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Psychological and Neuropsychological Testing Corporate Medical Policy

File Name: Psychological and Neuropsychological Testing
File Code: 3.01.VT202
Origination: 7/2011
Last Review: 07/2025
Next Review: 04/2026
Effective Date: 10/01/2025

Description/Summary

Assessment of psychological, behavioral, cognitive, and neurological conditions may necessitate the administration of psychological or neuropsychological tests. The need for psychological or neuropsychological testing is determined according to whether such testing is essential for identifying a condition, determining the degree /severity of functional impairment that would result in treatment change or the results of such testing are a critical determinant in treatment planning.

The specific nature of the testing procedure proposed, and the intensity or extensiveness of that testing procedure, should correspond to the specific condition that is being evaluated. Conditions that are primarily behavioral or emotional in nature might require psychological assessment in some cases but would not typically be expected to require cognitive or neuropsychological testing specifically in order to clarify diagnosis. Testing that is solely exploratory in nature, not based on a specific diagnostic concern or not intended for a specific treatment decision, is generally not necessary.

Both the nature and intensity of psychological and neuropsychological testing must be considered prior to the testing procedure. Therefore, the specific testing procedures proposed should be appropriate for the condition being evaluated, and the time requested for such testing should be efficient and consistent with the amount of time typically needed for such tests, as determined by standard industry estimates. Situations in which more time is needed than is typically required for testing may require additional explanation.

Psychological Testing

Psychological testing is necessary only when specific assessment procedures are required to clarify the diagnostic or treatment implications of conditions related to emotional distress, mood disturbance, anxiety disorders, developmental delay, or specific behavioral patterns.

Psychological testing is not necessary as part of every psychological evaluation and is often not required in psychological counseling unless specific measures are needed to determine

the patient's diagnosis or co-morbid condition, or to make a choice between specific treatment approaches. Similarly, while a psychological evaluation may be indicated prior to some surgical procedures, such as bariatric surgery or implantation of a spinal cord stimulator, psychological testing per se is not clinically indicated based on presurgical status alone.

Neuropsychological Testing

Neuropsychological tests are designed to measure neurocognitive ability and functional status in the domains of cognition, learning and memory, language visual processing, visual-motor integration, abstract reasoning, spatial reasoning, processing speed and sensory-perceptual functioning.

Neuropsychological tests are often used to assess congenital or acquired neurological disorders that directly or indirectly affect neurocognitive ability dependent upon cortical and/or subcortical brain functions. Neuropsychological testing may assist in differentiating psychiatric from neurological disorders, in staging disease, and in assessing neurocognitive functioning prior to medical procedures that may result in neurological changes.

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I - CPT® Code Table & Policy Instructions](#)

When a service may be considered medically necessary or not medically necessary

Psychological Testing:

- Psychological testing may be considered **medically necessary** when **ALL** of the following criteria are met:
 - Testing is supervised and interpreted by a licensed physician, or psychologist; **AND**
 - Member has been referred for psychological testing based upon a clinical evaluation. Such clinical evaluation may come from the psychologist conducting the psychological testing or from a mental health provider or other medical professional providing care for the member; **AND**
 - Testing is used to rule-in or rule out the presence of at least one of the following:
 1. A thought disorder, severe emotional distress or other psychiatric diagnosis when this information is not available from one or more comprehensive medical or behavioral health evaluations with the member and other sources as appropriate (e.g. family members, other health care providers, school records);

2. Complex neuropsychiatric or neurodevelopmental condition (e.g., autism spectrum disorder, intellectual disability, or psychosis when neurological signs are known or suspected.)
 3. An intellectual disability or intellectual developmental disorder;
 4. Psychological comorbidities in patients with attention-deficit/hyperactivity disorder (ADHD) when signs or symptoms are suggestive of other mental health or neurocognitive disorders (e.g. developmental delay, cognitive features of Fetal Alcohol Spectrum Disorders) that require cognitive testing in order to identify. ADHD alone does not typically require cognitive testing unless such disorders are suspected. Provider interpretation of substantive rating scales of up to one hour is considered medically necessary.
 5. Prior to a surgical procedure only where there is a known or suspected behavioral health condition that could compromise the surgical outcome; **AND**
 - A specific diagnostic or treatment question still exists which cannot be answered without the results of psychological testing; **AND**
 - The results of the testing will impact the medical/psychiatric/psychological treatment of the patient; **AND**
 - Testing instruments and time allotted for each instrument are appropriate for and limited to the unique clinical presentation of the individual
- Psychological testing is considered **not medically necessary** for all other indications including but not limited to the following:
 - Use of testing for screening or solely for exploratory purposes in the absence of signs/symptoms of a specific behavioral health condition for which testing is essential;
 - Diagnosis and management of ADHD in the absence of signs or symptoms suggestive of other mental health or neurocognitive disorders;
 - Testing is performed while an individual is abusing substances **AND** any of the following circumstances are present:
 - The abuse is ongoing to such an extent that the test results would be inaccurate; **OR**
 - The patient is currently intoxicated / under the influence; **OR**
 - The patient is not yet ten (10) or more days post-detoxification
 - Testing performed consists of brief self-administered or self-scored inventories or screening tests including but not limited to the Beck Depression Inventory, Beck Anxiety Inventory, Eating Attitudes Test (EAT-26) Hamilton Rating Scale for Depression or Patient Health Questionnaire (PHQ-9);
 - Testing is predominately for career aptitude, vocational or academic/educational planning;
 - Testing in the setting of a court referral or solely for forensic purposes;
 - Testing for research purposes

