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Neuropsychological and Psychological Testing Corporate Medical Policy

File Name: Neuropsychological and Psychological Testing

File Code: 3.01.VT202

Origination: 07/2011 (**NAME CHANGE** - Replaces Neuropsychological Testing section of BCBSVT Policy on Neurodevelopmental Assessment & Neuropsychological Testing which is now an archived policy)

Last Review: 12/2022

Next Review: 12/2023

Effective Date: 03/01/2023

Neuropsychological and Psychological Testing

Description/Summary

Neuropsychological testing (including higher cerebral function testing) consists of the administration of reliable and valid tests to identify the presence of brain damage, injury or dysfunction and any associated neuropsychological deficits. Findings are documented in a written report and help to determine the patient's prognosis and assist with long-term treatment planning.

Psychological testing is a component of a psychological assessment, consisting of the administration, scoring and interpretation of reliable and valid tests designed to measure the areas of intellectual, cognitive, emotional, and behavioral functioning, as well as to identify psychopathology, personality style, interpersonal processes, adaptive skills and other factors influencing treatment and prognosis.

Neuropsychological testing differs from that of **psychological testing** in that neuropsychological testing generally consists of the administration of measures that sample cognitive and performance domains sensitive to the functional integrity of the brain, such as memory and learning, attention, language, problem solving, sensorimotor functions, etc. **Neuropsychological tests** are objective and quantitative in nature and tend to be specific to determining function in certain cortical regions, whereas **Psychological testing** may test for broader cortical function, such as personality traits, and include self-report questionnaires, rating scales or projective techniques.

Written reports of diagnostic interview, psychiatric or medical exams and any other diagnostic testing completed must also be submitted for review (see section below titled, "When a service or procedure is considered medically necessary").

Examples of **neuropsychological testing** batteries include, but are not limited to, the following:

- Halstead-Reitan Neuropsychological Test Battery (HRNTB). This battery includes:
 - Category test
 - Tactual performance test
 - Tactile visuospatial performance and memory test
 - The rhythm test
 - Non-verbal auditory perception test
 - Speech sounds perception test
 - Finger tapping test
 - Motor speed test
 - Trail making test
- Aphasia screening test
- Wechsler Memory Scale (WMS-III Battery)
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- Luria-Nebraska Neuropsychological Battery
- Wechsler Adult Intelligence Scale IV (WAIS-IV)
- Wechsler Intelligence Scale for Children (WISC-V)
- Wisconsin Card Sorting Test (WCST)

Examples of **psychological testing** batteries include, but are not limited to the following:

- Minnesota Multiphasic Personality Inventory - 2 (MMPI-2)
- Rorschach
- Thematic Apperception Test (TAT)
- Wechsler Adult Intelligence Scale - IV (WAIS-IV)
- Wechsler Intelligence Scale for Children (WISC-V)
- Family Kinetic Drawings (KFD)
- NEO Personality-R (NEOPI-R)
- Psychological Screening Inventory (PSI)

While simple self-administered or self-scored inventories or screening tests of cognitive function, emotionality and psychopathology or similar tests (such as the AIMS, Mini-Mental State Exam (Folstein), Beck Depression Inventory, PCL, PHQ-9) may be included as part of an evaluation and management service, they do not qualify as and are not separately payable as neuropsychological or psychological testing modalities.

Policy

Coding Information

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

When a service may be considered medically necessary

Neuropsychological testing is considered **medically necessary** and covered under the medical benefit for the following conditions and clinical circumstances:

- **Neuropsychological testing** may be clinically indicated for patients with **known** brain damage, such as:
 - Cerebrovascular disorders
 - Most traumatic brain injuries, including concussion, diffuse axonal injury, brain contusions, hematomas, skull fractures, or seizures associated with traumatic injury
 - Hydrocephalus
 - Alzheimer’s disease
 - Parkinson’s disease
 - Demyelinating disorders including Multiple Sclerosis
 - Huntington’s chorea
 - Brain Tumor
 - Central Nervous System (CNS) Infections (e.g., brain abscess, herpes encephalitis, HIV infection, Lyme disease encephalopathy including neuroborreliosis)
- **Neuropsychological testing** may be clinically indicated for patients with a known **risk** for or who are suspected of having brain damage, such as:
 - Change in level of consciousness in an auto accident victim
 - Diminished concentration in a known head injury patient
 - Chronic alcohol or drug abuse (see section “when not medically necessary”)
 - Presence of behavioral changes in patients with systemic disease/illness associated with encephalopathic changes or that could affect blood flow to the brain (e.g. endocrinopathies, metabolic or electrolyte disturbances, kidney, liver or pancreas disease, SLE, AIDS, Wernicke’s encephalopathy, nutritional deficiencies, lead poisoning, vascular disease, cardiac disease)
 - Attention/concentration difficulties or significant developmental delay when specific neurocognitive behavioral deficits related to the attention/concentration difficulties or developmental delay require evaluation **AND** which are known or suspected to arise from a specific medical condition (brain injury or disease process, i.e., intractable seizure disorder, genetic disorder, inborn errors of metabolism) **other than Attention Deficit Hyperactivity Disorder or Autism Spectrum Disorders, Communication disorders, or Intellectual disorders.**
 - Neurotoxin exposure with either demonstrated serum levels of neurotoxins or documented significant prenatal alcohol, drug or toxin exposure
 - Seizure disorder in patients with epilepsy and in patients being considered for epilepsy surgery
 - Cerebral anoxic or significant hypoxic episode
- Examples of problems that might lead to **neuropsychological testing** include, but are not limited to, the following:
 - Detection of neurological diseases based on quantitative assessment of neurocognitive abilities (e.g., mild head injury, anoxic injuries, AIDS dementia)
 - Differential diagnosis between psychogenic and neurogenic syndromes

