


MEDICAL POLICY		Psychological and Neuropsychological Testing (All Lines of Business Except Medicare)	
Effective Date: 6/1/2022		Medical Policy Number: 274	
 6/1/2022		Medical Policy Committee Approved Date: 12/2020; 3/2021; 2/2022; 4/2022	
Medical Officer	Date		

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

Policy Criteria Links

- ***Psychological Testing:*** based on InterQual® Behavioral Health Procedures Psychological Testing policies.
 - [Millon® Adolescent Clinical Inventory \(MACI®\)](#)
 - [Minnesota Multiphasic Personality Inventory-2®](#)
 - [Minnesota Multiphasic Personality Inventory-Adolescent® \(MMPI-A®\)](#)
 - [Personality Assessment Inventory™ \(PAI®\)](#)
 - [Unspecified Symptom Validity Test \(SVT\)](#)
 - [Unspecified Test](#)
- ***Neuropsychological Testing***

Psychological TestingMillon® Adolescent Clinical Inventory (MACI®)

- I. Psychological testing with the Millon® Adolescent Clinical Inventory (MACI®) may be considered **medically necessary and covered** when all of the following criteria are met (A.-M.):
 - A. Patient is between the ages of 13 and 18 years of age; **and**
 - B. Psychological testing has been requested and a testing plan is in place; **and**
 - C. Clinical interview has been performed; **and**
 - D. Case-specific question has been formulated; **and**
 - E. Provider has documented what action will be taken or how treatment plan will be affected by testing results; **and**
 - F. Provider confirms that patient has the cognitive and language skills required for the proposed test; **and**
 - G. Provider confirms that any existing medical condition, substance use, psychotic features, or recent trauma do not contraindicate testing; **and**
 - H. At least one parent or guardian has been interviewed; **and**
 - I. Lack of expected progress in evidence-based psychiatric or psychological treatment, or psychiatric disorder is evident but there is uncertainty about differential diagnosis and all of the following criteria are met (1.-4.):
 1. At least 1 validated symptom inventory or rating scale administered to patient or caregiver; **and**
 2. Patient psychiatric and medical history obtained; **and**
 3. Functional impairment or report of internal distress; **and**
 4. Family psychiatric and medical history explored; **and**
 - J. At least one of the following criteria are met (1.-4.):
 1. Provider reviewed records of previous treatment or psychological testing; **or**
 2. Provider consulted with previous or current service provider; **or**
 3. Provider is unable to obtain this information despite at least 2 attempts; **or**
 4. No other psychiatric or substance use services provided to patient within last 2 years; **and**
 - K. At least one of the following structured or semi-structured interviews have been performed (1.-5.):
 1. Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID); **or**
 2. Anxiety Disorders Interview Schedule for Children (ADIS) Child and Parent Interview Schedules; **or**
 3. Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS); **or**
 4. Children's Interview for Psychiatric Syndromes (ChIPS) Child and Parent (P-ChIPS) Versions; **or**

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- 5. Diagnostic Interview Schedule for Children (DISC); **and**
- L. If behavioral disturbance is suspected or confirmed, at least one of the following criteria are met (1.-3.):
 - 1. Validated rating scale completed by teacher(s); **or**
 - 2. Consultation with school personnel or other important persons in patient's life; **or**
 - 3. Direct observation of parent-child interactions or child in natural settings; **and**
- M. All assessment activities have failed to answer the case-specific question.

Minnesota Multiphasic Personality Inventory-2®

- II. Psychological testing with the Minnesota Multiphasic Personality Inventory-2® may be considered **medically necessary and covered** when all of the following criteria are met (A.-L.):
 - A. Patient is at least 18 years of age; **and**
 - B. Psychological testing has been requested and a testing plan is in place; **and**
 - C. Clinical interview has been performed; **and**
 - D. Case-specific question has been formulated; **and**
 - E. Provider has documented what action will be taken or how treatment plan will be affected by testing results; **and**
 - F. Provider confirms that patient has the cognitive and language skills required for the proposed test; **and**
 - G. Provider confirms that any existing medical condition, substance use, psychotic features, or recent trauma do not contraindicate testing; **and**
 - H. At least one of the following criteria are met (1.-3.):
 - 1. Lack of expected progress in evidence-based psychiatric or psychological treatment, or psychiatric disorder is evident but there is uncertainty about differential diagnosis **and all** of the following criteria are met (a.-d.):
 - a. At least 1 validated symptom inventory or rating scale administered to patient or caregiver; **and**
 - b. Patient psychiatric and medical history obtained; **and**
 - c. Functional impairment and medical history explored; **and**
 - d. Family psychiatric and medical history explored; **or**
 - 2. Behavioral prediction for judicial or correctional purposes; **or**
 - 3. Detection of malingering for disability adjudication or forensic purposes; **and**
 - I. At least one of the following criteria are met (1.-4.):
 - 1. Provider reviewed records of previous treatment or psychological testing; **or**
 - 2. Provider consulted with previous or current service provider; **or**
 - 3. Provider is unable to obtain this information despite at least 2 attempts; **or**
 - 4. No other psychiatric or substance use services provided to patient within last 2 years; **and**

