Clinical UM Guideline

Subject:	Neuropsychological Testing		
Guideline #:	CG-MED-22	**Publish Date:**	04/25/2018
Status:	Reviewed	**Last Review Date:**	03/22/2018

Description

This document addresses the use of neuropsychological testing, also known as psychometric testing, which refers to a quantitative, comprehensive evaluation of cognitive, motor and behavioral functional abilities related to developmental, degenerative, and acquired brain disorders. This testing may be used to augment a comprehensive medical history and physical examination, as well as a neurological investigation of certain conditions.

Note: *This document **does not address** testing for psychological/behavioral mental health-related evaluations.* Please see the following documents for information related to testing for behavioral health-related conditions:

- CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome
- CG-BEH-07 Psychological Testing

Clinical Indications

Medically Necessary:

Neuropsychological testing is considered **medically necessary** when there is evidence from a medical or neurological evaluation conducted within the previous 6 months to suggest that the testing results will have a timely and direct impact on the member's treatment plan AND when the effects of acute changes in brain function related to injury, other pathological processes, medications or drug misuse have been ruled out as the cause of cognitive impairment for **any** of the following indications:

- When there are only mild or questionable deficits on standard mental status testing, and more precise evaluation 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**
- When there is a need to quantify the deficits, particularly when the information will be useful in determining a prognosis; **or**
- When there is a need to characterize the strengths and weaknesses of an individual, as a guide to treatment or rehabilitation planning; **or**
- When neuropsychological data can provide a more comprehensive profile of function that, when combined with clinical, laboratory, and imaging data, may assist in determining a diagnosis; **or**
- When the individual is being considered for epilepsy surgery.

Note: Repeat testing to track the status of an illness or recovery progress is generally not warranted.

Clinical conditions which may require the use of neuropsychological testing may include, but are not limited to:

- Traumatic brain injury;
- Cerebrovascular disease (in the recovery/rehabilitation phase following significant clinical recovery when there is still evidence of cognitive impairment or as a guide to rehab and treatment planning);

- Dementia;
- Parkinson's disease;
- Human immunodeficiency virus encephalopathy;
- Multiple sclerosis;
- Epilepsy (as part of presurgical treatment planning);
- Neurotoxic exposure;
- Hypoxic brain injury;
- Chronic pain (when used to assess personality and mood or to perform a cognitive assessment if symptoms indicate intellectual disturbances after discontinuation of pain-relieving or psychotropic medications);
- Neurologic disease (when used as an adjunctive personality assessment for identified or suspected brain disorders, such as brain tumors, hypoxic brain injury).

Notes:
See the Discussion section for further information about what constitutes standardized testing.
Testing requests for *medical* indications not listed above and for retesting are reviewed on an individual case-by-case basis to determine medical necessity.

Not Medically Necessary:

Neuropsychological testing is considered **not medically necessary** when the criteria outlined above are not met, including, but not limited to:

- When similar neuropsychological testing has been performed in the last 12 months (*subject to individual case consideration for medical necessity);*
- When there is no clinical diagnosis or symptoms/behaviors suggestive of the need for this testing;
- When test results will not directly contribute to or impact the treatment plan;
- Testing during a period of acute changes in brain function related to trauma, other pathological processes, medications, or substance misuse and a pretest interval no less than 4 weeks is not documented in the medical record;
- For evaluation of suspected Attention Deficit Disorder (AD) with or without Hyperactivity Disorder (AD/HD);
- For other non-medical uses of this testing, (for example, educational/vocational purposes; as a routine screening test of cognitive function; forensic applications; to evaluate malingering).