- Delineation of the neurocognitive effects of CNS disorders
- Neurocognitive monitoring of recovery or progression of CNS disorders
- Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders
- Determining the management of the patient by confirmation or delineation of diagnosis
- General cognitive decline with memory loss, with suspected dementia (NOT suspected mild cognitive impairment)

When a service may be considered medically necessary

Psychological testing is considered **medically necessary** and covered under the mental health benefit when the following criteria have been met:

1. Prior to testing, a clinical interview evaluation of the patient must be completed by a mental health or medical professional who may be the referring provider or the psychologist conducting the psychological assessment. ***A report of the evaluation results must be submitted along with request for prior authorization.*** The evaluation is intended to:
 - Identify specific, outstanding clinical questions that must be answered by psychological testing in order to establish the patient's diagnosis or inform the treatment plan;
 - Verify that outstanding clinical questions cannot be answered by the clinical interview evaluation; and
 - Inform the testing battery
2. Identification, quantification, or assessment needed within a domain appropriate to psychological testing (e.g., IQ, personality, aptitudes, intellectual abilities) as indicated by **ALL** of the following:
 - Specific clinical question(s) is present which can be answered by testing in order to establish a diagnosis or inform a rehabilitation or treatment plan.
 - Medical, neurologic, mental status, and psychiatric exams have been done as indicated. ***A written report of results of these exams must be submitted with request for prior authorization.***
 - Diagnostic testing has been done as indicated (e.g., CT scan, MRI) and ***results of indicated testing is submitted with request for prior authorization.***
 - Proposed psychological testing can help answer questions that medical, neurologic, or psychiatric evaluation, diagnostic testing, observation in therapy or other assessment cannot.
3. Results of proposed testing are judged to be likely to affect care or treatment of patient (e.g., contribute substantially to decision of need for or modification to a rehabilitation or treatment plan).
 - Outstanding questions about the patient's level of functioning must be answered in

- order to gauge the patient's capacity to participate in mental health treatment.
 - Outstanding questions about a change in the patient's presenting symptoms must be answered in order to gauge the adequacy of the treatment plan.
 - There are outstanding questions about why a patient's response to treatment has not been as expected.
4. Patient is able to participate as needed such that proposed testing is likely to be feasible (e.g., appropriate mental status, intellectual abilities, language skills).

When a service is considered not medically necessary

1. **Neuropsychological testing is considered not medically necessary** for conditions other than those described in this policy.
2. **Neuropsychological testing is considered not medically necessary** in the following circumstances:
 - There is insufficient peer-reviewed literature to support standard use of neuropsychological testing for individuals with ASD. Therefore, Neuropsychological testing beyond standardized parent interviews and direct, structured behavioral observation is not considered medically necessary for the diagnosis of autism spectrum disorders and therefore is not covered in those conditions *unless* documentation is submitted which would establish medical necessity under those circumstances. For example, neurological testing may be helpful in evaluating specific neurologic conditions that are present in an individual with suspected ASD (refer to medical policy for Applied Behavior Analysis (ABA)).
 - There is insufficient clinical evidence to demonstrate that the use of neuropsychological testing for patients with myocardial infarction, migraine headaches, or intermittent explosive disorder without associated cognitive disorders can be used effectively for clinical decision making to improve patient management of those conditions. Therefore, neuropsychological testing for these conditions is not medically necessary.
3. **Neuropsychological testing is considered not medically necessary** for the diagnosis and management of persons with chronic fatigue syndrome.
4. **Neuropsychological testing is not medically necessary** when the patient has a substance abuse background **and** any of the following circumstances are present:
 - The abuse is ongoing to such an extent that the test results would be inaccurate
 - The patient is currently intoxicated / under the influence; or
 - The patient is not yet ten (10) or more days post-detoxification
5. **Neuropsychological testing is not medically necessary** when the patient is on certain daily medications that may confound interpretation of results, and drug effects have not been ruled

out.