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- J. At least one of the following structured or semi-structured interviews have been performed (1.-3.):
 - 1. Structured Clinical Interview for DSM Disorders (SCID); **or**
 - 2. Mini-International Neuropsychiatric Interview (MINI); **or**
 - 3. Schedule for Affective Disorders and Schizophrenia (SADS); **and**
- K. In seeking collateral information from significant other or family members that live with patient, at least one of the following criteria are met (1.-6.):
 - 1. Interview at least 1 family member; **or**
 - 2. All other adults in the home contacted and each refuses to participate; **or**
 - 3. Contact with any other adult in the home contraindicated because abuse by family member suspected or confirmed; **or**
 - 4. Contact with any other adult in the home contraindicated because family member cognitively impaired due to medical condition or persistent substance use or dementia; **or**
 - 5. Patient refuses to allow significant other or family member involvement due to profound distrust or paranoia; **or**
 - 6. Patient does not live with significant other or any adult family members; **and**
- L. All assessment activities have failed to answer the case-specific question.

Minnesota Multiphasic Personality Inventory-Adolescent® (MMPI-A®)

III. Psychological testing with the Minnesota Multiphasic Personality Inventory-Adolescent® (MMPI-A®) may be considered **medically necessary and covered** when all of the following criteria are met (A.-N.):

- A. Patient is between 13 and 18 years of age; **and**
- B. Psychological testing has been requested and a testing plan is in place; **and**
- C. Clinical interview has been performed; **and**
- D. Case-specific question has been formulated; **and**
- E. Provider has documented what action will be taken or how treatment plan will be affected by testing results; **and**
- F. Provider confirms that patient has the cognitive and language skills required for the proposed test; **and**
- G. Provider confirms that any existing medical condition, substance use, psychotic features, or recent trauma do not contraindicate testing; **and**
- H. At least one of the following criteria are met (1.-3.):
 - 1. Lack of expected progress in evidence-based psychiatric or psychological treatment, or psychiatric disorder is evident but there is uncertainty about differential diagnosis and **all** of the following criteria are met (a.-d.):
 - a. At least 1 validated symptom inventory or rating scale administered to patient or caregiver; **and**
 - b. Patient psychiatric and medical history obtained; **and**

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- c. Functional impairment and medical history explored; **and**
 - d. Family psychiatric and medical history explored; **or**
- 2. Behavioral prediction for judicial or correctional purposes; **or**
- 3. Detection of malingering for disability adjudication or forensic purposes; **and**
- I. At least one parent or guardian has been interviewed; **and**
- J. Lack of expected progress in evidence-based psychiatric or psychological treatment, or psychiatric disorder is evident but there is uncertainty about differential diagnosis and all of the following criteria are met (1.-4.):
 - 1. At least 1 validated symptom inventory or rating scale administered to patient or caregiver; **and**
 - 2. Patient psychiatric and medical history obtained; **and**
 - 3. Functional impairment or report of internal distress; **and**
 - 4. Family psychiatric and medical history explored; **and**
- K. At least one of the following criteria are met (1.-4.):
 - 1. Provider reviewed records of previous treatment or psychological testing; **or**
 - 2. Provider consulted with previous or current service provider; **or**
 - 3. Provider is unable to obtain this information despite at least 2 attempts; **or**
 - 4. No other psychiatric or substance use services provided to patient within last 2 years; **and**
- L. At least one of the following structured or semi-structured interviews have been performed (1.-5.):
 - 1. Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID); **or**
 - 2. Anxiety Disorders Interview Schedule for Children (ADIS) Child and Parent Interview Schedules; **or**
 - 3. Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS); **or**
 - 4. Children's Interview for Psychiatric Syndromes (ChIPS) Child and Parent (P-ChIPS) Versions; **or**
 - 5. Diagnostic Interview Schedule for Children (DISC); **and**
- M. If behavioral disturbance is suspected or confirmed, at least one of the following criteria are met (1.-3.):
 - 1. Validated rating scale completed by teacher(s); **or**
 - 2. Consultation with school personnel or other important persons in patient's life; **or**
 - 3. Direct observation of parent-child interactions or child in natural settings; **and**
- N. All assessment activities have failed to answer the case-specific question.

