

Department:	Medical Management	Original Approval:	12/09/2015
Policy #:	MM129	Last Approval:	01/23/2019
Title:	Neuropsychological Testing		
Approved By:	UM Committee		

BACKGROUND

Most diagnostic questions related to cognitive and behavioral concerns or psychiatric conditions can be answered by a combination of psychological (not neuropsychological) testing, neurologic consultation, psychiatric/diagnostic interview, observation in therapy or assessment for required services at a mental health or substance abuse facility. This includes assessment for treatment planning when multiple regimens have been ineffective. Pre-operative evaluations for procedures not involving the brain directly can generally be accomplished with psychological testing only. Early or serial assessments of Mild Traumatic Brain Injury can be done using psychological testing only.

There remain specific conditions in which formal neuropsychological testing may be appropriate.

These include:

- Peri-operative (pre- and post-) evaluation for deep brain stimulation for Parkinson’s Disease
- Clarification of diagnosis or functional status in a patient with persisting cognitive, memory and behavioral concerns and complete work-up as above is inconclusive or medical co-morbidities are complicating the assessment.

DEFINITIONS

Neuropsychological Testing is a comprehensive assessment of cognitive processes to aid in the evaluation of neurological or neurodevelopmental disorders, and in understanding the etiology and evolution of a disorder. To understand cognitive strengths and weaknesses, neuropsychological testing evaluates: Attention and concentration, Verbal and visual memory, Auditory and visual processing, Visual-spatial functioning, Language and Reading skills, Sensory Development and Sensory Integration, Gross and fine motor development, Social Skill Development, and Executive Functioning.

INDICATIONS/CRITERIA FOR PATIENTS AGE 21 AND OLDER

A PA request for neuropsychological testing (CPT® codes **96118 and 96119**) of adults and children, who are not in school, requires **all** of the following information:

- The client’s current diagnoses
- Copies of psychological testing and other assessments already completed
- Documentation of the provider’s review of reports produced by the testing

- An explanation detailing the essential medical knowledge that is expected to be gained from psychological testing
- Specific details documenting how the results of psychological testing will improve the day-to-day care of this client
- Client is not involved in active substance use, in withdrawal, or in recovery from recent chronic use (should be abstinent for at least one month)

Neuropsychological testing can be considered medically necessary for the following 2 groups of patients:

Rehabilitation patients:

All of the following must be met:

- The patient to be evaluated has, or is suspected to have, an acquired injury to the brain as a result of traumatic brain injury, stroke, multiple sclerosis, aneurysm, anoxia, hypoxia, dementia, neoplasm, or chemotherapy.
- The patient is age 16 or older.
- The patient was functioning normally (was able to attend school, work competitively, or live independently) prior to the brain disorder.
- **The patient has potential to return to important areas of role functioning (e.g., work, school, or independent living).**
- Testing will be used only in conjunction with functionally based rehabilitation, **not** “cognitive” rehabilitation.

Peri-operative assessment:

The client is undergoing brain surgery for epilepsy, a tumor, or Parkinson’s disease, and neuropsychological testing may help with either of the following:

- Guide the surgeon in the goal of sparing healthy brain tissue and sites that are critical to some major function such as language

Identify poor candidates for neurological surgery due to dementia (e.g., in cases where deep brain stimulation implants are being considered to manage intractable tumors).

INDICATIONS/CRITERIA FOR PATIENTS AGE 0-21ST BIRTHDAY

For children who attend school:

Children for whom neuropsychological testing is being considered may be eligible for testing through the school district, especially if there are concerns about learning, behavioral, and/or

emotional disorders possibly interfering with any aspect of schooling. If this is the case, parents should request in writing that the school district assess whether their child qualifies for an Individualized Education Plan (IEP). This will help ensure that test results are incorporated into the child's school and education plan. If a child already has an IEP or previous testing, they should be reviewed by the family and neuropsychologist before requesting neuropsychological testing. A prior authorization (PA) request for **neuropsychological** testing of children requires a detailed review of the individualized education plan (IEP) outlining all of the following:

- The specific clinical issues in the IEP that have not been sufficiently addressed
- The aspects of the child's rehabilitation that are not improving
- Specific additional benefits that **neuropsychological** testing will provide the client, describing what the IEP is already addressing, and how the proposed testing will improve the treatment plan
- Other psychological testing that has been done
- Relevant consultations from psychiatrists, neurologists, developmental pediatricians, etc.
- Client is not involved in active substance use, in withdrawal, or in recovery from recent chronic use (should be abstinent for at least one month)

For children who are not in school, see under adult PA specifications above.

LIMITATIONS AND EXCLUSIONS FOR WA Apple Health:

Neuropsychological testing for WA Apple Health enrollees can be approved only when provided by a WA licensed psychologist or clinical neuropsychologist.

Coverage for 96118 and 96119 is limited for WA Apple Health Enrollees to 15 units for any of these codes combined in a calendar year.

MEDICAREADVANTAGE

Medicare covers neuropsychological testing.

Per Chapter 15 Section 80.2 of the Medicare Benefits Policy Manual, testing is covered when performed by the types of providers and under the conditions specified.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON HEALTH PROGRAM	http://chpw.org/our-plans/apple-health/

Citations & References

CFR		
WAC		
RCW		
Contract Citation	<input checked="" type="checkbox"/> WAH	17.1.13 Outpatient Mental Health
	<input type="checkbox"/> IMC	
	<input checked="" type="checkbox"/> MA	
Other Requirements		
NCQA Elements		
References	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svc-bi-20180101.pdf	

Revision History

Revision Date	Revision Description	Revision Made By
12/03/2015	Initial policy developed	Kate Brostoff MD
12/09/2015	Approval	MMLT
12/16/2016	No changes	Cyndi Stilson, RN
01/26/2017	Approval	MMLT
01/16/2018	Links updated. This CCC was previously a UM Policy but was converted into MM Clinical Coverage Criteria.	LuAnn Chen, MD

02/09/2018	Approval	MMLT
08/27/2018	Added exclusion for active substance use, active withdrawal, and recent chronic use	Terry Lee, MD
01/03/19	Added language suggesting parents consider requesting testing through the school district; and emphasizing that previous IEP and testing must be reviewed prior to requesting neuropsychological testing.	Terry Lee, MD
01/23/19	Approval	UM Committee