Behavioral Health Policy
Neuropsychological Testing

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 039
BCBSA Reference Number: NA
NCD/LCD:
Local Coverage Determination (LCD): Psychiatric Partial Hospitalization Programs (L33626)
Local Coverage Determination (LCD): Psychological and Neuropsychological Testing (L34646)

Related Policies
Psychological Testing #363

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Neuropsychological testing is MEDICALLY NECESSARY when conditions are met using McKesson InterQual® criteria for medical necessity reviews.

Neuropsychological testing for Attention Deficit Hyperactivity Disorder (ADHD) is MEDICALLY NECESSARY only when there is a well-documented problem of differential diagnosis for which this testing can offer a clear resolution.

Neuropsychological testing for the routine diagnosis of ADHD is NOT MEDICALLY NECESSARY.

Neuropsychological testing when it is performed primarily for educational or vocational purposes or to determine eligibility for special needs programs is not a covered benefit.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the links below.

Local Coverage Determination (LCD): Psychiatric Partial Hospitalization Programs (L33626)

Local Coverage Determination (LCD): Psychological and Neuropsychological Testing (L34646)
For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website for information regarding your specific jurisdiction at https://www.cms.gov.

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>Yes</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>No</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>No</td>
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</tbody>
</table>

BCBSMA uses McKesson’s InterQual® medical necessity criteria TO INFORM authorization decisions. To access InterQual® Behavioral Health and Medical/Surgical Level of Care Criteria: log onto www.bluecrossma.com/provider and go to Manage Your Business>Medical Review Resources.

**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

**NOTE:** Neuropsychological testing is payable to providers of the following specialties only: specialty 13-Neurology, specialty 17- Pediatric Neurology, specialty 23- Child Psychiatry, specialty 26- Psychiatry, specialty 68-Psychologist, specialty 58-Developmental Behavioral Pediatrics.

**NOTE:** Computer-based tests which auto-generate a score are not separately reimbursable. Reimbursement for these components is included in the codes for comprehensive testing and evaluation.

- Providers who are credentialed to perform comprehensive neuropsychological testing may use computer-based testing as part of the comprehensive evaluation and submit the appropriate neuropsychological evaluation CPT codes.
- Providers who are not credentialed to perform comprehensive neuropsychological testing may use computer-based testing. In these situations, reimbursement for computer-based testing used as part of the evaluation is included in the evaluation and management CPT codes.

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>96118</td>
<td>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</td>
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<tr>
<td>96119</td>
<td>Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health</td>
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</tbody>
</table>
Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

**Description**

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

These tests are carried out on patients who have suffered neurocognitive effects of medical disorders that impinge directly or indirectly on the brain. They are objective and quantitative in nature and require patients to directly demonstrate their level of competence in a particular cognitive domain. They are not a substitution for clinical interviews, medical or neurologic examinations, or other diagnostic procedures used to diagnose neuropathology. Rather, when used judiciously in patients with particular neuropsychologic problems, they can be an important tool in making specific diagnoses or prognoses after neurologic injury, to aid in treatment planning, and to address questions regarding treatment goals, efficacy, and patient disposition.

Neuropsychological testing requires the skilled administration of appropriate tests, the scoring and interpretation of these tests, the integration of findings with history and clinical presentation, and the presentation and discussion of the results with the patient (and sometimes family) and the referring professional.

**Summary**

Neuropsychological testing is the systematic examination of functioning in the areas of attention and concentration, memory, language, spatial skills, sensory and motor abilities, and executive functioning. Emotional status and psychological contributions to performance on testing are considered as relevant. Neuropsychological testing requires the skilled administration of appropriate tests, the scoring and interpretation of those tests, the integration of these findings with history and clinical presentation and the presentation and discussion of the results with the patient (and sometimes family) and the referring professional. The immediate goal of the neuropsychological testing may be clarification of diagnosis, determination of the clinical and functional significance of a brain abnormality, development of recommendations regarding neurological rehabilitation planning, and/or numerous other goals; but it is always for the purpose of helping to shape treatment.

**Policy History**

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<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>12/2017</td>
<td>Prior authorization information for Medicare HMO Blue clarified.</td>
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<tr>
<td></td>
<td>12/1/2017 Prior authorization information for Medicare HMO Blue clarified. 12/1/2017</td>
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<tr>
<td>8/2017</td>
<td>Local Coverage Determination (LCD): Psychological and Neuropsychological Testing (L34646) added for Medicare Advantage members. 8/2017</td>
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<tr>
<td>8/2015</td>
<td>Added coding language.</td>
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<tr>
<td></td>
<td>No changes to policy statements.</td>
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<td>No changes to policy statements.</td>
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7/1/2009  Updated to remove prior authorization requirement for PPO products, and to clarify prior authorization is not required for Indemnity and PPO products, effective 7/1/2009.


Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

Selected References
5. Elishorst et al. Postoperative memory prediction in left temporal lobe epilepsy: the Wada test is of no added value to preoperative neuropsychological assessment and MRI. Epilepsy Behav 2009. 16(2): 335-340. (III)

A full set of references is available on request.