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Personality Assessment Inventory™ (PAI®)

- IV. Psychological testing with the Personality Assessment Inventory™ (PAI®) may be considered **medically necessary and covered** when all of the following criteria are met (A.-L.):
- A. Patient is at least 18 years of age; **and**
 - B. Psychological testing has been requested and a testing plan is in place; **and**
 - C. Clinical interview has been performed; **and**
 - D. Case-specific question has been formulated; **and**
 - E. Provider has documented what action will be taken or how treatment plan will be affected by testing results; **and**
 - F. Provider confirms that patient has the cognitive and language skills required for the proposed test; **and**
 - G. Provider confirms that any existing medical condition, substance use, psychotic features, or recent trauma do not contraindicate testing; **and**
 - H. At least one of the following criteria are met (1.-3.):
 - 1. Lack of expected progress in evidence-based psychiatric or psychological treatment, or psychiatric disorder is evident but there is uncertainty about differential diagnosis and **all** of the following criteria are met (a.-d.):
 - a. At least 1 validated symptom inventory or rating scale administered to patient or caregiver; **and**
 - b. Patient psychiatric and medical history obtained; **and**
 - c. Functional impairment and medical history explored; **and**
 - d. Family psychiatric and medical history explored; **or**
 - 2. Behavioral prediction for judicial or correctional purposes; **or**
 - 3. Detection of malingering for disability adjudication or forensic purposes; **and**
 - I. At least one of the following criteria are met (1.-4.):
 - 1. Provider reviewed records of previous treatment or psychological testing; **or**
 - 2. Provider consulted with previous or current service provider; **or**
 - 3. Provider is unable to obtain this information despite at least 2 attempts; **or**
 - 4. No other psychiatric or substance use services provided to patient within last 2 years; **and**
 - J. At least one of the following structured or semi-structured interviews have been performed (1.-3.):
 - 1. Structured Clinical Interview for DSM Disorders (SCID); **or**
 - 2. Mini-International Neuropsychiatric Interview (MINI); **or**
 - 3. Schedule for Affective Disorders and Schizophrenia (SADS); **and**
 - K. In seeking collateral information from significant other or family members that live with patient, at least one of the following criteria are met (1.-6.):
 - 1. Interview at least 1 family member; **or**
 - 2. All other adults in the home contacted and each refuses to participate; **or**

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- 3. Contact with any other adult in the home contraindicated because abuse by family member suspected or confirmed; **or**
- 4. Contact with any other adult in the home contraindicated because family member cognitively impaired due to medical condition or persistent substance use or dementia; **or**
- 5. Patient refuses to allow significant other or family member involvement due to profound distrust or paranoia; **or**
- 6. Patient does not live with significant other or any adult family members; **and**

L. All assessment activities have failed to answer the case-specific question.

Unspecified Symptom Validity Test (SVT)

V. Psychological testing with the Unspecified Symptom Validity Test (SVT) may be considered **medically necessary and covered** when all of the following criteria are met (A.-H.):

- A. Patient is at least 18 years of age; **and**
- B. Psychological testing has been requested and a testing plan is in place; **and**
- C. Clinical interview has been performed; **and**
- D. Case-specific question has been formulated; **and**
- E. Provider has documented what action will be taken or how treatment plan will be affected by testing results; **and**
- F. Provider confirms that patient has the cognitive and language skills required for the proposed test; **and**
- G. Provider confirms that any existing medical condition, substance use, psychotic features, or recent trauma do not contraindicate testing; **and**
- H. Test is intended to detect malingering for disability adjudication or forensic purposes and both of the following criteria are met (1.-2.):
 - 1. No psychiatric disorder is evident and there is no uncertainty about differential diagnosis; **and**
 - 2. Lack of expected progress in evidence-based psychiatric or psychological treatment.

Unspecified Test

VI. Psychological testing with an unspecified test may be considered **medically necessary and covered** when all of the following criteria are met (A.-N.):

- A. Psychological testing has been requested and a testing plan is in place; **and**
- B. Clinical interview has been performed; **and**
- C. Case-specific question has been formulated; **and**
- D. Provider has documented what action will be taken or how treatment plan will be

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- affected by testing results; **and**
- E. Provider confirms that patient has the cognitive and language skills required for the proposed test; **and**
 - F. Provider confirms that any existing medical condition, substance use, psychotic features, or recent trauma do not contraindicate testing; **and**
 - G. Medical evaluation has been performed since onset of symptoms to rule out medical causes
 - H. At least one of the following criteria are met (1.-3.):
 - 1. Lack of expected progress in evidence-based psychiatric or psychological treatment, or psychiatric disorder is evident but there is uncertainty about differential diagnosis and all of the following criteria are met (a.-d.):
 - a. At least 1 validated symptom inventory or rating scale administered to patient or caregiver; **and**
 - b. Patient psychiatric and medical history obtained; **and**
 - c. Functional impairment and medical history explored; **and**
 - d. Family psychiatric and medical history explored; **or**
 - 2. Behavioral prediction for judicial or correctional purposes; **or**
 - 3. Detection of malingering for disability adjudication or forensic purposes; **and**
 - I. Lack of expected progress in evidence-based psychiatric or psychological treatment, or psychiatric disorder is evident but there is uncertainty about differential diagnosis and all of the following criteria are met (1.-4.):
 - 1. At least 1 validated symptom inventory or rating scale administered to patient or caregiver; **and**
 - 2. Patient psychiatric and medical history obtained; **and**
 - 3. Functional impairment or report of internal distress; **and**
 - 4. Family psychiatric and medical history explored; **and**
 - J. At least one of the following criteria are met (1.-4.):
 - 1. Provider reviewed records of previous treatment or psychological testing; **or**
 - 2. Provider consulted with previous or current service provider; **or**
 - 3. Provider is unable to obtain this information despite at least 2 attempts; **or**
 - 4. No other psychiatric or substance use services provided to patient within last 2 years; **and**
 - K. One of the following criteria are met (1.-3.):
 - 1. If patient is younger than 13 years of age, all of the following criteria are met (a.-c.):
 - a. At least ONE parent or guardian has been interviewed; **and**
 - b. To rule out medical causes, medical evaluation has been performed since the onset of symptoms to rule out medical causes via either of the following (i.-ii.)