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT

96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, 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
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), 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
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

ICD-10 Diagnosis

All diagnoses

Discussion/General Information

The selection of specific tests and the timing of administration should be determined by the provider. Standardized neuropsychological tests rely on published national normative data and include established standardized or scaled scoring ranges. "The duration of testing tends to vary based on the goal of the evaluation, the individual's health and the indications for testing and the age of the person being evaluated" (Sweet, 2011). Testing for clinical reasons tends to be briefer than testing for educational and forensic purposes. A complete evaluation for clinical purposes, including any pre-testing examination, can usually be completed in 8 hours or less, sometimes in as few as 2-3 hours, however, in certain conditions more time may be needed when evaluating more complex cases. Test choice should be customized to the individual's deficits and will be based on multiple factors including, but not limited to:

- Severity of the individual's deficits;
- Nature of the brain disorder (for example, stroke, degenerative, trauma);
- Characteristics of the clinical syndrome (for example, whether aphasia is present);
- Age of the individual;
- Associated physical limitations;
- Neuropsychiatric disorders (for example, depression, anxiety);
- Effects of medications;
- Distractibility;
- Motivation;
- History of developmental disabilities;
- History of substance abuse.

Neuropsychological testing is typically a comprehensive battery of tests to assess multiple cognitive domains, such as intelligence, learning ability, motor function, memory, reasoning, receptive and expressive language skills, etc. Individual tests can sample multiple domains. An example of such a test is the NEPSY,® (which stands for A Developmental NEuroPSYchological Assessment). This developmental neuropsychological assessment is also sensitive to child development milestones. Other tests may be specific to one or two domains. The Weschler Intelligence Scale for Children® tests for intelligence, and the Rey-Osterrieth Complex Figure Test and the Meyers and Meyers Recognition Trial (RCFT) assess visuospatial construction skills and memory. The use of projective personality measures and multiple or repetitive objective personality measures should be limited to what is determined by the testing provider to be needed, in order to address the individual's clinical condition and deficits.

Neuropsychological testing is not indicated for routine screening or for assessment of behavioral health disorders. Multiple objective tests of personality or psychopathology are not considered part of neuropsychological testing for diagnostic purposes in medical brain disorders.

The value of neuropsychological testing is dependent upon the cooperation and effort of the individual being tested. Testing should be considered only after appropriate assessment and optimal treatment of any factor that

would affect cooperation and effort. Examples of these include: medication effects, alcohol or other substance abuse, and mood disorders. Neuropsychological testing can be a critical element in the diagnosis and treatment of a variety of disorders. The purpose of testing must be to help establish the diagnosis and to develop a treatment plan when the diagnosis or treatment plan cannot be determined based on available information from one or more comprehensive medical or behavioral health evaluations with the affected individual and appropriate ancillary information sources (for example, family members, health care providers, school records).

When the individual to be tested has a history of medication or substance misuse, or during a period of acute changes in brain function related to trauma or other pathological processes, a minimum pretest period of 4 weeks passage since the event should be documented in order to rule out toxic effects or changes related to the injury or other pathology as the cause of the cognitive impairment. Prior to neuropsychological testing, individuals with medication or substance misuse issues should be abstinent for approximately 4 weeks before an accurate diagnosis can be provided (Substance Abuse and Mental Health Services Administration, 2015). Individuals with neurocognitive disorders related to substance abuse or medications should not be tested when the impairment occurs exclusively during intoxication or acute withdrawal, especially when occurring only during the course of a delirium. In persons with a co-occurring substance abuse or medication-related disorder, the neurocognitive impairment should persist beyond the usual duration of intoxication or acute withdrawal. In addition, the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) indicates that the temporal course of the neurocognitive deficits should be consistent with the timing of substance or medication use and abstinence. For example, the deficits may improve with abstinence but testing is more meaningful if the deficits remain stable after a period of abstinence (DSM-5, 2013).

Standardized testing should be based on national normative data which includes scoring and results in standardized or scaled scores and the provider's assessments, recommendations and reports, which are based on techniques sufficient to provide substantiation for findings. An individualized test battery is employed and tailored to the specific referral question and individual member needs. Brief screening instruments and standardized questionnaires, which are administered by computer or those not requiring face-to-face administration, are not considered to be neuropsychological testing, but can be done as part of a professional visit. This is not to exclude the use of certain screening instruments when included as part of a more comprehensive neuropsychological assessment battery.

