

<b>Department:</b>	Medical Management	<b>Original Approval:</b>	12/09/2015
<b>Policy No:</b>	MM129	<b>Last Approval:</b>	03/06/2026
<b>Policy Title:</b>	Neuropsychological Testing Clinical Coverage Criteria		
<b>Approved By:</b>	UM Criteria Subcommittee		
<b>Applicable Line(s) of Business:</b>	<input checked="" type="checkbox"/> <b>Washington Apple Health (Medicaid)</b> <input checked="" type="checkbox"/> <b>Behavioral Health Services Only</b> <input type="checkbox"/> <b>Apple Health Expansion</b> <input type="checkbox"/> <b>State Medicaid Agency Contract (SMAC)</b> <input type="checkbox"/> <b>Health Homes</b> <input checked="" type="checkbox"/> <b>Medicare Advantage/Special Needs Plan</b> <input checked="" type="checkbox"/> <b>Cascade Select</b>		

This policy refers to the use of neuropsychological testing for Apple Health Integrated Managed Care (AH-IMC), Behavioral Health Services Only (BHSO), and Individual & Family (Cascade Select).

For Medicare members, [CMS Local Coverage Determination \(LCD\) L34646 is used for coverage determination for Neuropsychological Testing.](#)

### Required Clinical Documentation for Review

A request for neuropsychological testing for adults and children (AH-IMC, BHSO, and Cascade Select Members) requires all the following documentation:

1. The client's current diagnoses
2. Copies of psychological testing and other assessments already completed
3. Documentation of the provider's review of reports produced by the previous testing
4. An explanation detailing the essential medical knowledge that is expected to be gained from neuropsychological testing
5. Specific details documenting how the results of neuropsychological testing will improve the day-to-day care of this client
6. Documentation showing that the 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)

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For individuals ages 0-20 years who are in school it is required to submit the above information as well as the Individualized Education Plan (IEP), if there is one, and documentation outlining all the following:

1. Explanation of the specific clinical issues in the IEP that have not been sufficiently addressed
2. The aspects of the child's rehabilitation that are not improving
3. 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
4. Relevant consultations from psychiatrists, neurologists, developmental pediatricians, and other specialists who have evaluated the patient.
5. Details of any specific needs related to risk/trauma/cultural etc.
6. If the child does not have an IEP parents/caregivers/guardians must first seek testing from the school district if request is evaluating for learning disorders and/or cognitive functioning, to better integrate tests results into the youth's education plan.

## **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, or observation in therapy. 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.

Equity considerations: Many standardized testing instruments were normed on White, English-speaking populations and lack meaningful translation; This poses a risk of misdiagnosis and test inaccuracy in racially minoritized groups. Interpreters who have familiarity with testing protocols should be used to prevent invalidating results.

## **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

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Development and Sensory Integration, Gross and fine motor development, Social Skill Development, and Executive Functioning.

The appropriate CPT® codes for Neuropsychological Testing include:

- A. 96105: Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, such as, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- B. 96116: Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, [such as, acquired knowledge, attention, language, memory, planning, and problem solving, and visual spatial abilities]), both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
- C. 96121: Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, [such as, acquired knowledge, attention, language, memory, planning, and problem solving, and visual spatial abilities]), both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
- D. 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
- E. 96132: Neuropsychological testing evaluation services, 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
- F. 96133: Neuropsychological testing evaluation services, 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)
- G. 96136: Psychological or neuropsychological test administration and scoring, two or more tests, any method; first 30 minutes
- H. 96137: Psychological or neuropsychological test administration and scoring, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
- I. 96138: Psychological or neuropsychological test administration and scoring by qualified provider, two or more tests, any method; first 30 minutes

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- J. 96139: Psychological or neuropsychological test administration and scoring by qualified provider, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
- K. 96146: Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

## **Indications/Criteria**

### **For Medicare Members:**

The most current version of CMS Local Coverage Determination (LCD) L34646 is used to determine medical necessity for neuropsychological testing.

### **For AH-IMC, CHPW BHSO, and CHNW Cascade Select Members:**

**The criteria for Neuropsychological testing include general criteria that apply to all patients and specific additional criteria that apply to the five diagnosis/condition groups that could be appropriately investigated with Neuropsychological testing:** rehabilitation patients; patients with suspected organic brain syndrome; patients undergoing perioperative assessment for brain surgery; patients being evaluated for transplant or other surgery with rigorous postoperative medical treatment; and individuals with a suspected learning disability. For a specific request, all the general criteria must be met and all the criteria for the diagnosis/condition group must also be met for Neuropsychological testing to be medically necessary.