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- i. Provider performed physical examination and appropriate follow-up medical tests or imaging; **or**
 - ii. Provider consulted with patient's physician or previous physicians.
 - c. At least one of the following structured or semi-structured interviews has been performed (i.-v.):
 - i. Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID); **or**
 - ii. Anxiety Disorders Interview Schedule for Children (ADIS) Child and Parent Interview Schedules; **or**
 - iii. Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS); **or**
 - iv. Children's Interview for Psychiatric Syndromes (ChIPS) Child and Parent (P-ChIPS) Versions; **or**
 - v. Diagnostic Interview Schedule for Children (DISC); **or**
- 2.If patient is between 13 and 18 years of age, both of the following criteria are met (a.-b.)
 - a. At least one parent or guardian has been interviewed; **and**
 - b. At least one of the following structured or semi-structured interviews has been performed (i.-iv.)
 - i. Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID); **or**
 - ii. Anxiety Disorders Interview Schedule for Children (ADIS) Child and Parent Interview Schedules; **or**
 - iii. Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS); **or**
 - Children's Interview for Psychiatric Syndromes (ChIPS) Child and Parent (P-ChIPS) Versions; **or**
 - iv. Diagnostic Interview Schedule for Children (DISC); **or**
- 3.If patient is more than 18 years of age, at least one of the following structured or semi-structured interviews has been performed (a.-c.):
 - a. Structured Clinical Interview for DSM Disorders (SCID); **or**
 - b. Mini-International Neuropsychiatric Interview (MINI); **or**
 - c. Schedule for Affective Disorders and Schizophrenia (SADS); **and**
- L. In seeking collateral information from significant other or family members that live with patient, at least one of the following criteria are met (1.-6.):
 - 1. Interview at least 1 family member; **or**
 - 2.All other adults in the home contacted and each refuses to participate; **or**
 - 3.Contact with any other adult in the home contraindicated because abuse by family member suspected or confirmed; **or**
 - 4.Contact with any other adult in the home contraindicated because family member cognitively impaired due to medical condition or persistent

substance use or dementia; **or**

5. Patient refuses to allow significant other or family member involvement due to profound distrust or paranoia; **or**

6. Patient does not live with significant other or any adult family members;
and

M. If behavioral disturbance is suspected or confirmed, at least one of the following criteria are met (1.-3.):

1. Validated rating scale completed by teacher(s); **or**

2. Consultation with school personnel or other important persons in patient's life; **or**

3. Direct observation of parent-child interactions or child in natural settings;
and

4. All assessment activities have failed to answer the case-specific question.

Frequency Limits

VII. Billing of psychological testing (including evaluation, administration, scoring, and interpretation) in excess of 8 hours or more than once (1) per calendar year is subject to medical necessity review.

Non-Covered Testing

VIII. Non-computerized psychological testing is considered **not medically necessary and is not covered** when criteria I.-VI. above is not met, including, but not limited to the following:

A. Testing for any vocational or educational purposes

B. Return to sports or recreational activities assessment

C. Disability determination

D. General screening without symptoms of a neurologic disorder

E. Legal competency determination

F. Determining age-appropriate mental changes

G. Migraine headache

H. Mild cognitive impairment

I. Chronic fatigue syndrome

J. Baseline assessments in the absence of signs or symptoms

IX. Computerized psychological testing (CPT: 96146) is considered **not medically necessary and not covered** for the treatment of any indication.

Neuropsychological Testing*Non-computerized Neuropsychological Testing*

- X. The medical application of non-computerized neuropsychological testing may be considered **medically necessary and covered** when **all** of the following (A.-B.) criteria are met:
- A. The patient meets **one or more** of the following (1.-3.) criteria:
1. Testing is required for the diagnosis of a neurologic disorder or injury (see note below for examples of disorders or injuries that may require neuropsychological testing); **or**
 2. Testing is required to measure changes in functional impairment or disease progression (e.g., head injury, stroke, concussion); **or**
 3. The patient has an established diagnosis of a neurologic disorder or injury and testing is required for the formulation of rehabilitation and/or management strategies; **and**
- B. Neuropsychological testing is intended to alter patient management.

