



Medicare Part C Medical Coverage Policy

Neuropsychological Testing

Origination: September 19, 2001

Review Date: December 15, 2021

Next Review: December, 2023

DESCRIPTION OF PROCEDURE OR SERVICE

Neuropsychological tests are evaluations designed to determine the functional consequences of known or suspected brain dysfunction through testing of neurocognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and three dimensional manipulation (constructional praxis).

These evaluations are requested for members with a history of psychological, neurologic 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, such as, congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development, as well as 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 STATEMENT

Coverage will be provided for neuropsychological testing when it is determined to be medically necessary to assess members who are neurologically and cognitively able to participate in a meaningful way with the requirements necessary to successfully perform these tests as outlined in the below guidelines and medical criteria.

BENEFIT APPLICATION

Please refer to the member's individual Evidence of Coverage (EOC) for benefit determination. Coverage will be approved according to the EOC limitations if the criteria are met.

Coverage decisions will be made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCDs);
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (EOC), the EOC always governs the determination of benefits.

INDICATIONS FOR COVERAGE

A. Preauthorization by the Plan is required;

AND

B. Neuropsychological testing must be performed by a participating provider licensed to perform these services;

AND

**C. Neuropsychological testing is considered medically necessary for the following indications:
(Includes CPT code 96116)**

1. When there are mild deficits on standard mental status testing or clinical interview, and a neuropsychological assessment is needed to establish the presence of abnormalities or distinguish them from changes that may occur with normal aging, or the expected progression of other disease processes;

OR

2. When neuropsychological data can be combined with clinical, laboratory, and neuroimaging data to assist in establishing a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning;

OR

3. When there is a need to quantify cognitive or behavioral deficits related to CNS impairment, especially when the information will be useful in determining a prognosis or informing treatment planning by determining the rate of disease progression;

OR

4. When there is a need for a pre-surgical or treatment-related cognitive evaluation to determine whether it would be safe to proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell transplant) or significantly alter a patient's functional status;

OR

5. When there is a need to assess the potential impact of adverse effects of therapeutic substances that may cause cognitive impairment (e.g., radiation, chemotherapy, antiepileptic medications), especially when this information is utilized to determine treatment planning;

OR

6. When there is a need to monitor progression, recovery, and response to changing treatments, in patients with CNS disorders, in order to establish the most effective plan of care;

OR

7. When there is a need for objective measurement of the patient's subjective complaints about memory, attention, or other cognitive dysfunction, which serves to determine treatment by differentiating psychogenic from neurogenic syndromes (e.g., dementia vs. depression);

OR

8. When there is a need to establish a treatment plan by determining functional abilities/impairments in individuals with known or suspected CNS disorders;

OR

9. When there is a need to determine whether a member can comprehend and participate effectively in complex treatment regimens (e.g., surgeries to modify facial appearance, hearing, or tongue debulking in craniofacial or Down syndrome patients; transplant or bariatric surgeries in patients with diminished capacity), and to determine functional capacity for health care decision-making, work, independent living, managing financial affairs, etc.;

OR

10. When there is a need to design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients;

OR

11. When there is a need to establish treatment planning through identification and assessment of neurocognitive conditions that are due to other systemic diseases (e.g., hepatic encephalopathy; anoxic/hypoxic injury associated with cardiac procedures);

OR

12. Assessment of neurocognitive functions in order to establish rehabilitation and/or management strategies for individuals with neuropsychiatric disorders;

OR

13. When there is a need to diagnose cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

WHEN COVERAGE WILL NOT BE APPROVED

Neuropsychological testing is not considered reasonable and necessary when:

- A. The patient is not neurologically and cognitively able to participate in a meaningful way with the requirements necessary to successfully perform the tests; **or**
- B. Used as screening tests given to the individual or general populations [Section 1862 (a)(7) of the Social Security Act does not extend coverage to screening procedures.]; **or**
- C. Performed when abnormalities of brain function are not suspected; **or**
- D. Used for self-administered or self-scored inventories, or screening tests of cognitive function such as AIMS, or Folstein Mini Mental Status Exam (MMSE); **or**
- E. Administered for educational or vocational purposes that do not establish medical management; **or**
- F. Repeated when not required for medical decision making, (i.e. to make a diagnosis, or to start or continue rehabilitative or pharmacological therapy); **or**
- G. Administered when the member has a substance abuse background and any one of the following apply:
 1. the member has ongoing substance abuse such that test results would be inaccurate, **or**
 2. the member is currently intoxicated, **or**
- H. Neuropsychological evaluations that can be accomplished through the clinical assessment alone; (e.g. response to medication); **or**
- I. The member has been diagnosed previously with brain dysfunction, and there is no expectation that the testing would impact the member's medical management; **or**
- J. The test is not covered if given solely as a screen for Alzheimer's disease; **or**

- K. The member has an adjustment disorder or dysphoria associated with moving to a SNF; **or**
- L. When standardized batteries of tests, not individualized to the member's complaint or referral, are administered when only a subset of tests are required.

SPECIAL NOTES

One initial testing evaluation followed by one additional re-testing evaluation within a 12- month period by the same provider or group may be done without medical review, but this still requires prior approval.

BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION

This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

Applicable codes:

96116, 96121, 96132, 96133, 96136, 96137, 96138, 96139, 96146

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

References:

1. Medicare Local Coverage Determination for Psychological and Neuropsychological Testing – Wisconsin Physicians Service (L34646); Effective Date: 10/01/2015; Accessed via, www.cms.gov; 12/2/21.

Policy Implementation/Update Information:

Revision Date: September 19, 2001; December 17, 2001; June 22, 2005.

May 16, 2007.

Revision Date: August 27, 2010: Revised language under "Limitations" from 8 hours to 11 hours to remain current with CMS LCD L6442.

Revision Date: April 17, 2013; Minor Edits to Non-Coverage, added criteria, requested records for more than 8 hours and that one additional testing evaluation by the same provider can be done if needed for medical decision making within 12 months, still needs Prior Approval.

Revision Date: April 16, 2014; Edited criteria in C-1 to delete mental illness to neuro-cognitive impairment. Deleted time limitations regarding psychological testing. Updated codes. Added note to refer to the Psychological Evaluations Medical Policy regarding codes 90791 and 90792 to assist providers. Added examples of neuro-cognitive assessments that may be considered medically necessary for staff clarification. 06/03/2014; Deleted retired NHIC LCD L3202 and added LCD number (L31990) to the Wisconsin Physicians Service Insurance Corporation. October 29, 2015 updated LCD due to ICD-10 update only.

Revision Date: April 20, 2016; Description of Procedure or Service – removed outdated language from retired LCD L3202 and added current description from current LCD L34646; Indications For Coverage – removed items 1-4 as this criteria is referencing retired LCD L3202 and replaced with items 1-13 per current LCD; When Coverage Will Not Be Approved – minor edits for consistency with LCD.

Revision Date: February 21, 2018; No CMS Updates, Minor Revisions Only

Revision Date: December 19, 2018: Codes 96118, 96119, 96120 removed.

Revision Date: February 20, 2019: Coding Update: Added New CPT codes: 96121, 96132, 96133, 96136, 96137, 96138, 96139, 96146.

Revision Date: December 18, 2019 No CMS Updates. No Revisions Necessary.

Revision Date: December 15, 2021; No CMS Updates. Minor Revisions Only.

Approval Dates:

Medical Coverage Policy Committee: December 15, 2021

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