

NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING

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8/22, 8/23, 8/24

Date Of Origin: July 2007

Status: Current

Summary of Changes

Deletions:

- I. A. and I. B.: Deleted notes that indicated the respective benefit categories into which neuropsychological and psychological testing fell.

I. POLICY/CRITERIA

A. *Neuropsychological testing* is considered 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
 - Extrapyrmidal disease

- Exposure to intrathecal agents or cranial radiation known to be associated with cerebral dysfunction
- B. Psychological testing is medically necessary for diagnostic assessment and differential diagnosis essential to guiding treatment recommendations. Psychological testing may also be considered medically necessary 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 use disorder background and any of the following apply: the patient has ongoing substance use 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

(See also: Priority Health Provider Manual: [Behavioral Health Services](#))

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a

request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

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.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

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

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING:

Claims submitted with the following diagnosis codes will be paid under the behavioral health benefit:

F01-F99

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
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- 96121 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]), 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)
- 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, standardized instrument via electronic platform, with automated result only

VI. REFERENCES

1. 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.

2. [Diagnosis of Attention-Deficit/Hyperactivity Disorder ADHD for Children and Adolescents. Michigan Quality Improvement Consortium \(MQIC\). June 2021.](#)
3. Psychiatry and Psychology Services. Local Coverage Determination (LCD) [L34616](#). Wisconsin Physicians Service Insurance Corporation. Centers for Medicare & Medicaid Services (CMS).
4. Psychological and Neuropsychological Testing. Local Coverage Determination (LCD) [L34646](#). Wisconsin Physicians Service Insurance Corporation. Centers for Medicare & Medicaid Services (CMS).

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