Note: Clinical *examples* of neurologic disorders or injuries that may require neuropsychological testing when the above criteria are met, include, but are not limited to:

1. Early, undifferentiated dementia (not age related)
 2. Differential diagnosis of Alzheimer's disease, Pick's disease, Lewy body disease, etc.
 3. Diseases of the brain, including tumors, malformations, demyelinating, and extrapyramidal disease
 4. History of intracranial surgery
 5. Cerebral anoxic or hypoxic event
 6. Toxic, infectious, metabolic, or anoxic encephalopathy
 7. Encephalitis or meningitis
 8. Seizure disorders
 9. Stroke or cerebral vascular injury (e.g., brain aneurysm, subdural hematoma)
 10. Moderate or severe traumatic brain injury, including post-concussion syndrome
- XI. Non-computerized neuropsychological testing is considered **not medically necessary and is not covered** when criterion X. above is not met, including, but not limited to the following:
- A. Testing for any vocational or educational purposes
 - B. Return to sports or recreational activities assessment
 - C. Disability determination
 - D. General screening without symptoms of a neurologic disorder
 - E. Legal competency determination

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- F. Determining age appropriate mental changes
- G. Migraine headache
- H. Mild cognitive impairment
- I. Chronic fatigue syndrome
- J. Baseline assessments in the absence of signs or symptoms

Repeat Non-computerized Neuropsychological Testing

- XII. Repeat non-computerized neuropsychological testing may be considered **medically necessary and is covered** when **all** of the following (A.-C.) criteria are met:
 - A. The initial test was completed within the last 12 months; **and**
 - B. Repeat testing is needed to measure changes in functional impairment or disease progression (e.g., head injury, stroke, concussion); **and**
 - C. Results of repeat neuropsychological testing will alter the patient’s treatment plan.
- XIII. Repeat non-computerized neuropsychological testing is considered **not medically necessary and is not covered** when criterion III. above is not met.

Frequency Limitation

- XIV. Billing of neuropsychological testing (including evaluation, administration, scoring, and interpretation) in excess of 8 hours or more than once (1) per calendar year is subject to medical necessity review.

Computerized Neuropsychological Testing

- XV. Computerized neuropsychological testing with computerized cognitive assessment systems is considered **not medically necessary and is not covered** for any indication.

Link to [Policy Summary](#)

BILLING GUIDELINES

For all lines of business except Providence St. Joseph Health (except Providence St. Joseph Health Northern California):

- The CPT codes below will pay when paired with one of the diagnosis codes present in the [Billing Guidelines Appendix](#) below.
- Billing of psychological or neuropsychological testing (including evaluation, administration, scoring, and interpretation) in excess of 8 hours or more than once (1) per calendar year is subject to medical necessity review.

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CPT/HCPCS CODES

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<p>No Prior Authorization Required</p> <p><i>Note: Prior authorization is required for Providence St. Joseph Health (except Providence St. Joseph Health Northern California).</i></p>	
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]), by physician or other qualified health care professional , both face-to-face time with the patient and time interpreting test results and preparing the report ; first hour
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, 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)
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
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)
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
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)
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

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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)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
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)
Not Covered	
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

DESCRIPTION

Non-computerized Neuropsychological Testing

Neuropsychological testing is a performance-based method to assess a patient's cognitive functioning.¹ Testing can be used to examine the cognitive consequences of brain damage, brain disease, and severe mental illness. "There are several specific uses of neuropsychological assessment, including collection of diagnostic information, differential diagnostic information, assessment of treatment response, and prediction of functional potential and functional recovery."¹ Neuropsychological evaluation involves a clinical interview along with the administration, scoring, and interpretation of assessments that objectively and quantitatively assess the functional integrity of the brain.

Computerized Neuropsychological Testing

Computerized cognitive assessment systems, such as MindStreams® Cognitive Health Assessment (Neuropteran); Cambridge Neuropsychological Testing Automated Battery (CANTAB); Alzheimer's, CANTAB ADHD; CANTAB's Core Cognition battery; CNS Vital Signs; MicroCog; and Computer-Administered Neuropsychological Screen for Mild Cognitive Impairment (CANS-MCI) are computerized cognitive testing systems for the assessment and treatment of cognitive health. "Computerized neurocognitive assessments have been deemed advantageous due to the ease of administration, ability for immediate scoring, and reported increases in test-retest reliability."²

REVIEW OF EVIDENCE

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted to evaluate the medical application of neuropsychological testing. Below is a summary of the available evidence identified through January 2021.