Neuropsychological Testing:

- Neuropsychological testing may be considered **medically necessary** when **ALL** of the following criteria are met:
 - Testing is supervised and interpreted by a licensed physician, psychologist or neuropsychologist; **AND**

- Member has been referred for neuropsychological testing based upon a clinical evaluation. Such clinical evaluation may come from the psychologist or neuropsychologist conducting the neuropsychological testing or from a mental health provider or other medical professional providing care for the member; **AND**
- Testing is used to rule-in or rule-out the presence of a specific neurocognitive disorder or other specific neurological or psychiatric diagnosis when this information is not available from one or more comprehensive medical or behavioral health evaluations with the member and other sources as appropriate (e.g. family members, other health care providers, school records); **AND**
- The results of the testing will impact the medical/psychiatric/psychological treatment of the patient; **AND**
- Presence of a clinical condition which may require the use of neuropsychological testing, including but not limited to:
 1. Cerebrovascular disease/stroke when there is evidence of cognitive or neurologic impairment;
 2. Complex neuropsychiatric or neurodevelopmental condition (e.g., autism spectrum disorder, intellectual disability, or psychosis when neurological signs are known or suspected;
 3. Confirmed space-occupying brain lesion including but not limited to brain abscess, brain tumor or arteriovenous malformations within the brain;
 4. Dementia and mild cognitive impairment;
 5. Demyelinating disorders including multiple sclerosis;
 6. Encephalopathy including acquired immunodeficiency syndrome (AIDS) encephalopathy, human immunodeficiency virus (HIV) encephalopathy, hepatic encephalopathy, Lyme disease encephalopathy (including neuroborreliosis), Wernicke's encephalopathy or systemic lupus erythematosus (SLE) encephalopathy;
 7. Extrapyrarnidal disease (e.g. Parkinson's, Huntington's disease);
 8. Genetic disorder that may result in cognitive or neurologic impairment (e.g., Turner, Klinefelter, Rett, Fragile X or 22q11.2 deletion, [velocardiofacial or DiGeorge] syndromes, Duchenne muscular dystrophy, neurofibromatosis type 1);
 9. In-born errors of metabolism (e.g., lysosomal or peroxisomal storage disease, Hurler syndrome, adrenal leukodystrophy);
 10. Hypoxic or anoxic brain injury;
 11. Neonatal or antenatal complication (e.g., respiratory distress, preeclampsia, in utero exposure to illicit drugs, alcohol, tobacco, environmental toxins);
 12. Neurotoxin exposure (e.g. lead poisoning, cranial irradiation, chemotherapeutic agents);
 13. Seizure disorder including patients with epilepsy and patients being considered for epilepsy surgery;
 14. Systemic medical condition known to be associated with cerebral dysfunction in adults or children (e.g., renal disease, cardiac anomalies or congenital heart conditions requiring surgical repair, liver disease and autoimmune disorders such as lupus erythematosus or celiac disease);

15. Traumatic brain injury (TBI)

- Neuropsychological testing is considered **not medically necessary** for all other indications including but not limited to the following:
 - Use of testing for screening or solely for exploratory purposes in the absence of signs or symptoms of a neuropsychological/neurological condition
 - Diagnosis and management of attention-deficit/hyperactivity disorder (ADHD) in the absence of signs or symptoms suggestive of other mental health or neurocognitive disorders which meet requirements for testing
 - Testing is performed while an individual is abusing substances **AND** any of the following circumstances are present:
 - The abuse is ongoing to such an extent that the test results would be inaccurate; **OR**
 - The patient is currently intoxicated / under the influence; **OR**
 - The patient is not yet ten (10) or more days post-detoxification
 - Testing is predominately for career aptitude, vocational or academic/educational planning;
 - Testing in the setting of court referral or solely for forensic purposes;
 - Testing for research purposes

When a service is considered a benefit exclusion and therefore not covered

Educational evaluation or therapy, therapeutic boarding schools, services that should be covered as part of an evaluation for or inclusion in a child's Individualized Education Plan (IEP) or other educational program. Examples include diagnostic or treatment services related to learning, curriculum planning, educational achievement or special education programs provided under the IDEA (IEP, IFSP) or 504 Plan*, as these are the responsibility of the educational system and re therefore **excluded** from coverage.

* IDEA - Individuals with Disabilities Education Act (IEP - Individual Education Plan, IFSP - Individual Family Service Plan); 504 Plan - Section 504 of Rehabilitation Act of 1973, an anti- discrimination act.

