



Neuropsychological and Psychological Testing

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Neuropsychological and Psychological Testing are diagnostic procedures designed to determine the functional consequences of known or suspected brain dysfunction through testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis, which is an important tool in making specific diagnoses or prognoses to aid in treatment planning and to address questions regarding treatment goals, efficacy, and member disposition.

A **Neurobehavioral status exam** is completed prior to the administration of neuropsychological testing. The status exam involves clinical assessment of the member, collateral interviews as appropriate, and review of prior records. The interview includes clinical assessment of several domains including but not limited to; thinking, reasoning and judgment, (e.g., acquired knowledge, attention, language, memory, planning, and problem solving and visual spatial abilities). The clinical assessment determines the types of tests and how those tests should be administered.

Neuropsychological Tests are requested for members with a history of psychological, neurologic, or medical disorders known to impact cognitive or neurobehavioral functioning.

A **Psychological Evaluation** is composed of psychological assessments and tests, specifically for the purposes of formulating a diagnosis or treatment recommendation. The psychologist uses research-validated methods and standardized tests to evaluate a person's behavior, abilities, and other characteristics.

Psychological Tests are a part of the psychological evaluation and are used to identify problems in a variety of mental abilities and attributes, such as neuro-cognitive, mental status, achievement and ability, personality, and neurological functioning.

Neuropsychological testing differs from psychological testing in that neuropsychological testing measures higher cerebral functioning, which focuses on cognitive skills and abilities (i.e., language, memory and problem-solving), whereas psychological testing is designed to provide information about a patient's personality and emotional functioning. Neuropsychological testing should be delayed until reversible medical or metabolic conditions that are adversely affecting the central nervous system (CNS) are corrected, when possible. Formal neuropsychological testing should also be delayed until any acute changes have stabilized following trauma, infections, or metabolic or vascular insults to the CNS.

Criteria

Commercial

I. Neuropsychological Testing

Prior Authorization is required.

PacificSource considers neuropsychological testing medically necessary when **ALL** of the following conditions are met:

- A.** Neuropsychological testing is requested by a health care provider who will be conducting the testing (e.g., Neurologist, Neurosurgeon, Psychologist, Psychiatrist, Developmental Pediatrician, etc.) and includes documentation of **ALL** of the following:
 1. A completed diagnostic evaluation, neurobehavioral or mental status exam (where further answers cannot be concluded from diagnostic interview, medical consult, or review of medical records);
 2. The purpose of testing is stated (e.g., clarify diagnosis, assessing treatment planning, interventions, or outcomes);
 3. Previous treatment history and prior test results (e.g., diagnoses, previous testing results and who completed them, psychosocial history, neurological exams, etc.);
 4. Current presentation of symptoms and/or functional impairments.
- B.** The request indicates the neuropsychological testing (administration and scoring) will be conducted by a qualified health care provider (QHP) (e.g., neuropsychologist, doctoral-level clinical psychologist, credentialed psychiatrist, Neurologist) or by a psychometrist (trained technician) who is supervised by the QHP. The QHP is responsible for the interpretation of the test results and completing the written report.
- C.** The request includes the number of testing units, which capture the test administration, scoring, interpretation, and interactive feedback. All testing requests will be reviewed. If the testing is performed over several days, the time for all testing must be combined and reported on the last

day of service. Further documentation and medical review will be required by the Medical Director if 16 total hours of testing, interpretation, report writing, and interactive feedback are exceeded:

1. Neuropsychological testing CPT codes are as follows:
 - 96136 and 96137 for testing completed by a physician or qualified health professional
 - 96138 and 96139 for testing completed by a technician
 - 96132 and 96133 for interpretation, report writing, and interactive feedback
2. The following documentation must be provided to support additional neuropsychological testing hours:
 - A detailed list of the proposed testing battery and rationale for the extended time;
 - Supporting documentation of additional complicating factors (e.g., diagnostic complexity, severity of behavioral and personality symptoms that require management during testing or feedback, processing speed deficits, language processing deficits, need for interpreter services as part of test administration or providing feedback, hearing or visual impairment, intellectual disability, other comorbidities).

D. Testing indications do not include those listed under Section III, Indications Where Neuropsychological and Psychological Testing Are Not Medically Necessary in this policy;

AND

E. Testing is required for **ONE** of the following indications:

1. Measure cognitive or behavioral deficits related to known or suspected central nervous system (CNS) impairment, trauma, or neuropsychiatric disorders, including when the information will be useful in determining a diagnosis, prognosis, or informing and implementing a treatment plan by measuring functional abilities/impairments, which include but are not limited to the following diagnoses, medical conditions, and/or situations:
 - a. Autism Spectrum Disorder;
 - b. Attention deficit/hyperactivity disorder (ADHD) when **ONE** of the following conditions is met:
 - i. Distinction between learning disabilities or language/communication disorders remains unclear after history and examination;
 - ii. Recommendation by a physician for neurologically complex cases of ADHD, related to a known or suspected organic medical condition as a result of a brain injury or disease process (e.g., concussion, intractable seizure disorder, cancer treatment effects, genetic disorders, inborn errors of metabolism).
 - c. Intellectual disability or intellectual developmental disorder when **ALL** of the following conditions are present:
 - i. The intellectual disability or developmental disorder is associated with a known or suspected medical cause (e.g., Traumatic Brain Injury, in utero toxin exposure, early seizure disorder, sickle cell disease, genetic disorders);