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Non-Computerized Neuropsychological Testing

Neurologic disorders/injuries that may require neuropsychological testing:	Evidence:
Dementia, Alzheimer’s disease, Lewy body disease, etc.	<ul style="list-style-type: none"> - A 2017 systematic review and meta-analysis by Belleville et al. found high sensitivity and specificity values for 61 neuropsychological tests; thus indicating a good predictive value of neuropsychological testing to detect the progression of mild cognitive impairment to Alzheimer’s dementia.³ - In 2017, the Joint Program for Neurodegenerative Disease Work Group conducted a systematic review to evaluate the role of neuropsychological assessments in evaluating neurodegenerative dementias.⁴ Neuropsychological testing was shown to aid in the differentiation of Alzheimer’s dementia from dementia due to other causes (e.g., vascular disease). - In 2015, a study by Yoon et al. found that neuropsychological testing helped to predict conversion of mild cognitive impairment to dementia with Lewy bodies or Alzheimer’s dementia.⁵
Traumatic brain injury (TBI)	<ul style="list-style-type: none"> - Historical and more recent studies support the clinical utility of neuropsychological testing in patients with traumatic brain injury.^{6,7} These more recent studies indicate neuropsychological testing can aid in the classification of TBI (i.e., mild, moderate, severe) and help predict concurrent TBI symptoms.
Brain lesions, including tumors and malformations	<ul style="list-style-type: none"> - A 2017 study by Pranckeviciene et al. found that neuropsychological evaluation of brain tumor patients was predictive of cognitive impairments and psychological distress.⁸ - A 2016 systematic review by Meskal et al. found that neuropsychological testing in meningioma patients resulted in the adequate diagnosis and treatment of cognitive deficits. The results also suggested that neuropsychological testing may lead to improved outcomes and quality of life in meningioma patients.⁹ - Cochereau et al. found that patients with low-grade gliomas (LGG) have neuropsychological impairments, and neuropsychological testing in LGG patients can aid in the diagnosis of insidious cognitive deficits.¹⁰

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Demyelinating diseases (e.g., multiple sclerosis)	<ul style="list-style-type: none"> - A 2018 study by von Bismarck et al. found a high prevalence of patients with early-stage multiple sclerosis had neuropsychological symptoms, and these symptoms were accurately diagnosed with neuropsychological testing.¹¹ - Ruet and Brochet (2018) found neuropsychological testing in patients with multiple sclerosis (MS) to be validated methods for evaluating and characterizing the extent and severity of cognitive impairment in MS patients.¹² - A 2016 systematic review by Vollmer et al. found an association between neuropsychological testing diagnosed cognitive decline and associated brain volume loss in MS patients.¹³
Encephalopathies	<ul style="list-style-type: none"> - A 2017 study by Moore et al. established the clinical utility of neuropsychological testing for diagnosing cognitive impairment in adults living with HIV/AIDS.¹⁴ - A 2017 systematic review and meta-analysis by Burton et al. found that neuropsychological testing diagnosed ongoing specific cognitive impairments in post childhood acute disseminated encephalomyelitis.¹⁵
Epilepsy and seizure disorder	<ul style="list-style-type: none"> - A 2017 systematic review by Parra-Diaz and colleagues found that pre-surgical neuropsychological testing along with a functional MRI predict memory outcome after surgical treatment of refractory mesial temporal lobe epilepsy.¹⁶ - In 2017, Grau-Lopez evaluated neuropsychological and clinical features in predicting seizure control in patients with mesial temporal epilepsy.¹⁷ Neuropsychological testing identified moderate-severe cognitive impairment in patients with poor seizure control.
Neurotoxin exposure	<ul style="list-style-type: none"> - A 2016 study by Nascimento et al. demonstrated the clinical utility of neuropsychological testing for diagnosing neurotoxicity in children due to environmental exposure to manganese.¹⁸
Stroke	<ul style="list-style-type: none"> - Recent studies have demonstrated the clinical benefits of neuropsychological testing in post-stroke patients.^{19,20} The early diagnosis of neurological and functional deficits may improve quality of life and the rehabilitative process in these patients.

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Computerized Neuropsychological Testing

Systematic Reviews

- In 2017, Farnsworth et al. conducted a systematic review and meta-analysis to evaluate the reliability of computerized neurocognitive tests (CNTs) for concussion assessment.²¹ The literature review identified 18 studies encompassing 2,674 patients. Of the CNTs evaluated, the proportion of acceptable outcomes was highest for the Axon Sports CogState Test (75%) and lowest for the ImPACT test (25%). The authors concluded that the Axon Sports CogState Test may be a reliable CNT; however, “future studies are needed to compare the diagnostic accuracy of these instruments.”²¹

Nonrandomized Studies

- In 2017, Nelson 2017 et al. conducted a nonrandomized study to evaluate the reliability and validity of three computerized neurocognitive assessment tools (CNTs) for assessing mild traumatic brain injury (mTBI).²² A total of 94 mTBI patients and matched trauma control (n=80) patients were recruited from an emergency department and given neurocognitive assessments within 72 hours of injury and at 15 and 45 days post-injury. The CNTs evaluated did not yield significant differences between patients with mTBI versus other injuries. Other measures (e.g., symptom scores) better differentiated groups than CNTs. The authors concluded that, “(n)onspecific injury factors, and other characteristics common in ED settings, likely affect CNT performance across trauma patients as a whole and thereby diminish the validity of CNTs for assessing mTBI in this patient population.”²²

CLINICAL PRACTICE GUIDELINES

Non-computerized Neuropsychological Testing

American Academy of Neurology (AAN)

In 1996, the AAN published an evidence-based assessment of neuropsychological testing of adults.²³ The assessment indicated that neuropsychological testing in adults is most useful for the management and treatment of patients with suspected dementia, multiple sclerosis, Parkinson’s disease, traumatic brain injury, stroke, and HIV encephalopathy. The authors also concluded that neuropsychological testing is useful in patients undergoing epilepsy surgery.

