



NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING

Effective Date: October 19, 2009
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Review Dates: 7/07, 6/08, 6/09, 8/09
Status: Current

Summary of Changes

Clarifications:

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Deletions:

- Pg 2 & 3, Section II, C (formerly D) for Psychological/Neuropsychological testing; the list of what is not covered has had several conditions deleted, one: Sexual and gender identity disorder, has been added.
- Pg 3, Section III, Authorization Process has been removed and services no longer require prior authorization for par providers.
- Pg 3-7, Section V, Coding Information, has had some coding changes, several codes have been DELETED under codes NOT COVERED for neuropsychological testing & psychological testing, see policy for all the code changes.

Additions:

- Pg 2, Section II, B, additional language added to description of coverage for psychological testing and some language has been deleted.

I. DESCRIPTION

Neuropsychological tests are usually performed to evaluate neurological or neuropsychiatric disorders such as traumatic brain injury and brain concussion, multiple sclerosis and cerebral vascular accidents. The results often provide valuable information about the patient's neurocognitive functioning.

Neuropsychological tests are also designed to evaluate a member's ability in concentration, memory, reading, comprehension, judgment, and ability to interpret and process information. Visual perception, movement, coordination and a psychological profile may also be performed. These tests make up a part of the overall medical evaluation, and the results aid in the development of a treatment plan.

Psychological tests are designed to measure a member's level of intelligence, personality, academic function and/or dimensions of psychopathology and attitudes and behavior. These tests make up a part of the overall evaluation process with results aiding in diagnosis and development of a treatment plan.



II. POLICY/CRITERIA

A. *Neuropsychological testing* is covered under the *medical benefit* when medically necessary for diagnostic assessment essential to the development of a treatment plan when there has been either:

1. A significant mental status change not due to a metabolic disorder that has failed to respond to treatment; or
2. A significant behavioral change, memory loss or organic brain injury and ONE of the following:
 - Traumatic brain injury
 - Stroke
 - Brain tumor
 - Cerebral anoxic or hypoxic episode
 - Central nervous system (CNS) infection
 - Neoplasms or vascular injury of the CNS
 - Neurodegenerative disorders
 - Demyelinating disease
 - Extrapyrmidal disease
 - Exposure to intrathecal agents or cranial radiation known to be associated with cerebral dysfunction
 - Difficulty distinguishing between the neurocognitive effects of a neurogenic syndrome such as dementia vs. a major depressive disorder when adequate treatment for major depressive disorder has not resulted in improvement in neurocognitive function

Prior authorization is not required for the following neuropsychological exams. These services are covered under members' medical benefit when the criteria above are met.

B. *Psychological testing* is covered under the *behavioral health benefit* when medically necessary for diagnostic assessment and differential diagnosis essential to guiding treatment recommendations. Psychological testing may also be covered under the *behavioral health benefit* by Priority Health when a psychological evaluation is a component of a pre-surgical and/or pre-medical program. For consideration of coverage for psychological testing, the medical services must be prior-approved by Health Management. Examples include pre-surgical evaluations and evaluations for pain management programs.

Prior authorization is not required for psychological testing. These services are covered under the member's behavioral health benefit when medical necessity criterion is met.

C. Priority Health **does not cover** *psychological/neuropsychological testing* under either the medical or behavioral health benefit for ANY of the following



indications because such testing may be provided by school districts or is not medically necessary (this may not be an all inclusive list):

- When performed primarily for educational purposes
- When performed in association with vocational counseling or training
- Personnel or employment testing
- Routine batteries of psychological tests given at inpatient admission or continued stay
- Testing performed solely or primarily for legal/forensic purposes
- Sexual and gender identity disorders

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION

NEUROPSYCHOLOGICAL TESTING:

CPT/HCPCS Codes:

96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report



- 96118 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 96119 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96120 Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

ICD-9 codes not covered for neuropsychological testing:

- 302.0 Ego-dystonic sexual orientation
- 302.1 Zoophilia
- 302.2 Pedophilia
- 302.3 Transvestic fetishism
- 302.4 Exhibitionism
- 302.50 With unspecified sexual history
- 302.51 With asexual history
- 302.52 With homosexual history
- 302.53 With heterosexual history
- 302.6 Gender identity disorder in children
- 302.70 Psychosexual dysfunction, unspecified
- 302.71 Hypoactive sexual desire disorder
- 302.72 With inhibited sexual excitement
- 302.73 Female orgasmic disorder
- 302.74 Male orgasmic disorder
- 302.75 Premature ejaculation
- 302.76 Dyspareunia, psychogenic
- 302.79 With other specified psychosexual disorders
- 302.81 Fetishism
- 302.82 Voyeurism
- 302.83 Sexual masochism
- 302.84 Sexual sadism
- 302.85 Gender identity disorder in adolescents or adults
- 302.89 Sexual aversion disorder, other
- 302.9 Unspecified psychosexual disorder
- 306.50 Psychogenic genitourinary malfunction, unspecified
- 306.51 Psychogenic vaginismus
- 306.52 Psychogenic dysmenorrhea
- 306.53 Psychogenic dysuria
- 306.59 Psychogenic genitourinary malfunction, other
- 306.6 Psychogenic genitourinary malfunction, endocrine
- 306.7 Psychogenic genitourinary malfunction, organs of special sense
- 306.8 Other specified psychophysiological malfunction
- 306.9 Unspecified psychophysiological malfunction