6. Neuropsychological testing is considered not medically necessary in the following circumstances:

- The patient is not neurologically and cognitively able to participate in a meaningful way in the testing process
- When used as a screening test given to the individual or to general populations
- Administration for vocational purposes, or educational purposes, unless associated with recent cognitive changes/illness/traumatic brain injury, as defined above.
- Abnormalities of brain function are not suspected
- When used for self-administered or self-scored inventories, or screening test of cognitive function (whether paper-and-pencil or computerized), e.g., Abnormal Involuntary Movement Scale (AIMS), Mini-Mental State Examination (Folstein)
- When repeated when not required for medical decision-making
- The patient has been diagnosed previously with brain dysfunction, such as Alzheimer's disease and there is no expectation that the testing would impact the patient's medical management.

When a service is considered not medically necessary

1. **Psychological Testing is not medically necessary** for conditions other than those described in this policy.
2. **Psychological testing is considered not medically necessary** in the following circumstances:
 - Services that are not clinically appropriate for the patient's mental illness or condition on generally accepted standards of medical practice and benchmarks
 - Psychological exams required solely for the purpose of travel, marriage or adoption
 - Administered for vocational purposes, unless psychological or behavioral changes are associated with a major mental illness (e.g. NOT for Adjustment Disorders) or other medical conditions as described above in the neuropsychological testing section
 - Psychological exams conducted for the purpose of medical research
 - Psychological exams required to obtain or maintain a license of any type
3. **Psychological testing is not medically necessary** when the patient has a substance abuse background and any of the following circumstances are present:
 - The abuse is ongoing to such an extent that test results would be inaccurate;
 - The patient is currently intoxicated / under the influence; or
 - The patient is not yet ten (10) or more days post-detoxification
4. Testing that represents redundant measurements of the same cognitive, behavioral or emotional domain is not medically necessary.

5. **Psychological testing** for Pre-bariatric surgery is considered **not medically necessary**, except as indicated above (see Bariatric Surgery Medical Policy). The expectation is that the psychological/psychiatric clearance for bariatric surgery can in most instances be made on the basis of a diagnostic interview using DSM-5 criteria alone and such evaluation does not necessarily require psychological testing.
6. **Psychological testing** for insufficient peer-reviewed literature to support standard use of psychological testing for individuals with ASD. Therefore, Psychological testing beyond standardized parent interviews and direct, structured behavioral observation is considered **not medically necessary** for the diagnosis of autism spectrum disorders and therefore is not covered in those conditions *unless* documentation is submitted which would establish medical necessity under those circumstances.
7. **Psychological testing** for the purpose of diagnosing attention deficit / hyperactivity disorder (ADHD) is considered **not medically necessary**. In general, attention deficit disorders are best diagnosed through obtaining psychosocial history and the use of structured clinical interviews and dimensionally based rating scales. Most psychologists obtain behavior ratings at home from the parents and at school from the teacher when the individual being tested is a child. Examples of rating scales commonly used to assess for ADHD are:
 - Achenbach System of Empirically Based Assessment (ASEBA)
 - Connors Rating Scales
 - Pediatric Attention Disorders Diagnostic Screener (PADDS)
 - Vanderbilt Assessment Scales

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 are 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.

Rationale/Scientific Background

In the 1996 American Academy of Neurology Technology Assessment on Neuropsychological Testing of Adults, the report concluded that “Most neuropsychological tests have established validity and reliability, and the information garnered from them can be regarded with confidence when the tests are administered using the prescribed method and interpreted by an individual with competence and experience”. These tests were developed to compare a single person’s results to a large general population normative sample in order to determine areas of organic brain impairment in conjunction with other clinical, imaging, physical examination and laboratory findings.

A search of the peer-reviewed literature was performed for the period of August 2007 through February 2017. Findings in the recent literature do not change the conclusions on the use of neuropsychological testing, therefore the above stated rationale remains valid.

According to the Milliman Care Guidelines for Psychological Testing ORG: B807-T (BHG), “Psychological testing is an adjunctive, objective measurement of behavior and involves the assessment of personality, cognitive processes, emotions, attitudes, aptitudes, behavioral traits, and intellectual abilities using standardized evaluation methods (e.g., tests) that have been empirically shown to be valid and reliable.” (MCG Behavioral Health Care, 2017)

In 2001, Meyer et. al. summarized data from more than 125 meta-analyses on test validity and 800 samples examining multimethod assessment. They concluded that psychological test validity is strong and compelling and is comparable to that of medical tests, specific assessment methods provide unique sources of information, and clinicians who rely solely on interviews have a tendency to gain an incomplete picture and limited understanding of the patient’s characteristics and capabilities. Obtaining information from multiple sources enables the clinician to reach more accurate and appropriate clinical conclusions, thus leading to more accurate diagnoses and informed treatment planning. (National Academy of Sciences, 2015)

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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 (BCBSVT) 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, BCBSVT 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

BCBSVT 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, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be 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.

Eligible Providers

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

Approved by BCBSVT Medical Directors

Date Approved

Tom Weigel, MD, MBA
Vice President & Chief Medical Officer

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 minutes	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