



## **Neuropsychological Testing (Medical Benefit) Corporate Medical Policy**

**File name:** Neuropsychological Testing

**File Number:** UM.DIAG.04

**Origination:** 07/2011 (Replaces Neuropsychological Testing section of BCBSVT Policy on Neurodevelopmental Assessment & Neuropsychological Testing which is now an archived policy)

**Last Review:** 03/2014 (ICD-10 remediation only)

**Next Review:** 07/2013

**Effective Date:** 10/01/2012

### **Document Precedence**

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract language, the member's contract language takes precedence.

### **Description**

Neuropsychological testing (including higher cerebral function testing) consists of performing various tests as selected by a qualified neuropsychologist to diagnose certain neuropsychological deficits, determine the patient's prognosis, and assist with long-term rehabilitation planning. These batteries of tests are performed to determine cognitive deficits in communication, intellectual ability, perceptual-motor function, feelings and behavior and aid in identifying areas of brain damage and severity of impairment. The testing and findings are documented in a written report.

Testing batteries may include some of, or portions of, any of the following tests:

- Halstead-Reitan Neuropsychological Test Battery (HRNTB). This battery includes:
  - Category test
  - Tactual performance test
  - Tactile visuospatial performance and memory test
  - The rhythm test
  - Non-verbal auditory perception test
  - Speech sounds perception test
  - Finger tapping test
  - Motor speed test

- Trail making test
  - Aphasia screening test
- Wechsler Memory Scale (WMS-III Battery)
- Minnesota Multiphasic Personality Inventory (MMPI)
- Luria-Nebraska Neuropsychological Battery
- Wechsler Adult Intelligence Scale (WAIS-III Battery)
- Wisconsin Neuropsychology Test Battery
- Wisconsin Card Sorting Test (WCST)

While simple self-administered or self-scored inventories, or screening tests of cognitive function, such as the AIMS, Folstein Mini-Mental Status Exam, or similar tests may be included as part of an evaluation and management service, they do not qualify as and are not separately payable as neuropsychological testing modalities.

## Policy

Neuropsychological testing is considered **medically necessary** for conditions and clinical circumstances listed in the section “When service or procedure is covered”.

Neuropsychological testing for all other conditions is considered **experimental / investigational**.

### When service or procedure is covered

Neuropsychological Testing is covered under the medical benefit for the indications described below.

Neuropsychological testing may be indicated for patients with **known** brain damage, such as:

- Cerebrovascular disorders
- Most traumatic brain injuries, including concussion, diffuse axonal injury, brain contusions, hematomas, skull fractures, or seizures associated with traumatic injury
- Hydrocephalus
- Alzheimer’s disease
- Parkinson’s disease
- Demyelinating disorders including Multiple Sclerosis
- Huntington’s chorea
- Brain Tumor
- CNS Infections (e.g., brain abscess, herpes encephalitis, HIV infection, Lyme disease encephalopathy including neuroborreliosis)

Neuropsychological testing may be indicated for patients with a known **risk** for or suspected of having brain damage, such as:

- Change in level of consciousness in an auto accident victim
- Diminished concentration in a known head injury patient
- Chronic alcohol or drug abuse (see exclusions under “Benefit Application” section)
- Presence of behavioral changes in patients with systemic disease/illness associated with encephalopathic changes or that could affect blood flow to the brain (e.g.,

- endocrinopathies, metabolic or electrolyte disturbances, kidney, liver or pancreas disease, SLE, AIDS, Wernicke's encephalopathy, nutritional deficiencies, lead poisoning, vascular disease, cardiac disease).
- Attention deficit hyperactivity disorder or significant developmental delay when specific neurocognitive behavioral deficits related to the ADHD or developmental delay require evaluation and which are known or suspected to arise from an organic medical condition (brain injury or disease process, i.e., intractable seizure disorder, genetic disorder, inborn errors of metabolism)
- Neurotoxin exposure with either demonstrated serum levels of neurotoxins or documented significant prenatal alcohol, drug or toxin exposure.
- Seizure disorder in patients with epilepsy and in patients being considered for epilepsy surgery
- Cerebral anoxic or significant hypoxic episode

Neuropsychological testing may be indicated for patients when needed to make a differential diagnosis between psychogenic and neurogenic syndromes.

The length of the evaluation depends upon a number of factors. These include not only the nature of the specific diagnosis, but also the patient's level of impairment, motivation, endurance and ability to cooperate with examination requests. Typically, the test battery will require up to 8 hours to perform, including administration, scoring and interpretation. If testing time exceeds 8 hours, documentation which indicates the medical necessity for this extended testing may be requested.

