or more of the following services will be provided to you. These may not be covered by _____ health insurance. If they are not covered, below are the estimates for the cost of each service. You would be responsible for these costs if you have one or more of these studies performed.

95925 – Short Latency Somatosensory Evoked Potential Study – upper limbs/median	\$355
95926 – Short Latency Somatosensory Evoked Potential Study – lower limbs/tibial	\$349
95927 – Short Latency Somatosensory Evoked Potential Study – trunk and neck/pudendal	\$365
95938 – Short Latency Somatosensory Evoked Potential Study – upper/median and lower/tibial	\$704
95921 – Autonomic Test – Heart Rate	\$200

The reason for the possibility of non-coverage is that it is considered to be investigational by some insurances.

If you choose to proceed with these services, please complete the agreement below, which binds you to pay for these services if your health insurance does not pay for them.

Beneficiary Agreement:

I acknowledge that I have been notified by my physician of the possibility of denial of insurance coverage for these services. I wish to proceed with the services anyway. If my insurance denies coverage for these reasons or for any reason, I agree to be personally and fully responsible for payment of these charges when billed.

Signature _____ Date _____

Witness _____

A. Notifier: Neurology Center of Fairfax, Ltd.
3020 Hamaker Ct, Suite 400
Fairfax, VA 22031

C. Identification Number: _____

B. Patient Name: _____

Patient Date of Birth: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.** _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
95925 Short Latency Evoked Potential UL	Not a Covered Charge	\$355
95926 Short Latency Evoked Potential LL	Not a Covered Charge	\$349
95927 Short Latency Evoked Potential Trunk	Not a Covered Charge	\$365
95938 Short Latency Evoked Potential M/T	Not a Covered Charge	\$704
95921 Autonomic Test-Heart Rate	Not a Covered Charge	\$200

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the **D.** _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the **D.** _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the **D.** _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: _____

J. Date: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.