The 2010 AAN (reaffirmed in 2013) evidence-based practice parameter regarding the evaluation and management of driving risk in patients with dementia indicated there was inadequate or conflicting data to reach a conclusion regarding the clinical utility of neuropsychological testing or other interventions for drivers with dementia.²⁴

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The 2013 AAN evidence-based guideline for the evaluation and management of concussion in sports recommends the use of neuropsychological testing of memory performance, reaction time, and speed of cognitive processing to identify the presence of concussion.²⁵

A 2018 AAN evidence-based practice guideline for mild cognitive impairment (MCI) concluded the following regarding neuropsychological testing to diagnose MCI:

“When screening or assessing for MCI, validated assessment tools should be used. Various instruments have acceptable diagnostic accuracy for detecting MCI, with no instrument being superior to another. Because brief cognitive assessment instruments are usually calibrated to maximize sensitivity rather than specificity, patients who test positive for MCI should then have further assessment (e.g., more in-depth cognitive testing, such as neuropsychological testing with interpretation based on appropriate normative data) to formally assess for this diagnosis.”²⁶

American Psychological Association (APA)

The 2012 evidence-based APA guidelines for the evaluation of dementia and age-related cognitive changes recommended the following:

- “Neuropsychological evaluation and cognitive testing remain the most effective differential diagnostic methods in discriminating pathophysiological dementia from age-related cognitive decline, cognitive difficulties that are depression related, and other related disorders. Even after reliable biological markers have been discovered, neuropsychological evaluation and cognitive testing will still be necessary to determine the onset of dementia, the functional expression of the disease process, the rate of decline, the functional capacities of the individual, and hopefully, response to therapies.
- Comprehensive neuropsychological evaluations for dementia and cognitive change include tests of multiple cognitive domains, typically including memory, attention, perceptual and motor skills, language, visuospatial abilities, reasoning, and executive functions.”²⁷

American Psychiatric Association (APA)

The 2007 evidence-based APA guideline for the treatment of patients with Alzheimer’s disease and other dementias recommends the following regarding neuropsychological testing:

“Neuropsychological testing may be helpful in a number of ways. It may help in deciding whether a patient with subtle or atypical symptoms actually has dementia as well as in more thoroughly characterizing an unusual symptom picture. It is particularly useful in the evaluation of individuals who present with mild cognitive impairment, which requires evidence of memory and/or other cognitive difficulties in the presence of intact functioning, and in the evaluation of individuals with the onset of dementia early in life. Testing may help to characterize the extent of cognitive impairment, to distinguish among the types of dementias, and to establish baseline cognitive function. Neuropsychological testing may also help identify strengths and weaknesses

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that could guide expectations for the patient, direct interventions to improve overall function, assist with communication, and inform capacity determinations.”²⁸

American Heart Association/American Stroke Association (AHA/ASA)

A 2016 evidence-based AHA/ASA guideline for adult stroke rehabilitation and recovery recommended the following regarding neuropsychological testing in post-stroke patients:

“A formal neuropsychological examination (including assessment of language, neglect, praxis, memory, emotional responses, and specific cognitive syndromes) may be helpful after the detection of cognitive impairment with a screening instrument. Neuropsychological protocols must be sensitive to a wide range of abilities, especially the assessment of executive and attentional functions.”²⁹

The guidelines go on to state that screening for cognitive deficits is recommended for all stroke patients before being discharged, and if deficits are identified a more detailed neuropsychological evaluation may be beneficial.

Computerized Neuropsychological Testing

American Psychological Association (APA)

The 2012 evidence-based APA guidelines for the evaluation of dementia and age-related cognitive changes stated the following regarding computerized neuropsychological testing:

“Technology assisted assessments (e.g., computer administered cognitive batteries, telehealth visits) are rapidly advancing, but appropriate psychometric properties and normative data are nascent. These technologies may have significant advantages for older persons with limited mobility or health care access but may also disadvantage older persons with limited experience and expertise interacting with technology.”²⁷

POLICY SUMMARY

Evidence demonstrates the clinical validity and utility of non-computerized neuropsychological testing for diagnosing neurologic disorders or injuries. These neurologic disorders or injuries include, but are not limited to, dementia, Alzheimer’s disease, traumatic brain injury, brain lesions, demyelinating diseases, encephalopathies, seizure disorders, neurotoxin exposure, and stroke. In addition, several evidence-based clinical practice guidelines recommend neuropsychological testing for the evaluation and treatment of neurologic disorders and injuries.

