



Neuropsychological Testing for Non-Behavioral Health Diagnoses

Clinical Coverage Criteria

Overview

Neuropsychological testing is a sub-classification of psychological testing considered a well-established method in the evaluation of patients with cognitive or behavioral abnormalities.

Neuropsychological tests are evaluations designed to determine the functional consequences of known or suspected brain dysfunction through testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis.

These evaluations are requested for patients with a history of psychological, neurological or medical disorders known to impact cognitive or neurobehavioral functioning. The evaluations include a history of medical or neurological disorders compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations.

Policy

Fallon Health requires prior authorization for all Neuropsychological Testing. For a diagnosis related to behavioral health prior authorization and criteria can be obtained via Beacon Health Strategies. For any other diagnosis Fallon Health's Prior Authorization Department will review this request based on the below criteria, the request must be supported by the treating provider(s) medical records.

1. A comprehensive clinical Neurological evaluation performed within the past 12 months indicating a specific diagnosis and/or a course of treatment cannot be determined without further testing.
2. The evaluation must consider and rule out other possible causes of the neurological issues.
3. The clinical evaluation must support the testing will establish a diagnosis and have an impact on the clinical management of the member.

Exclusions

- Any Neuropsychological Testing performed which does not meet the above criteria.
- Testing for Educational or Vocational purposes.
- Testing performed as a primary or initial screening evaluation.

Codes

Code type	Code	Description
CPT	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

References

1. Wisconsin Physician Service Insurance Corporation Medicare Local Coverage Determination (LCD) L34646: Psychological and Neuropsychological Testing. Last Updated February 1, 2018
2. Banks. The role of neuropsychological testing and evaluation: when to refer. *Adolesc Med* 2002. 13(3):643-662
3. McCrory P, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport, Zurich, November 2012. *J Athl Train*. 2013 Jul-Aug; 48(4): 554-75.
4. Nathan PC, et al. Guidelines for identification of, advocacy for, and intervention in neurocognitive problems in survivors of childhood cancer: a report from the Children's Oncology Group. *Arch Pediatr Adolesc Med*. 2007 Aug; 161(8): 798-806.
5. Sbordone RJ. The hazards of strict reliance on neuropsychological tests. *Appl Neuropsychol Adult*. 2014;21(2):98-107. doi: 10.1080/09084282.2012.762630. Epub 2013 Jul 23.

6. Iverson GL, Schatz P. Advanced topics in neuropsychological assessment following sport-related concussion. *Brain Inj.* 2015;29(2):263-75. doi: 10.3109/02699052.2014.965214. Epub 2014 Oct 14.
7. Weakley A, Williams JA, Schmitter-Edgecombe M, Cook DJ. Neuropsychological test selection for cognitive impairment classification: A machine learning approach. *J Clin Exp Neuropsychol.* 2015 Nov;37(9):899-916. doi: 10.1080/13803395.2015.1067290.
8. Kontos AP, Sufrinko A, Womble M, Kegel N. Neuropsychological Assessment Following Concussion: an Evidence-Based Review of the Role of Neuropsychological Assessment Pre- and Post-Concussion. *Curr Pain Headache Rep.* 2016 Jun;20(6):38. doi: 10.1007/s11916-016-0571-y.
9. Jansen WJ, Handels RL, Visser PJ, et al. The Diagnostic and Prognostic Value of Neuropsychological Assessment in Memory Clinic Patients. *J Alzheimers Dis.* 2016 Oct 4. [Epub ahead of print]
10. Schaefer LA, Meager MR. Neuropsychological Assessment. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2018-.2018 Jul 10

Policy History

Origination date: 11/01/2014
 Approval(s): Technology Assessment Committee: 10/22/2014 (new policy), 10/28/2015 (updated references), 10/26/2016 (updated references), 10/25/2017 (updated references), 10/11/2018 (updated references), 03/01/2019 (added new codes, policy not reviewed via committee)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.