

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Neuropsychological and Psychological Testing

Table of Contents

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

Policy Number: 151

BCBSA Reference Number: N/A

NCD/LCD: N/A

Local Coverage Determination (LCD): Psychological and Neuropsychological Testing (L34646)

Related Policies

N/A

Policvⁱ

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

Neuropsychological Testing

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

Neuropsychological testing for Attention Deficit Hyperactivity Disorder (ADHD) may be **MEDICALLY NECESSARY** for the following:

- when routine treatment for ADHD has not improved patient outcomes and there is well documented evidence of treatment failure, and
- when psychological testing has been completed and further clinical information is needed to rule out a medical or psychiatric diagnosis.

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.

Psychological Testing

Psychological testing may be **MEDICALLY NECESSARY** for any of the following:

Thought disorders: To rule in or rule out the presence of a thought disorder or other serious psychiatric diagnosis in order to:

- Clarify major defenses, cognitive style, and individual's strengths and weaknesses, or
- Individualize treatment plans and recommendations, such as the need for additions/deletions of treatment modalities or approaches.

Psychiatric diagnosis: To make a psychiatric diagnosis which a provider has been unable to make by other methods (such as a second opinion interview) so as to:

- Improve and individualize treatment planning, or
- Better understand and manage a case nonresponsive to treatment.

Refractory global life dysfunction: Personality assessment may be particularly indicated when an individual is markedly dysfunctional in multiple areas of life (such as school, work, neighborhood, family, legal system) and has inadequately responded to previous interventions.

Danger assessment: To assess how dangerous a situation is, if a patient is suicidal or homicidal, or when the clinical assessment interview has been unsuccessful.

Psychological testing for educational or vocational purposes is NOT MEDICALLY NECESSARY.

Psychological testing is <u>NOT MEDICALLY NECESSARY</u> when testing has been performed in the last 12 months. However, in some cases, a retesting in a six to 12-month period may be clinically indicated, such as assessment of the following:

- · Rapid changes, often decrements, in cognitive functioning,
- · Changes concomitant with medication changes, or
- Changes in a severely disturbed individual, for these cases, a partial battery may be sufficient.

Note: Psychological testing is payable to the following providers types only: psychiatry-specialty 26, psychologist-specialty 68, child psychiatry-specialty 23, and psychiatry/neurology-specialty 27.

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 link below.

Local Coverage Determinations (LCDs) for National Government Services. Inc.

Local Coverage Determination (LCD): Psychological and Neuropsychological Testing (L34646)

Note: To review the specific LCD, please remember to click "accept" on the CMS licensing agreement at the bottom of the CMS webpage.

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 at https://www.cms.gov for information regarding your specific jurisdiction.

Prior Authorization Information

Inpatient

• For services described in this policy, precertification/preauthorization <u>IS REQUIRED</u> for all products if the procedure is performed **inpatient**.

Outpatient

• For services described in this policy, see below for products where prior authorization <u>might be</u> <u>required</u> if the procedure is performed <u>outpatient</u>.

Prior Authorization Requirements for Neuropsychological Testing

	Outpatient			
Commercial Managed Care (HMO and POS)	Prior authorization is required .			
	Psychological and Neuropsychological Assessment			
	Supplemental Form			
Commercial PPO and Indemnity	Prior authorization is not required .			
Medicare HMO Blue SM	Prior authorization is not required .			
Medicare PPO Blue SM	Prior authorization is not required .			

BCBSMA uses McKesson's InterQual® medical necessity criteria for neuropsychological testing 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.

Prior Authorization Requirements for Psychological Testing

	i sychological resting			
	Outpatient			
Commercial Managed Care (HMO and POS)	Prior authorization is required.			
	Providers must submit the following form:			
	Psychological and Neuropsychological Assessment			
	Supplemental Form			
Commercial PPO and Indemnity	Prior authorization is not required.			
Medicare HMO BlueSM	Prior authorization is not required.			
Medicare PPO BlueSM	Prior authorization is not required.			

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 <u>medical necessity criteria MUST</u> 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

CPT codes:	Code Description
96130	Psychological 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).
96131	Psychological 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).
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).
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).

The following codes do not require separate prior authorization but should only be used in conjunction with the codes in the table above:

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)

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 neuropsychological 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.

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.

Psychological testing uses one or more standardized measurements, instruments, or procedures to observe or record human behavior and requires the application of appropriate normative data for interpretation or classification. Psychological testing may guide differential diagnosis in the treatment of

psychiatric disorders and disabilities. Testing may include an assessment of cognitive and intellectual abilities, personality and emotional characteristics and neuropsychological functioning. The primary reason for psychological testing is to facilitate the assessment and treatment of mental health and substance abuse disorders.

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.

Psychological evaluations are designed to rule in or rule out the presence of thought disorders, support psychiatric diagnosis, refractory global life dysfunction assessments and dangerousness assessments when the outcomes of clinical assessment interviews have been unsuccessful.

Psychological evaluations are carried out on patients who may be displaying marked behavioral difficulties or changes and to identify cognitive functioning to improve individualized treatment planning or to understand a nonresponse to treatment.

Policy History

Date	Action
3/22/19	Prior authorization requirement for Medicare HMO Blue clarified. Effective 1/1/19.
1/2019	New medical policy describing medically necessary and investigational indications for psychological and neuropsychological testing.

