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## Subject: Neuropsychological Testing

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

<a href="#">Position Statement</a>	<a href="#">Billing/Coding</a>	<a href="#">Reimbursement</a>	<a href="#">Program Exceptions</a>	<a href="#">Definitions</a>	<a href="#">Related Guidelines</a>
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### DESCRIPTION:

Neuropsychological assessment is the normatively informed application of performance-based assessments of various cognitive skills. Typically, neuropsychological assessment is performed with a battery approach, which involves tests of a variety of cognitive ability areas, with more than one test per ability area. These ability areas include skills such as memory, attention, processing speed, reasoning, judgment, and problem-solving, spatial, and language functions. Neuropsychological tests are intrinsically performance-based. They are structured to require individuals to exercise their skills in the presence of an examiner/observer.

### POSITION STATEMENT:

Neuropsychological testing **meets the definition of medical necessity** when performed for the evaluation of individuals with cognitive dysfunction due to injury or disease.

Medically necessary indications for neuropsychological testing include:

- Detection of neurologic disease based on quantitative assessment of [neurocognitive](#) abilities in conditions such as:
  - Head injuries (open or closed)
  - Anoxic injuries
  - Neurodegenerative disorders (e.g., AIDS dementia)
  - Brain tumor
  - Cerebrovascular disease
  - CNS infections (e.g., HIV, herpes encephalitis, Reyes)
  - Demyelinating disease (e.g., multiple sclerosis)

- Seizure disorder
- Congenital or developmental disorders (e.g., cerebral palsy)
- Extrapyrarnidal disease (e.g., Parkinson's disease, Huntington's chorea)
- Chronic alcohol or drug abuse
- Metabolic encephalopathy
- Exposure to agents know to be associated with cerebral dysfunction (e.g., lead poisoning)
- Differentiation between [psychogenic](#) and [neurogenic](#) syndromes such as depression vs. dementia
- Delineation of the neurocognitive effects of central nervous system disorders
- Assessment of neurocognitive functions for the formulation of rehabilitation **OR** management strategies among individuals with neurologic disorders

Testing in excess of 10 hours is subject to medical review of documentation for determination of medical necessity, including the following:

- Referral question and referral diagnosis
- Relevant medical history
- Relevant psychosocial history
- Sources of information (e.g., patient interview, record review, behavioral observations)
- Procedures administered
- Evaluation of how the candidate is responding throughout the psychological or neuropsychological testing process through direct observation via test administration and/or communication with the technician)
- The domain of brain function that demonstrates impairment (eg, executive, memory, speech, attention)
- The domain of neuro-cognitive functioning attempting to test
- The capacity of the member to participate in the test
- What additional clarification of functional capacity is anticipated from the testing that exceeds 10 hours
- Whether the information gleaned from further testing will change the current diagnostic formulation or the treatment plan

## BILLING/CODING INFORMATION:

### CPT Coding:

96116	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,
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	both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
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)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results & clinical data, clinical decision making, treatment planning & report, & 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 & clinical data, clinical decision making, treatment planning & report, & 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 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

**REIMBURSEMENT INFORMATION:**

Neuropsychological testing, from initial evaluation to final treatment recommendations, is limited to 10 hours total.

**NOTE:** Services in excess of the limitations shown above are subject to medical review of documentation for determination of medical necessity. The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, treatment plan:

## LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

## PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Psychological and Neuropsychological Tests (L34520), located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

## DEFINITIONS:

**Cognitive:** of, relating to, or being conscious; intellectual activity (as thinking, reasoning, remembering, imagining, or learning words).

**Cognitive therapy:** psychotherapy that emphasizes the substitution of desirable patterns of thinking for undesirable ones (e.g., for depression).

**Neurocognitive:** of relating to, or involving the central nervous system and cognitive abilities.

**Neurogenic:** originating in nervous tissue; induced, controlled, or modified by nervous factors; disordered because of abnormally altered neural relations.

**Pathognomonic:** distinctively characteristic of a particular disease or condition (i.e., when the patient's attitudes are pathognomonic of one of the classical psychoneuroses).

**Psychogenic:** originating in the mind or in mental or emotional conflict.

## RELATED GUIDELINES:

None applicable.

## OTHER:

None applicable.

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### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 07/25/24.

### GUIDELINE UPDATE INFORMATION:

09/15/01	Medical Coverage Guideline Reformatted and Revised.
09/15/03	Reviewed; no changes in coverage.
01/01/06	HCPCS coding update consisting of the deletion of 96117 and the addition of 96118, 96119 and 96120.
05/15/07	Medical Policy Archived (No longer Active).
01/15/10	Guideline revised and reformatted. Returned to active status.
11/15/12	Revision; added a coverage statement for neurologically complicated Attention Deficit Disorder with or without hyperactivity (ADD/ADHD); updated references and reformatted guideline.
05/11/14	Revision: Program Exceptions section updated.
01/01/18	Revision: deleted repeat testing in 12 months restriction; revised Billing/Coding Information section; reformatted guideline.
12/15/18	Scheduled review. Revised description, maintained position statement. Revised program exceptions section and related guidelines. Updated references.
01/01/19	Annual CPT/HCPCS coding update. Added 96132, 96133, 96136, 96137, 96138, 96139, 96146. Revised descriptor 96116. Deleted 96118, 96119, 96120. Reformatted Position Statement section.
03/15/20	Added code 96121.
10/15/20	Scheduled review. Revised description. Maintained position statement and updated references.
09/15/21	Revision: updated reimbursement section and references.

03/21/22	Revision: updated position statement.
07/15/22	Scheduled review. Maintained position statement and updated references.
04/15/23	Revision: added description of documentation needed to support testing in excess of stated limits. Updated references.
05/22/23	Update to Program Exceptions section.
08/15/24	Scheduled review. Maintained position statement and updated references.