Regarding Attention Deficit Disorder (AD) with or without Hyperactivity Disorder (AD/HD), a diagnosis is typically confirmed with the use of full clinical and psychosocial assessments, individual clinical/psychosocial history, results of standardized rating scales and observational data from family members, teachers, etc. Current published evidence and specialty society recommendations do not support the widespread use of neuropsychological testing in the diagnostic evaluation of suspected AD/HD in children or adults. Further research is needed to better define the role of neuropsychological testing in AD/HD (Haavik, 2010; Kovner, 1998; Pineda, 2007; Pliszka, 2007; Weiss, 2003).

In 2010, the American Academy of Pediatrics (AAP) published a clinical report regarding sport-related concussion in children and adolescents. This report notes that neuropsychological testing can be helpful to provide objective data to athletes and their families after a concussion, (which is also referred to as mild traumatic brain injury [mTBI]). The report states, "Neuropsychological testing is one tool in the complete management of a sport-related concussion and alone does not make a diagnosis or determine when return to play is appropriate." The report also comments that further research is needed to determine the optimum time and protocol for testing (Halstead, 2010).

Neuropsychological testing is to be performed by clinicians, (for example, physicians, psychologists) appropriately trained to perform and interpret test results, when this type of testing evaluation falls within their scope of professional practice.

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Index

The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

History

Status	Date	Action
Reviewed	03/22/2018	Medical Policy & Technology Assessment Committee (MPTAC) review. The document header wording was updated from "Current Effective Date" to "Publish Date." References were updated.
Reviewed	02/23/2018	Behavioral Health Subcommittee review.
Revised	08/03/2017	MPTAC review.
Revised	07/21/2017	Behavioral Health Subcommittee review. The MN indications for testing were clarified to indicate that a medical or neurological evaluation have been conducted in the previous 6 months and when acute changes in brain function related to trauma, pathological processes or medication or substance misuse have been ruled out. The Discussion and References sections were updated.
Reviewed	08/04/2016	MPTAC review.
Reviewed	07/29/2016	Behavioral Health Subcommittee review. Updated formatting in the Clinical Indications section. References were updated. Removed ICD-9 codes from Coding section.
Revised	08/06/2015	MPTAC review.
Revised	07/31/2015	Behavioral Health Subcommittee review. The information about what constitutes Standardized Testing was revised for clarification and alignment with CG-BEH-07 Psychological Testing and was added to the Discussion section. Also the medically necessary statement was revised to indicate when test results are expected to have a timely and direct impact on the treatment plan. References were updated.
Revised	02/05/2015	MPTAC review.
Revised	01/30/2015	Behavioral Health Subcommittee review. Two additional notes were added to the Clinical Indications section regarding which types of testing are considered to be neuropsychological testing. The Discussion section and References were updated.
Reviewed	08/14/2014	MPTAC review.
Reviewed	08/08/2014	Behavioral Health Subcommittee review. References and Websites sections were updated.
Reviewed	08/08/2013	MPTAC review. No further revisions to criteria. The Discussion section was updated.
Reviewed	07/26/2013	Behavioral Health Subcommittee review.
Revised	05/09/2013	MPTAC review. Evaluation of AD/HD has been added to the not medically necessary indications for testing. Discussion section and References were updated.
Reviewed	08/09/2012	MPTAC review. Discussion section and References were updated.
Reviewed	08/18/2011	MPTAC review. Coding and References were updated.
Reviewed	08/19/2010	MPTAC review. References were updated.
Reviewed	08/27/2009	MPTAC review. References were updated.
Reviewed	08/28/2008	MPTAC review. References were updated.
Reviewed	08/23/2007	MPTAC review. References were updated. Coding updated; removed CPT 96115, 96117 deleted 12/31/2005.
Reviewed	09/14/2006	MPTAC review. References were updated.

	01/01/2006	Updated coding section with 01/01/2006 CPT/HCPCS changes
	11/22/2005	Added reference for Centers for Medicare and Medicaid Services (CMS) – National Coverage Determination (NCD).
Revised	09/22/2005	MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.			None
Anthem BCBS NH	Draft	Local Region UM Document	Neuropsychological Testing
Anthem BCBS West Region	08/12/2004	Local Region UM Document UMR.002	Neuropsychological Testing
WellPoint Health Networks, Inc.	09/23/2004	Clinical Guideline	Neuropsychological Testing

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Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.