**Medical Policy:**
**Neuropsychological Testing (Commercial)**

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>APPROVED BY</th>
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<tbody>
<tr>
<td>MG.MM.ME.18fC6</td>
<td>02/14/2020</td>
<td>MPC (Medical Policy Committee)</td>
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**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

**Definitions**

| Neuropsychological testing (NPT) | Neuropsychological testing (NPT) is a specialty area of psychological testing consisting primarily of individually administered tests that comprehensively sample ability domains that are known to be sensitive to the functional integrity of the brain (e.g., abstraction, memory and learning, attention, language, problem solving, sensorimotor functions, and constructional praxis). These procedures are objective and quantitative in nature and require that patients directly demonstrate a level of competence in a particular cognitive domain. Cognitive deficits may have nonorganic, transient roots and be associated with anxiety disorders, depressive conditions, and severe psychological trauma. ¹ |

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¹ Sources: (1) American Psychological Association, (2) American Academy of Neurology, (3) American Neurological Association.
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Guideline
Members are eligible for NPT coverage when there has been a significant behavioral change, mental status change, memory loss, or organic brain injury under any of the conditions listed in tables 1 and 2. Psychological evaluations that can be accomplished through the clinical interview would not require NPT and shall not be covered.

Table 1 — Medical Issues

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Brain tumor</td>
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<td>Cerebral anoxic or hypoxic episode</td>
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<tr>
<td>Cerebrovascular disease (e.g., vascular dementias, i.e., single- or multi-infarct dementia)</td>
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<tr>
<td>Central nervous system (CNS) infection (e.g., herpes encephalitis, HIV)</td>
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<tr>
<td>Demyelinating disease (e.g., multiple sclerosis)</td>
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<tr>
<td>Epilepsy (for patients under consideration for temporal lobectomy, to assess the cognitive integrity of the remaining hemisphere and lateralized representation of specific cognitive capacities)</td>
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<tr>
<td>Extrapyramidal disease (e.g., Parkinson’s or Huntington’s diseases)</td>
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<tr>
<td>Head injury (open or closed)</td>
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<tr>
<td>Metabolic encephalopathy (associated with hepatic or renal disease)</td>
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<tr>
<td>Neurodegenerative disorders (e.g., AIDS, Alzheimer’s disease and other mixed-type dementias) (See also footnote 3)</td>
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<tr>
<td>Neurocognitive monitoring of recovery from or progression of CNS disorders</td>
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Table 2 — Mental Health Issues

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<th>Condition</th>
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<tr>
<td>Chronic exposure to agents known to be associated with cerebral dysfunction (e.g., solvents, heavy metal such as lead or illicit drugs)²</td>
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<tr>
<td>Assessment of mental functioning for individuals with suspected or known mental disorders, for purposes of differential diagnosis and treatment</td>
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<tr>
<td>Assessment of patient’s strengths and disabilities, for use in treatment planning or management, when signs or symptoms of a mental disorder are present</td>
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<tr>
<td>Assessment of patient’s capacity for decision making when impairment that would affect patient care or management is suspected</td>
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<tr>
<td>Differential diagnosis between psychogenic and neurogenic syndromes (e.g., depression versus dementia)³</td>
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¹Brief screening measures such as the Folstein Mini-Mental Status Exam or use of other mental status exams in isolation should not be reported separately as psychological or neuropsychological testing, as they are typically part of a more general clinical exam or interview.

²The workers’ compensation carrier may provide coverage, particularly in the occupational or environmental medicine realm.

³When a psychiatric condition or the presence of dementia is previously diagnosed, there is value to the testing only if the information derived would be expected to significantly influence management. Examples include a significant change in the patient’s condition, the need to evaluate a patient’s capacity to function in a given situation or environment, and the need to specifically tailor therapeutic or compensatory techniques to particular aspects of the patient’s pattern of strengths and disabilities.
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Documentation
The medical record should include all of the following information:

- Diagnosis (or suspected diagnosis that was the basis for the testing if no mental illness was found)
- Identity of person performing service
- Present evaluation
- Reason for referral
- Recommendations for interventions, if necessary
- Tests administered, scoring and interpretation and time involved

Administration of NPT
Only a psychologist, psychiatrist or other qualified (non-physician) provider (practitioner) may perform NPT.\(^4\)

The Plan covers up to 8 hours of NPT; (inclusive of administration, scoring and interpretation) initially. If a provider wants additional hours for testing, they must submit an additional request. All psychological / neuropsychological testing is subject to medical necessity review.

NPT for routine re-evaluation of chronically disabled patients will be covered only if it is required for a diagnosis or continued treatment.

Limitations/Exclusions
Each test administered must be medically necessary. Standardized batteries of tests are only acceptable if each component test is medically necessary.

A. When neuropsychological testing for a diagnosis of Autism Spectrum Disorder (ASD) is provided by a licensed physician or psychologist it is the responsibility of Optum. If the testing is provided by a developmental pediatrician or pediatric neurologist, it is covered by the medical plan.

B. NPT is not covered under any of the following circumstances:

- No suspicion of mental illness or disability
  This is screening, which is not medically necessary. Non-specific behaviors that do not suggest the possibility of mental illness or disability are not an acceptable indication for testing.

\(^4\)NPT may be conducted by the following provider types. Individuals who are not licensed or otherwise authorized by state law to provide psychological services may not provide psychological services.

- Pediatrics (developmental-behavioral and neurodevelopmental specialists)
- Psychiatrist (MD or DO)
- Clinical Psychologist (CP)
- Clinical Social Worker (CSW)
- Psychiatric Nurse Practitioners (NPs)
- Clinical Nurse Specialists (CNS)
- Physician Assistants (PAs)
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- Solely for educational or vocational purposes
- Circumstances that may interfere with the accuracy or interpretation of test results, such as:
  - Positive history of substance abuse when any of the following apply:
    - Continued use precludes accurate NPT result
    - The patient is ≤ 10 days post-detoxification
  - The effects of certain daily medications (e.g., mood-altering drugs or beta blockers) have not been ruled out
  - Similar testing has been performed in the last 12 months

C. NPT is not covered for the purposes of diagnosing any of the following conditions, as it is not considered medically necessary:

- ADD/ADHD
  - NPT is rarely required for uncomplicated ADD with or without hyperactivity; however, a referral to an outpatient mental health or chemical dependency clinic may be medically necessary and covered for the evaluation and comprehensive bio-psychosocial treatment for these disorders. NPT may be medically necessary and covered for neurologically complicated cases of ADD/ADHD (e.g., post head trauma, seizures)
- Developmental disability
- Learning disability
- Mental retardation
- Tourette’s syndrome

Applicable Coding

To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy

| Applicable CPT and Diagnosis Codes |

References


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Specialty-matched clinical peer review.

Revision history

<table>
<thead>
<tr>
<th>DATE</th>
<th>REVISION</th>
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<tr>
<td>12/16/2019</td>
<td>Reformatted and reorganized policy, transferred content to new template&lt;br&gt;Removed language specific to Emblem Health and NY state&lt;br&gt;Removed language specific to Medicare and Medicaid&lt;br&gt;Removed deleted codes 96118, 96119 &amp; 96120</td>
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<tr>
<td>05/12/2017</td>
<td>The value of 10 units of testing has been changed from 10 to 8 in accordance with medical unlikely edits (MUE) Clarified that preauthorization is required for both the initial 8 hours of testing as well as any additional hours</td>
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<tr>
<td>10/25/2015</td>
<td>Clarified use of CPT coding regarding 96118, 96119 and 96120</td>
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