- 307.40 Nonorganic sleep disorder, unspecified
- 307.41 Transient disorder of initiating or maintaining sleep
- 307.42 Persistent disorder of initiating or maintaining sleep



- 307.43 Transient disorder of initiating or maintaining wakefulness
- 307.44 Persistent disorder of initiating or maintaining wakefulness
- 307.45 Circadian rhythm sleep disorder of nonorganic origin
- 307.46 Sleep arousal disorder
- 307.47 Other dysfunctions of sleep stages or arousal from sleep
- 307.48 Repetitive intrusions of sleep
- 307.49 Other

- V61.0 Family disruption
- V61.1 Counseling for marital and partner problems
- V61.10 Counseling for marital and partner problems, unspecified
- V61.11 Counseling for victim of spousal and partner abuse
- V61.12 Counseling for perpetrator of spousal and partner abuse
- V61.20 Counseling for parent-child problem, unspecified
- V61.21 Counseling for victim of child abuse
- V61.22 Counseling for perpetrator of parental child abuse
- V61.29 Other
- V61.3 Problems with aged parents or in-laws
- V61.41 Alcoholism in family
- V61.49 Other
- V61.5 Multiparity
- V61.6 Illegitimacy or illegitimate pregnancy
- V61.7 Other unwanted pregnancy
- V61.8 Other specified family circumstances
- V61.9 Unspecified family circumstance
- V62.0 Unemployment
- V62.1 Adverse effects of work environment
- V62.2 Other occupational circumstances or maladjustment
- V62.3 Educational circumstances
- V62.4 Social maladjustment
- V62.5 Legal circumstances
- V62.6 Refusal of treatment for reasons of religion or conscience
- V62.8 Other psychological or physical stress, Other psychological or physical stress, not elsewhere classified
- V62.81 Interpersonal problems, not elsewhere classified
- V62.82 Bereavement, uncomplicated
- V62.83 Counseling for perpetrator of physical/sexual abuse
- V62.84 Suicidal ideation
- V62.89 Other
- V62.9 Unspecified psychosocial circumstance
- V70.1 General psychiatric examination, requested by the authority
- V70.2 General psychiatric examination, other and unspecified
- V70.3 Other medical examination for administrative purposes
- V70.4 Examination for medicolegal reasons
- V70.5 Health examination of defined subpopulations
- V70.6 Health examination in population surveys



PSYCHOLOGICAL TESTING:

CPT/HCPCS Codes

- 96101 Psychological testing per hour of the psychologist's time, both face-face patient time and time interpreting test results and preparing the report
- 96102 Psychological testing with qualified health care professional interpretation and report, administered by a tech, per hour of technician time, face-face
- 96103 Psychological testing administered by a computer, with qualified health care professional interpretation and report

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- 302.76 Dyspareunia, psychogenic
- 302.79 With other specified psychosexual disorders
- 302.81 Fetishism
- 302.82 Voyeurism
- 302.83 Sexual masochism
- 302.84 Sexual sadism
- 302.85 Gender identity disorder in adolescents or adults
- 302.89 Sexual aversion disorder, other
- 302.9 Unspecified psychosexual disorder

- V40.1 Problems with communication [including speech]
- V61.0 Family disruption
- V61.1 Counseling for marital and partner problems
- V61.10 Counseling for marital and partner problems, unspecified
- V61.11 Counseling for victim of spousal and partner abuse
- V61.12 Counseling for perpetrator of spousal and partner abuse
- V61.20 Counseling for parent-child problem, unspecified
- V61.21 Counseling for victim of child abuse
- V61.22 Counseling for perpetrator of parental child abuse
- V61.29 Other
- V61.3 Problems with aged parents or in-laws
- V61.41 Alcoholism in family
- V61.49 Other
- V61.5 Multiparity



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VI. REFERENCES:

1. A Guide to Psychology and its Practice, Psychological Testing, Retrieved on 10/19/06 from: <http://www.guidetopsychology.com/testing.htm>.
2. American Academy of Pediatrics. Clinical Practice Guideline: Treatment of the School-aged Child with Attention-Deficit/Hyperactivity Disorder, Pediatrics, 1033-1044, Vol. 108, No. 4, Oct 2001. Retrieved on 10/19/06 from: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/4/1033>
3. Frances, Allen, Pincus, Harold, and First, Michael. Diagnostic and Statistical Manual of Mental Disorders. Washington DC: American Psychiatric Association, 1994.
4. Hart, Anita and Hopkins, Catherine. International Classification of Diseases 9th Revision Clinical Modification. USA: Ingenix, 2006.
5. National Academy of Neuropsychology, Neuropsychological Evaluation. Retrieved on 10/19/06 from: <http://www.nanonline.org/downloads/paio/PAIONeuroBrochure.pdf>
6. Priority Health ADHD Clinical Practice Guideline. Retrieved on 4/10/07 from: http://www.priorityhealth.com/pdfs/clinical/adhd/CPG_ADHD.pdf
7. Priority Health Certificate of Coverage Member Handbook, January 2007. Retrieved on 4/10/07 from:



http://www.priorityhealth.com/memberservices/handbooks/member_web/information

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