**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. Public school districts also provide testing to children not enrolled in the public-school district, including to children who are home-schooled or enrolled in private schools that do not offer testing.

**All the following general criteria are required for Neuropsychological testing to be medically necessary:**

- A. The client's cognitive deficits, mental status abnormality, behavioral change, or memory loss symptoms require quantification, monitoring of change, differentiation of cause

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(such as, organic cognitive vs psychiatric disease), or confirmation of diagnosis which will change the treatment plan.

- B. Cognitive screens (such as the Montreal Cognitive Assessment or Folstein Mini-Mental Status Exam (MMSE)) have been administered and suggest significant cognitive impairment
- C.
- D. Reversible medical causes of the condition have been excluded
- E. Essential medical knowledge that cannot be obtained from psychological evaluation or observation of response to treatment is expected to be gained from neuropsychological testing
- F. Documentation clearly shows how the results of neuropsychological testing will determine the treatment plan, rehabilitation plan, or management strategies to improve the day-to-day care of this client
- G. The client is not involved in active substance use, is not in withdrawal from substances, or in recovery from recent chronic substance use (should be abstinent for at least one month)

**In addition to the general criteria, the client is in one of the following five groups and meets the specific medical necessity criteria that group:**

**Group 1: Rehabilitation patients. All of the following criteria must be met:**

- a. The patient to be evaluated has, or is suspected to have, an acquired injury to the brain (such as traumatic brain injury, stroke, multiple sclerosis, aneurysm, anoxia, hypoxia, neoplasm, toxic exposure, brain surgery, infection-associated cognitive disorder, or toxic effects of chemotherapy or radiation therapy)
- b. The patient is age 20 years or older
- c. The patient was functioning normally (was able to attend school, work competitively, or live independently) prior to the brain injury
- d. The patient has potential to return to important areas of role functioning (e.g., work, school, or independent living)
- e. Testing will be used only in conjunction with functionally based rehabilitation, not “cognitive” rehabilitation.

**Group 2: Suspected organic brain condition such as multiple sclerosis or dementia  
The following three criteria must be met:**

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- a. The client is suspected to have a diagnosis of an organic brain condition based on one of the following:
  - i. Client or family complaints
  - ii. A head CT (computed tomography scan)
  - iii. A mental status examination or other medical examination
- b. This suspected diagnosis is not confirmed or able to be differentiated from the following:
  - i. Normal aging
  - ii. Mild concussion
  - iii. Depression
  - iv. Focal neurological impairments
- c. A firm diagnosis would change the medical treatment plan, clinical management, or aid important client or family decisions

**Group 3: Individuals undergoing brain surgery for epilepsy, tumor, Parkinson’s disease, or other, and neuropsychological testing may help with either of the following:**

- a. Guide the surgeon in the goal of sparing healthy brain tissue and sites that are critical to some major function, such as language
- b. Identification of poor candidates for neurological surgery due to dementia (e.g., in cases where deep brain stimulation implants are being considered to manage intractable tumors).

**Group 4: Individuals being considered for transplant or other surgery with a rigorous post-operative medication regimen:**

- a. Neuropsychological testing needed to identify if a client is a poor candidate for surgery (for example, in cases where cognitive impairment from chronic hypoxia or other risk factors make it unlikely that the person can accurately follow a rigorous post-transplant protocol to prevent organ rejection)

**Group 5: Individuals with unexplained cognitive or functional deficits. All the following are required:**

- a. The client has one of the following conditions:
  - i. Learning disability not explained by other testing, or
  - ii. Developmental delay not explained by other testing

- b. Consultations from psychiatrists, neurologists, developmental pediatricians, and other specialists who have evaluated the patient have not provided the necessary information to formulate a treatment plan for the patient
- c. Significant aspects of the client's rehabilitation are not improving

### **Special Considerations**

None.

