MEDICAL POLICY
No. 91537-R4

NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING

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Date Of Origin: July 2007  
Status: Current

I. 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:

1. A significant mental status change not due to a metabolic disorder that has failed to respond to treatment
2. A need for a pre-surgical or treatment related cognitive evaluation to inform whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell transplant)
3. 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
4. A need to determine whether a patient can comprehend and participate effectively in complex treatment regimens (e.g., transplant or bariatric surgeries in patients with diminished capacity)
5. 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
   - Extrapyramidal disease
   - Exposure to intrathecal agents or cranial radiation known to be associated with cerebral dysfunction

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.

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 or guardianship evaluation
- Testing performed when patient is not neurologically and cognitively able to participate in a meaningful way in the testing process
- Testing performed when abnormalities of the brain are not suspected
- Repeated testing when not required for medical decision making
- Testing administered when the patient has a substance abuse background and any of the following apply: the patient has ongoing substance abuse such that test results would be inaccurate, the patient is currently intoxicated
- Testing performed when the patient has been diagnosed previously with brain dysfunction and there is no expectation that the testing would impact patient’s medical management

II. MEDICAL NECESSITY REVIEW

☐ Required  ☑ Not Required  ☐ Not Applicable

*Note: Neuropsychologists must meet Priority Health’s neuropsychology credentialing criteria in order to provide testing and evaluation services.

III. 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.
IV. 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.

V. CODING INFORMATION

ICD-10 Codes that apply:  
*Testing for these diagnosis codes is not covered (list is not exhaustive):*

R41.83 Borderline intellectual functioning  
R45.850 - R45.851 Homicidal and suicidal ideations  
R47.9 Unspecified speech disturbances
### Z00.8
Encounter for other general examination

### Z02.0 – Z02.9
Encounter for administrative examination

### Z04.6
Encounter for general psychiatric examination, requested by authority

### Z04.8
Encounter for examination and observation for other specified reasons

### Z53.1
Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure

### Z55.0 – Z55.9
Problems related to education and literacy

### Z56.0 – Z56.9
Problems related to employment and unemployment

### Z57.0 – Z57.9
Occupational exposure to risk factors

### Z60.0 – Z60.9
Problems related to social environment

### Z62.0 – Z62.9
Problems related to upbringing

### Z63.0 – Z63.9
Other problems related to primary support group, including family circumstances

### Z64.0 – Z64.4
Problems related to certain psychosocial circumstances

### Z65.0 – Z65.9
Problems related to other psychosocial circumstances

### Z69.010 - Z69.82
Encounter for mental health services for victim and perpetrator of abuse

### Z73.0 – Z73.6
Problems related to life management difficulty

### Z86.59
Personal history of other mental and behavioral disorders

### 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

### 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
VI. REFERENCES

1. Medicare Local Coverage Determination (LCD): Psychological and Neuropsychological Testing (L34646) retrieved on 6/5/18 from:

2. AAP Developmental and Behavioral Pediatrics [eBook], American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics; Editor-in-Chief: Robert G. Voigt, MD, FAAP; Associate Editors: Michelle M. Macias, MD, FAAP and Scott M. Myers, MD, FAAP, 2010.

3. The 2017 Michigan Quality Improvement Consortium Diagnosis of Attention-Deficit/Hyperactivity Disorder ADHD for Children and Adolescents. Retrieved on 6/12/2017 from:

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