- ii. The intellectual disability or developmental disorder requires measurement of cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands;
 - d. Confirmed space-occupying brain lesion (e.g., brain abscess, brain tumors, or arteriovenous malformations within the brain);
 - e. Demyelinating disorders including multiple sclerosis;
 - f. Encephalopathy including acquired immunodeficiency syndrome (AIDS) encephalopathy, human immunodeficiency virus (HIV) encephalopathy, hepatic encephalopathy, Lyme disease encephalopathy including neuroborreliosis, Wernicke's encephalopathy and systemic lupus erythematosus (SLE) encephalopathy;
 - g. Traumatic Brain Injury;
 - h. Stroke;
 - i. Seizure disorder including individuals with epilepsy;
 - j. Mild Cognitive Impairment (MCI), dementia or symptoms of dementia such as memory impairment or memory loss when **ONE** of the following conditions are present:
 - i. New onset of decline in at least **ONE** of the following cognitive domains (DSM-5): complex attention, executive function, learning and memory, language, perceptual motor, social cognition progressive memory loss;
 - ii. Diagnosis or severity of disease is unclear;
2. Determine the potential impact of substances or neurotoxin exposure that may cause cognitive impairment to determine treatment planning (e.g., demonstrated serum levels of neurotoxins, individual with documented history of prenatal alcohol, drug, or toxin exposure, or individual with history of radiation therapy or chemotherapy);
 3. Conduct pre-surgical or treatment-related measurement of cognitive function to determine whether one might safely proceed with a medical or surgical procedure (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell or organ transplant), which may affect brain function or significantly alter a member's functional status;
 4. Determine through measurement of cognitive abilities whether a member's medical condition impairs their ability to comprehend and participate effectively in treatment regimens (e.g., surgical procedures, determining functional capacity for health care decision-making) or to function independently after treatment (e.g., work, independent living, managing financial affairs);
 5. Formulate rehabilitation and/or management strategies for those with neuropsychiatric disorders and/or design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients.

II. Psychological Testing

Prior Authorization is required.

PacificSource considers psychological testing medically necessary when **ALL** of the following conditions are met:

- A. A completed diagnostic evaluation or mental status exam is completed by a behavioral health provider who will be conducting the psychological testing (e.g., doctoral-level psychologist or psychiatrist) and includes documentation of **ALL** of the following:
 1. Current presentation of symptoms and clinical formulation (e.g., detailed statement of the diagnosis in multidimensional terms);
 2. At least one validated assessment measure or rating scale;
 3. Formal recommendation for psychological testing to address a clinical question that could not be addressed during the initial diagnostic evaluation.
- B. The request indicates the psychological testing (administration and scoring) will be conducted by a qualified health care provider (QHP) (e.g., doctoral-level psychologist or psychiatrist) or by a psychometrist (trained technician) who is supervised by the QHP. The QHP is responsible for the interpretation of the test results and completing the written report.
- C. The request includes the number of testing units, which capture the test administration, scoring, interpretation and interactive feedback. All testing requests will be reviewed. If the testing is performed over several days, the time for all testing should be combined and reported on the last day of service. Further documentation and medical review will be required by the Medical Director if 16 total hours of testing, interpretation, report writing, and interactive feedback are exceeded.
 1. Psychological Testing CPT codes are as follows:
 - 96136 and 96137 for testing completed by a physician or qualified health professional
 - 96138 and 96139 for testing completed by a technician
 - 96130 and 96131 for interpretation, report writing, and interactive feedback
 2. The following documentation must be provided to support additional psychological testing hours:
 - A detailed list of the proposed testing battery and rationale for the extended time;
 - Supporting documentation of additional complicating factors (e.g., diagnostic complexity, severity of behavioral and personality symptoms that require management during testing or feedback, processing speed deficits, language processing deficits, need for interpreter services as part of test administration or providing feedback, hearing or visual impairment, intellectual disability, other comorbidities).
- E. Testing indications do not include those listed under Section III, Indications Where Neuropsychological and Psychological Testing Are Not Medically Necessary in this policy;