### **Limitations/Exclusions**

**Neuropsychological testing is considered not medically necessary when:**

- a. The patient is not neurologically and cognitively able to participate in a meaningful way in the testing process, or
- b. Used as screening tests given to the individual or to general populations or
- c. Administered for educational or vocational purposes that do not establish medical management, or
- d. Performed when abnormalities of brain function are not suspected, or
- e. Repeated when not required for medical decision-making (such as, making a diagnosis or deciding whether to start or continue a particular rehabilitative or pharmacologic therapy), or
- f. Administered when the patient has a substance use disorder background and any of the following apply:
  - i. The patient has ongoing substance use such that test results would be inaccurate, or
  - ii. The patient is currently intoxicated, or
- g. The patient has been diagnosed previously with chronic, degenerative, brain dysfunction, (such as Alzheimer's disease) and there is no expectation that the testing would impact the patient's medical management
- h. The test is being given solely as a screening test for Alzheimer's disease

**Neuropsychological testing benefit is limited for AH-IMC, BHSO, and Cascade Select members to 15 units for combined neurological testing codes in a calendar year.**

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Please see link to member coverage documents below:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	<a href="https://medicare.chpw.org/">https://medicare.chpw.org/</a> Select the appropriate plan from the “Plans” drop down on the top navigation bar.
Apple Health	<a href="https://www.chpw.org/for-members/benefits-and-coverage-imc/">https://www.chpw.org/for-members/benefits-and-coverage-imc/</a>
Individual & Family (Cascade Select)	<a href="https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/">https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/</a>

## List of Appendices

None.

## Citations & References

<b>CFR</b>		
<b>WAC</b>		
<b>Line of Business and Contract Citation</b>	<input checked="" type="checkbox"/> <b>WAHIMC</b>	IMC Section 1.200: Medically Necessary; IMC Section 2.6.1.31: Outpatient Mental Health Services; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination
	<input checked="" type="checkbox"/> <b>BHSO</b>	WrapAround Section 10.1: Utilization Management Requirements; WrapAround Section 13.1: Scope of Services
	<input checked="" type="checkbox"/> <b>MA</b>	Medicare Managed Care Manual (MMCM) CH 4 Benefits & Beneficiary Protections Section 110.1.1 and 40.1.1; Part C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance Section 10.4.2
	<input checked="" type="checkbox"/> <b>CS</b>	P&P supports all LOB requirements
<b>Other Requirements</b>		
<b>NCQA Elements</b>		
<b>References</b>	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>  <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34646">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34646</a>	

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	<a href="https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20260101.pdf">https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20260101.pdf</a>
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### 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
01/03/2019	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
01/23/2019	Approval	UM Committee
03/15/2019	Modified Neuropsychological Testing CPT Codes	Terry Lee, MD
03/25/2019	Approval	UM Committee
06/30/2019	Addition of two more groups that may be appropriate for neuropsychological testing and clarification of criteria. Required documentation separated out from the criteria, Change in age for rehabilitation criteria. Clarified the role of school testing and IEP.	LuAnn Chen, MD
07/24/2019	Approval	UM Behavioral Health Committee
02/12/2020	WAH-IMC and MA Contract Citations updated	LuAnn Chen, MD
6/30/2020	Clarified parents/guardians must first seek testing from school district if request is to evaluate for learning disorders or cognitive functioning	Terry Lee, MD

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07/17/2020	Approval	UM Behavioral Health Subcommittee
08/21/2020	Added criteria and citations for CHPW BHSO and CHNW Cascade Select.	LuAnn Chen, MD
09/25/2020	Approval	UM BH Subcommittee
07/30/2021	Minor edits	Tawnya Christiansen, MD
09/07/2021	Approval	UM Behavioral Health Subcommittee
08/01/2022	Minor edits	Tawnya Christiansen, MD
08/02/2022	Approval	UM BH Subcommittee
06/27/2023	Updated provider criteria for WAHIMC, BHSO, Cascade Select to reflect current SERI language. Minor updates to criteria to reflect differences between LCD and SERI criteria. Updated reference links/ added LCD link. Small grammatical edits.	Tawnya Christiansen, MD
07/10/2023	Approval	UM BH Subcommittee
05/06/2024	Separated coverage criteria for Medicare to redirect to LCD. Minor edits.	Tawnya Christiansen, MD
05/15/2024	Redirected to LCD for Medicare, updated CCC to align with HCA billing guide, updated billing guide link, edits to reduce redundancy	Tawnya Christiansen, MD
06/12/2024	Approval	UM Criteria Subcommittee
04/02/2025	Minor edits, updated billing guide link	Tawnya Christiansen, MD
04/09/2025	Approval	UM Criteria Subcommittee
03/02/2026	Reintroduced deleted criterion for cognitive screener; Added equity considerations; Updated billing guide link	Tawnya Christiansen, MD
03/06/2026	Approval	UM Criteria Subcommittee

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