Benefits are not provided for diagnostic or treatment services related to learning, curriculum planning, educational achievement or special education programs provided under the IDEA (IEP, IFSP) or 504 Plan\*, as these are the responsibility of the educational system.

\* IDEA - Individuals with Disabilities Education Act (IEP - Individual Education Plan, IFSP - Individual Family Service Plan); 504 Plan - Section 504 of Rehabilitation Act of 1973, an anti-discrimination act.

#### **When service or procedure is not covered**

Neuropsychologic Testing is not covered for conditions other than those described in this policy.

Neuropsychological or psychological testing beyond standardized parent interviews and direct, structured behavioral observation is rarely considered medically necessary for the diagnosis of pervasive developmental disorders and therefore is not covered in those conditions unless documentation is submitted which would establish medical necessity under those circumstances.

There is insufficient clinical evidence to demonstrate that the use of neuropsychological testing for patients with myocardial infarction, migraine headaches or intermittent explosive disorder without associated cognitive disorders can be used effectively for clinical decision making to improve patient management of those conditions.

Neuropsychological testing is considered not medically necessary for the diagnosis and management of persons with chronic fatigue syndrome.

Neuropsychological testing is not covered when:

1. The patient has a substance abuse background and any of the following circumstances are present:
  - The abuse is ongoing to such an extent that test results would be inaccurate;
  - The patient is currently intoxicated; or
  - The patient is not yet ten (10) or more days post-detoxification
2. When the patient is on certain daily medications that may confound interpretation of results, and drug effects have not been ruled out.

## **Administrative and Contractual Guidance**

### **Benefit Determination Guidance**

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Benefits for FEP members may vary. Please consult the FEP Service Plan Brochure.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through a self-funded (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's plan documents or contact the customer service department.

### **Billing and Coding/Physician Documentation Information**

Click the links below for attachments, coding tables & instructions.

[Attachment I- CPT Code Table & Policy Instructions](#)

[Attachment II- Eligible Diagnosis List \\*Primary and Secondary only diagnoses\\*](#)

### **Audit Information**

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances

of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

## Eligible Providers

Neurologists

Psychiatrists

Psychologists

## Related Policies

Autism Spectrum Disorder, Coverage of Services

Early Childhood Developmental Disorders

Pediatric Neurodevelopmental Testing

## Policy Implementation/Update information

07/2011	New Policy (Replaces Neuropsychological Testing section of BCBSVT Policy on Neurodevelopmental Assessment & Neuropsychological Testing which is now an archived policy) Coding is appropriate per Medical/Clinical Coder SAR
08/2012	Updated “Related Policies” section to include ECDD medical policy. Minor format changes. Cross referenced all CPT/HCPCS codes to ECDD medical policy. Deleted Dr. Sculimbrene’s name. RLJ.
03/2014	ICD-10 remediation only. RLJ.

## Scientific Background and Reference Resources

### Rationale:

In the 1996 American Academy of Neurology Technology Assessment on Neuropsychological Testing of Adults, the report concluded that “Most neuropsychological tests have established validity and reliability, and the information garnered from them can be regarded with confidence when the tests are administered using the prescribed method and interpreted by an individual with competence and experience”. These tests were developed to compare a single person’s results to a large general population normative sample in order to determine areas of organic brain impairment in conjunction with other clinical, imaging, physical examination and laboratory findings.

A search of the peer-reviewed literature was performed for the period of August 2007 through July 2011. Findings in the recent literature do not change the conclusions on the use of neuropsychological testing, therefore the above stated rationale remains valid.

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Approved by BCBSVT and TVHP Medical Directors

Date Approved

Spencer Borden, MD  
Chair, Medical Policy Committee

Robert Wheeler MD  
Chief Medical Officer

**Attachment I**  
**CPT Code Table & Policy Instructions**

Code Type	Number	Description	Policy Instructions
<b>The following codes will be considered as medically necessary when applicable criteria have been met.</b>			
CPT	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	
CPT	96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	

CPT	96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report	
CPT	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	(See <b>both</b> medical policies for Early Childhood Developmental Disorders and Autism Spectrum Disorder, Coverage of Services for restrictions)
CPT	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 administering tests to the patient and time interpreting these test results and preparing the report	
CPT	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	

CPT	96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	
CPT	96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	
Type of Service	Medicine		
Place of Service	Outpatient, Inpatient		

**Attachment II**  
[Click HERE for Applicable ICD \(diagnosis\) code list](#)