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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.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Neuropsychological testing focuses on the relationship between the brain/central nervous system and cognitive/behavioral health. Neuropsychological testing is commonly administered when there is reason to believe that there has been a change in an individual's neurocognitive status. These changes often occur due to neurological and medical disorders that can alter cognitive functioning, such as traumatic brain injury (TBI), dementia related diagnoses, and other factors that alter an individual's neurological status or cognitive functioning.

Measurement of deficits cannot be based on single test results and should always be assessed in the context of the medical and neurological examination. Neuropsychological tests are administered in a variety of contexts including paper-and-pencil, computers, and visual aids. Neuropsychological tests include but are not limited to the following:

- Boston Diagnostic Aphasia Examination (BDAE)
- Conners' Continuous Performance Test (CCPT)
- Controlled Oral Word Association Test (COWAT)
- Delis-Kaplan Test Battery
- Freedom from Distractibility Index (FFDI) from the Wechsler Intelligence Scales
- Gordon Diagnostic System(GDS)
- Halstead-Reitan Neuropsychological Battery
- Rey Auditory Verbal Learning Test (RAVLT)
- Rey-Osterreith Complex Figure Test, Stroop Color and Word Test
- Test of Variables of Attention (TOVA)

- Trail Making Tests, Wechsler
- Adult Intelligence Scale-Revised (WAIS-III/IV)
- Wide Range Assessment of Memory and Learning (WRAML)
- Wisconsin Card Sorting Test (WCST)

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)
 - Extrapyramidal disease (e.g., Parkinson's disease, Huntington's chorea)
 - Chronic alcohol or drug abuse
 - Metabolic encephalopathy
 - Exposure to agents known 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

Neuropsychological testing **meets the definition of medical necessity** for neurologically complicated cases of ADHD (e.g., post head trauma, seizures).

Neuropsychological testing **does not meet the definition of medical necessity** for uncomplicated cases of attention deficit disorder with or without hyperactivity (ADD / ADHD). ADD / ADHD is considered complicated when there is strong evidence of a possible underlying neurological disorder.

Neuropsychological testing **does not meet the definition of medical necessity** when performed for the following:

- Individuals with ongoing substance abuse problems, currently intoxicated at the time of the testing, or are less than 10 days post-detox

- Self-administered or self-scored inventories, or screening tests of cognitive function
- Educational purposes without a medical diagnosis

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, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
96132	Neuropsychological testing evaluation services by physician or othr 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 othr 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:

Refer to section entitled [POSITION STATEMENT](#).

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 fcso.com.

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 & Coverage Committee on 12/06/18.

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.