AND

F. Psychological testing is required for **ONE** of the following indications:

1. Measure severity and functional impairment of a psychological disorder to determine a psychiatric diagnosis when a mental illness is suspected, or to achieve a differential diagnosis from a range of medical/psychological disorders that present with similar constellations of symptoms;
2. Measure behavioral factors that impact disease management (e.g., pre-surgical evaluation to identify psychological factors that may potentially affect or complicate the outcome of surgery; assessment of emotional or personality factors impacting physical disease management and ability of member to comply with treatment and/or medical interventions for health benefits; or assessment of psychological factors in chronic pain patients);
3. Measure functional capacity to delineate specific cognitive, emotional, or behavioral bases of functional complaints and/or disability, and/or to assess patient capacity for decision-making when impairment is suspected that would affect patient care or case management or independent living;
4. Measure psychological barriers and strengths to support in treatment planning (e.g., selection of treatment options when several different approaches may be indicated, determine treatment prognosis and outcomes, or identify reasons for poor response to treatment(s));
5. Measure risk factors to determine member's risk of harm to self or others;
6. Objectively measure treatment effectiveness for symptoms and/or determine if a referral for pharmacological treatment or other medical evaluation is needed;
7. Confirm or refute clinical impressions obtained from interactions with member, particularly when malingering or denial of disorder is suspected;
8. Evaluate primary symptoms of neurological and psychiatric conditions, such as impaired attention and concentration.

Note: Referral to an outpatient mental health provider or outpatient chemical dependency rehabilitation may be considered medically necessary for the evaluation and comprehensive bio-psychosocial treatment for these disorders in collaboration with primary care physicians and other specialists.

III. Indications Where Neuropsychological and Psychological Testing Are Not Medically Necessary.

PacificSource does not consider the following indications medically necessary:

1. The member is neurologically, cognitively, or psychologically unable to participate in a meaningful way during the testing process;
2. The member will not benefit from reasonable therapeutic or care options. Examples include, but are not limited to medical conditions without suspected cognitive dysfunction, such as migraine headaches, myocardial infarction, and chronic fatigue syndrome;
3. Performed when there are not suspected abnormalities of brain function;
4. Used for diagnosing routine or uncomplicated cases of ADHD;
5. Used as a routine screening tool given to the individual or to general populations;
6. Administered for educational or vocational (e.g., employment, disability qualification, legal or court-related) purposes that do not inform medical or health management;

7. Comprised exclusively of self-administered or self-scored inventories, or as screening tests of cognitive function or neurological disease (e.g., AIMS, Folstein Mini-Mental Status Examination);
8. Repeat testing that is not required for medical decision-making (e.g., the repeat testing is because of patient preference or request);
9. Administered when the member has ongoing substance abuse or is currently under the influence, actively withdrawing from, or impaired by alcohol, drugs (prescription or illicit), or other substances;
10. The member has been diagnosed previously with brain dysfunction, such as Alzheimer's disease, and there is no expectation that the testing would impact the member's medical, functional, or behavioral management;

IV. Repeat Testing

Prior Authorization is required.

PacificSource considers repeat neuropsychological and psychological testing medically necessary when **EITHER** of the following conditions are met:

- A. 12 months have elapsed since previous testing occurred and the above prior authorization requirements are met

OR

- B. Six-to-twelve-months have elapsed since previous testing occurred, the above prior authorization requirements are met, and **ONE** of the following conditions exists:
 1. Rapid changes, in cognitive functioning;
 2. Changes associated with medication adjustments;
 3. Evaluation of response to new treatment;
 4. Reassess functioning as part of the treatment plan.

Medicaid

Prior Authorization is required.

PacificSource Community Solutions (PCS) follows Guideline Note 19 and D26 of the Oregon Health Plan (OHP) Prioritized List of Health Services for coverage of Neuropsychological Testing.

Medicare

PacificSource Medicare follows Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services: §80.2, Article A57481, and Local Coverage Determination L34646 for coverage of Psychological and Neuropsychological Testing.

Experimental/Investigational/Unproven

PacificSource considers computerized neuropsychological assessment devices (e.g., Cognitrax, Qb Test, QbCheck) to be experimental, investigational, or unproven.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
- 96131 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure).
- 96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
- 96133 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure).
- 96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.
- 96137 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure).
- 96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.
- 96139 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure).
- 96146 Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only.

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Definitions

Psychological or Psychometric Test - any standardized instrument, including scales and self-report inventories, used to measure behavior or mental attributes, such as attitudes, emotional functioning, intelligence, and cognitive abilities (reasoning, comprehension, abstraction, etc.), aptitudes, values, interests, and personality characteristics.

Neuropsychological Test - any of various clinical instruments for assessing cognitive impairment, including those measuring memory, language, learning, attention, and visuospatial and visuoconstructive functioning.

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Appendix

Policy Number:

Effective: 1/1/2024

Next review: 11/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): CMS Article A57481 and LCD L34646; Guideline Note 19 and D26 of the Oregon Health Plan (OHP) Prioritized List

External entities affected:

Commercial OPs: 4/2024

Government OPs: 4/2024