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Reviewed: 02/26/26

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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 is requested for individuals with a history of psychological, neurological, or medical disorders known to impact cognitive or neurobehavioral functioning. Neuropsychological evaluations are used when there is evidence to suggest neurological problems like: autism spectrum, intellectual disabilities, learning disorders, brain injury, neurodegenerative diseases, and other neurologic conditions.

POSITION STATEMENT:

Neuropsychological testing **meets the definition of medical necessity** for one or more of the following indications, where initial assessment or assessment over time is needed in order to:

- Assess cognitive or behavioral deficits related to known or suspected CNS impairment, trauma, or neuropsychiatric disorders, including when the information will be useful in determining a diagnosis, prognosis, or informing treatment planning
- Establish a treatment plan by measuring functional abilities/impairments in members with known or suspected CNS and neuropsychiatric disorders
- Determine the potential impact of substances that may cause cognitive impairment (e.g., radiation, chemotherapy, prescribed or illicit drugs, toxins), or result in measurable improvement in cognitive function, including when this information is utilized to determine treatment planning
- Conduct pre-surgical or treatment-related measurement of cognitive function to determine 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 or organ transplant), or significantly alter a member's functional status

- Determine whether a medical condition impairs a member's ability to comprehend and participate effectively in treatment regimens (e.g., surgical procedures, determining functional capacity for health care decision-making), or will permit the member to function consistent with pre-injury or pre-illness levels
- Design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured members
- Measure cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands
- Evaluate primary symptoms of impaired attention and concentration that can occur in many medical and psychiatric conditions

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

- The member is neurologically, cognitively, or psychologically unable to participate in a meaningful way in the testing process
- The member will not benefit from reasonable therapeutic or care options—there must be a reasonable expectation from a medical or psychological management perspective
- Used as a routine screening tool given to the member or to general populations in the absence of clinical justification (e.g., medical or psychological rationale)
- Administered for educational, vocational, or other non-clinical purposes that do not inform medical or health management (i.e., the purpose of testing is to alter or direct medical or health management)
- Comprised exclusively of self-administered, self-created, or self-scored inventories
- Comprised exclusively of screening tests of cognitive function or neurological disease (whether paper-and-pencil or computerized, e.g., AIMS, Folstein Mini-Mental Status Examination)
- Testing and/or repeat testing is not required for medical or clinical decision-making (e.g., when the repeat testing is because of member request without clinical justification)
- Administered when the member is currently under the undue influence or impaired by alcohol, drugs (prescription or illicit), or other substances
- Administered when the member is currently experiencing acute delirium or psychosis
- The member has been diagnosed previously with brain dysfunction, such as Alzheimer's disease, and there is no expectation that the testing would impact the member's medical, psychological, clinical, functional, or behavioral management

Policy Guidelines:

- The requested time for administration, scoring and interpretation of the proposed testing battery must be consistent with the time requirements indicated by the test publisher
- The qualified health professional responsible for the development of the test battery will adhere to CPT code definitions for screening tests, neuropsychological tests, use of technicians, and machine-administered tests

- An initial face-to-face complete diagnostic assessment will be completed
- The proposed battery of tests will be individualized to meet the member's needs and to answer the specific diagnostic/clinical questions identified by the diagnostic assessment
- The proposed battery of tests is standardized and has nationally accepted validity and reliability
- Testing is administered and interpreted by a licensed psychologist or other qualified mental health provider (as defined by applicable State and Federal law and scope of practice). Technician-administered and/or computer-assisted testing may be allowed under the direct supervision of a licensed psychologist or other qualified mental health provider. Neuropsychological testing must be supervised and interpreted by a licensed psychologist with specialization in neuropsychology
- The requested tests must have normative data and suitability for use with the member's age group, culture, primary language, and developmental level
- At the completion of the testing, a comprehensive report is generated that includes the tests used, scores, and an in-depth summary of the findings of the assessment
- The results of the proposed testing can reasonably be expected to contribute to the development and implementation of an individualized treatment plan

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., member 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, 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 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](https://www.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 individual'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 02/26/26.

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.
01/01/25	Scheduled review. Revised description and position statement. Updated references.
03/15/26	Position statements maintained.