



Neuropsychological Testing Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Neuropsychological Testing		
MNG #: 022	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 2/06/2020;	Effective Date: 4/05/2020;
Last Revised Date:	Next Annual Review Date: 2/06/2021;	Retire Date:

OVERVIEW:

Neuropsychological Tests are evaluations designed to determine the functional consequences of known or suspected brain injury through testing of neurocognitive domains responsible for language, perception, memory, learning, problem solving, adaptation and three-dimensional manipulation. These tests are carried out on members who have suffered neurocognitive effects of medical disorders that impinge directly or indirectly on the brain. These tests consist primarily of individually administered ability tests that demonstrate the member’s level of competence in a cognitive domain. They not a substitute for clinical interviews, medical or neurologic examinations, or other diagnostic procedures used to diagnose neuropathology. The tests can aid in treatment planning and to address questions regarding goals, efficacy, and member disposition. Preauthorization by CCA is required.

Initiation Criteria:

- Testing must be performed by a qualified provider.
- Testing may be used to assist with diagnosis and management following clinical evaluation when a mental illness or neuropsychological abnormality is suspected;
- Testing is used to provide a differential diagnosis from a range of neurological/psychological disorder that present with similar symptoms, (e.g., differentiation between pseudo-dementia and depression);
- Testing is used to determine the clinical and functional significant of brain abnormality;
- Testing is used to delineate the specific cognitive basis of functional complaints.



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DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Clinical Eligibility:

- Testing may be used to assist with diagnosis and management following clinical evaluation when a mental illness or neuropsychological abnormality is suspected;
- Testing is used to provide a differential diagnosis from a range of neurological/psychological disorder that present with similar symptoms, (e.g., differentiation between pseudo-dementia and depression);
- Testing is used to determine the clinical and functional significant of brain abnormality;
- Testing is used to delineate the specific cognitive basis of functional complaints.

Determination of need:

N/A

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

- Typically, neuropsychological testing will require from twelve to sixteen hours to complete, including administration, scoring and interpretation. If the testing **exceeds** sixteen hours, a request for additional hours should be reviewed prior to approval.
- In general, testing should not be done within six months of each other. If testing in a period is pursued in timeframe less than six months, a review should be completed.
- Testing is **not** to be administered for education or vocational purposes without a review documenting clear rationale.

96116 Neurobehavioral status exams (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified



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health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

96118 Neuropsychological testing, interpretation and reporting by a psychologist (per hour)

96119 Neuropsychological testing per hour by a technician

96121 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)

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)

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)



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96146 Neuropsychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

RELATED REFERENCES:

1. Medicare NHIC, Corp 14502, Local Coverage Determination for Neuropsychological Testing, L3202. Revision Effective Date 2/1/2010. Accessed via www.cms.gov viewed on 3/11/14
2. Binder LM, Campbell KA. Medically unexplained symptoms and neuropsychological assessment. *J Clin Exp Neuropsychol*. 2004; 26(3):369-392.
3. Boake C, Millis SR, High WM, et al. Using early neuropsychologic testing to predict long-term productivity outcome from traumatic brain injury. *Arch Phys Med Rehabil*. 2001; 82(6):761-768.
4. Sachdev PS, Brodaty H, Valenzuela MJ, et al. The neuropsychological profile of vascular cognitive impairment in stroke and TIA patients. *Neurology*. 2004; 62(6):912-919.
5. Trollor JN. Attention deficit hyperactivity disorder in adults: conceptual and clinical issues. *Med J Aust*. 1999; 171(8):421-425.
6. American Psychiatric Association. Policies and Clinical Resources. 2012. Available at: <http://www.psychiatry.org/practice/professional-interests/psychosomaticmedicine/> practice/policies-and-clinical-resources. Accessed on April 10, 2013.
7. American Psychiatric Association. Practice guideline for the Psychiatric Evaluation of Adults. Second Edition. June 2006. Available at: http://www.psychiatryonline.com/pracGuide/pracGuideTopic_1.aspx. Accessed on April 10, 2013.

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.



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ATTACHMENTS:

EXHIBIT A:	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
02/06/2020	Reviewed and approved by the Medical Policy Committee

APPROVALS:

Dr. Peggy Johnson, MD

CCA Senior Clinical Lead [Print]

Peggy Johnson

Signature

Vice President & Chief of Psychiatry

Title [Print]

8/28/2019

Date

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CCA Senior Operational Lead [Print]

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Lori Tishler, MD, MPH

CCA CMO or Designee [Print]

Lori Tishler

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02/06/2020

Date