Psychological test batteries primarily used for educational testing and therefore **excluded** from coverage include, but are not limited to the following:

- Diagnostic Achievement Battery-2 (DAB2)
- Kaufman Test of Educational Achievement (K-TEA)
- Learning Disabilities Diagnostic Inventory (LDDI)
- Peabody Individual Achievement Test - Revised (KIAT-R)
- Wechsler Individual Achievement Test (WIAT)
- Woodcock-Johnson Psychoeducational Battery (Achievement)

Specialized examinations required by your employer or for sports/recreational activities are **excluded**.

Psychological testing required because you committed or attempted to commit a felony or engaged in an illegal occupation is a benefit exclusion. Mandated treatment, including

court- ordered treatment is also **excluded**, unless such treatment is medically necessary, ordered by a physician and covered under your contract.

Reference Resources:

1. Blue Cross Blue Shield of Minnesota Medical Policy- X-45-011- Psychological and Neuropsychological Testing. Effective Date: April 29, 2024. Last Revision Date: April 2023. Accessed July 2025.

Related Policies

Applied Behavior Analysis (ABA)

Cognitive Rehabilitation

Pediatric Neurodevelopmental Testing & Autism Spectrum Disorder (ASD) Screening

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

07/2011	New Policy (Replaces Neuropsychological Testing section of BCBSVT Policy on Neurodevelopmental Assessment & Neuropsychological Testing which is now an archived policy)
08/2012	Updated "Related Policies" section to include ECDD medical policy. Minor formatting changes. Cross referenced all CPT/HCPCS codes to ECDD medical policy.
03/2014	ICD-10 remediation only. RLJ.
06/2017	Title of policy changed to include Psychological Testing. Neuropsychological Testing policy updated per more recent literature and data. Psychological Testing policy; new policy added. Link added to a comprehensive list of neuropsychological and psychological tests. Clarifying language for ADHD was added. Link added to updated Psychological Testing Additional Information Worksheet. Language from ABA policy added. Clarifying language added regarding reason for assessment for vocational purposes. Coding table updated to have CPT® Codes 96101, 96102 & 96103 to require PA. Added HCPCS G0505 new code 01/2017 No PA required. ICD 10 Diagnosis Codes removed. References updated.
09/2018	Medical Policy language corrected/updated in Psychological Testing section. Updated section indicating psychological testing is not medically necessary for ADHD to expand to adults (removed "in children"). Clarified language indicating that parent and teacher rating scales are often sufficient for determining ADHD in children, specifically. Deleted G0505 added 99483.
01/2019	Adaptive Maintenance: Effective 01/01/2019 codes 96130 & 96131 require prior authorization. 96132 & 96133 No prior authorization required for up to 8 hours of service. If requesting more than 8 hours of service, prior approval is required. Please provide rationale as to why more than 8 hours of service is necessary. Deleted codes 96101, 96102, 96103, 96118, 96119, 96120 effective 01/01/2019. Added Codes 96136, 96137, 96138, 96139 & 96146 effective 01/01/2019.
05/2019	Reviewed with clarifying instructions around codes 96136, 96137, 96138, 96139 & 96146: Prior Authorization Required when used for Psychological Testing.

	When used for Neuropsychological Testing, No prior authorization required for up to 8 hours of service. If requesting more than 8 hours of service, prior approval is required. Please provide rationale as to why more than 8 hours of service is necessary.
01/2020	Adaptive Maintenance: Codes 96125 & 99483 removed and added to Cognitive Rehabilitation Medical Policy. Added policy “Cognitive Rehabilitation” under Related Policy Section.
03/2020	Reviewed at MPT removed codes: 96136, 96137, 96138, 96139, 96146, 96132, 96133, 96136, 96137, 96138, 96139 from requiring prior approval.
11/2021	Reviewed policy with minor changes to grammar and clarifying wording changes to existing policy statements. Updated related policy section. No changes to policy statements.
12/2022	Reviewed policy and combined the testing sections. Added additional clarifying language under neuropsychological section. Removed attachments. Removed language around (8) hour limit before prior approval was necessary under neuropsychological testing section. Added codes 96132, 96133, 96136, 96137, 96138, 96139 as requiring prior approval.
04/2024	Rewrite of policy with new policy criteria and guidelines. Input received from contracted providers.
07/2025	Policy reviewed. No changes to policy statement. Reference updated.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

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Attachment I
CPT[®] Code Table & Policy
Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT [®]	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	For medical necessity criteria Refer to ABA Corporate Medical Policy: Autism Spectrum Disorder. (Section: Initial Behavior Identification Assessment)
CPT [®]	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), when performed; first hour	Prior Authorization Required
CPT [®]	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), when performed; each additional hour (List separately in addition to code for primary procedure)	Prior Authorization Required
CPT [®]	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), when performed; first hour	Prior Authorization Required

CPT®	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), when performed; each additional hour (List separately in addition to code for primary procedure)	Prior Authorization Required
CPT®	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30	Prior Authorization Required
CPT®	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)	Prior Authorization Required
CPT®	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Prior Authorization Required
CPT®	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)	Prior Authorization Required
CPT®	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Medically Necessary when Applicable Criteria are Met