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

- 1. American Psychiatric Association. Practice guideline for psychiatric evaluation of adults, second edition. In: American Psychiatric Association practice guidelines for the treatment of psychiatric disorders. Washington: American Psychiatric Association; 2006: 1-64. (IV)
- 2. Baldwin and Farias. Neuropsychological assessment in the diagnosis of Alzheimer's disease. Curr Protoc Neurosci 2009. Chapter 10: Unit 13. (V)
- 3. Binder et al. A review of mild head trauma. Part I: Meta-analytic review of neuropsychological studies. J Clin Exp Neuropsychol 1997. 19(3):421-31. (I)
- 4. Dalla Barba et al. Neuropsychological examination in dementia. Handb Clin Neurol 2008. 89:15-33. (v)
- 5. Elshorst 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)
- 6. Johnson. The Neuropsychology of multiple sclerosis. Dis Mon 2007. 53(3):172-176. (V)

- 7. Russell et al. The fundamental psychometric status of neuropsychological batteries. Arch Clin Neuropsychol 2005. 20(6):785-794. (V)
- 8. Weintraub et al. The Alzheimer's of Disease Centers' Uniform Data Set (UDS): the neuropsychological test battery. Alzheimer Dis Assoc Disord 2009. 23(2): 91-101. (V)
- 9. Banks. The role of neuropsychological testing and evaluation: when to refer. Adolesc Med 2002. 13(3):643-662. (V)
- 10. Dodrill. Neuropsychological effects of seizures. Epilepsy Behav 2004. 5(Suppl 1):S21-24. (I)
- 11. Heilbronner et al. Official position of the American Academy of Clinical Neuropsychological on serial neuropsychological assessments: the utility and challenges of repeat test administrations in clinical and forensic contexts. Clin Neuropsychol 2010. 24(8):1267-78. (V)
- 12. Kane. The role of pediatric neuropsychological assessment in primary care practice. Dis Mon 2007.
- 13. Reitan and Wolfson. Serial testing of older children as basis for recommending comprehensive neuropsychological evaluation. Appl Neuropsycho 2008. 15(1):11-20. (III)
- 14. Russell et al. The fundamental psychometric status of neuropsychology batteries Arch Clin Neuropsychol 2005. 20(6):785-794. (V)
- 15. Davidson et al. Evaluation of techniques for assessing neurobehavioral development in children Neurotoxicology 200.21(6):957-972. (V)
- 16. Korkman et al. Neurocognitive test profiles of extremely low birth weight five-year-old-children differ according to neuromotor status. Day Neuropsychol 2008. 33(5):637-55. (III)
- 17. Nelson and Fisher. Neuropsychological evaluation of the child with epilepsy. Dis Mon 2007. 53(3):162-168. (V)
- 18. Anastasi, A., 1988 Psychological Testing, 6th ed. N.Y. Macmillan.
- 19. Butler, R.W.et al p.19 Psychological Assessment of Adults and Children in Kaplan, H.I. and Sadock, B.J. eds., Comprehensive Textbook of Psychiatry, vol. 1 15th edition.
- 20. Kleban, M., Abright, R. A. Specific Learning Disabilities and Difficulties in Children and Adolescents: Psychological Assessment and Evaluation. February 2003. 54(2). P. 262. https://doi.org/10.1176/appi.ps.54.2.262
- 21. Recent Advances in Diagnostic Psychological Testing: A Critical Summary. JAMA. 1951;145(2):125. doi:10.1001/jama.1951.02920200065039 https://jamanetwork.com/journals/jama/article-abstract/309055?resultClick=1&redirect=true
- 22. Diagnostic Psychological Testing: The Theory, Statistical Evaluation, and Diagnostic Application of a Battery of Tests. Volume II. JAMA. 1947,133(1):71. doi:10.1001/jama.1947.02880010073023. https://jamanetwork.com/journals/jama/article-abstract/290803?redirect=true
- 23. Halperin, J., McKay, K. Psychological Testing for Child and Adolescent Psychiatrists: A Review of the Past 10 Years. June 1998. 37(6). 575-584. DOI: https://doi.org/10.1097/00004583-199806000-00007
- 24. Rootes, M. The Interpretation of Psychological Tests. December 1968. Archives of General Psychiatry. 1968;19(6):759-760. doi:10.1001/archpsyc.1968.01740120119017 https://jamanetwork.com/journals/jamapsychiatry/article-abstract/489851?redirect=true
- 25. Piotrowski, C., Keller, J. W. (1989). Psychological testing in outpatient mental health facilities: A national study. *Professional Psychology: Research and Practice, 20*(6), 423-425. http://dx.doi.org/10.1037/0735-7028.20.6.423
- 26. Meyer, J.G., Finn, S., Eyde, S. Psychological testing and psychological assessment: A review of evidence and issues. American Psychologist, Vol 56(2), Feb 2001, 128-165.
- 27. Hunsley, J., Meyer, J.G. The Incremental Validity of Psychological Testing and Assessment: Conceptual, Methodological, and Statistical Issues. Psychological Assessment, Vol 15(4), Dec 2003, 446-455.

			available		

Endnotes							
Based on expert opinion							