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There is insufficient published evidence to establish the accuracy and clinical utility of computerized neuropsychological testing. Additional studies of good methodological quality are required to establish the validity of these neuropsychological assessment technologies.

BILLING GUIDELINES APPENDIX

Psychological and neuropsychological testing may be considered medically necessary and covered when billed with any of the following ICD-10 codes:

E6601	F309	F321	F40220	F4320
E662	F310	F322	F40228	F4321
F0280	F3110	F323	F40230	F4322
F0281	F3111	F324	F40231	F4323
F200	F3112	F325	F40232	F4324
F201	F3113	F3281	F40233	F4325
F202	F312	F3289	F40240	F4329
F203	F3130	F329	F40241	F438
F205	F3131	F330	F40242	F439
F2081	F3132	F331	F40243	F440
F2089	F314	F332	F40248	F441
F209	F315	F333	F40290	F442
F21	F3160	F3340	F40291	F444
F22	F3161	F3341	F40298	F445
F23	F3162	F3342	F408	F446
F24	F3163	F338	F409	F447
F250	F3164	F339	F410	F4481
F251	F3170	F340	F411	F4489
F258	F3171	F341	F413	F449
F259	F3172	F3481	F418	F450
F28	F3173	F3489	F419	F451
F29	F3174	F349	F422	F4520
F3010	F3175	F39	F423	F4521
F3011	F3176	F4000	F424	F4522
F3012	F3177	F4001	F428	F4529
F3013	F3178	F4002	F429	F4541
F302	F3181	F4010	F430	F4542
F303	F3189	F4011	F4310	F458
F304	F319	F40210	F4311	F459
F308	F320	F40218	F4312	F481

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F482	F531	F6551	F981	A849
F488	F54	F6552	F9821	A850
F489	F550	F6581	F9829	A851
F5000	F551	F6589	F983	A852
F5001	F552	F659	F984	A858
F5002	F553	F66	F985	A86
F502	F554	F6810	A0101	A870
F5081	F558	F6811	A0221	A871
F5082	F59	F6812	A170	A872
F5089	F600	F6813	A1782	A878
F509	F601	F688	A203	A879
F5101	F602	F68A	A2781	A9231
F5102	F603	F69	A3211	B003
F5103	F604	F900	A3212	B004
F5104	F605	F901	A390	B010
F5105	F606	F902	A3981	B020
F5109	F607	F908	A4281	B021
F5111	F6081	F909	A4282	B050
F5112	F6089	F910	A5041	B051
F5113	F609	F911	A5042	B0601
F5119	F630	F912	A5141	B0602
F513	F631	F913	A5213	B1001
F514	F632	F918	A5214	B1009
F515	F633	F919	A5481	B261
F518	F6381	F930	A6921	B262
F519	F6389	F938	A811	B2702
F520	F639	F939	A830	B2712
F521	F640	F940	A831	B2782
F5221	F641	F941	A832	B2792
F5222	F642	F942	A833	B375
F5231	F648	F948	A834	B384
F5232	F649	F949	A835	B4081
F524	F650	F950	A836	B5741
F525	F651	F951	A838	B5742
F526	F652	F952	A839	B582
F528	F653	F958	A840	B6011
F529	F654	F959	A841	B941
F530	F6550	F980	A848	C710

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C711	F310	F331	F411	F8089
C712	F3110	F332	F413	F809
C713	F3111	F333	F418	F840
C714	F3112	F3340	F419	F900
C715	F3113	F3341	F422	F901
C716	F312	F3342	F423	F902
C717	F3130	F338	F424	F908
C718	F3131	F339	F428	F909
C719	F3132	F340	F429	G000
D8681	F314	F341	F430	G001
E701	F315	F3481	F4310	G002
F200	F3160	F3489	F4311	G003
F201	F3161	F349	F4312	G008
F202	F3162	F39	F4320	G009
F203	F3163	F4000	F4321	G01
F205	F3164	F4001	F4322	G02
F2081	F3170	F4002	F4323	G030
F2089	F3171	F4010	F4324	G031
F209	F3172	F4011	F4325	G032
F21	F3173	F40210	F4329	G038
F22	F3174	F40218	F438	G039
F23	F3175	F40220	F439	G0400
F24	F3176	F40228	F440	G0401
F250	F3177	F40230	F441	G0402
F251	F3178	F40231	F442	G041
F258	F3181	F40232	F444	G042
F259	F3189	F40233	F445	G0430
F28	F319	F40240	F446	G0431
F29	F320	F40241	F447	G0432
F3010	F321	F40242	F4481	G0439
F3011	F322	F40243	F4489	G0481
F3012	F323	F40248	F449	G0489
F3013	F324	F40290	F800	G0490
F302	F325	F40291	F801	G0491
F303	F3281	F40298	F802	G053
F304	F3289	F408	F804	G054
F308	F329	F409	F8081	G10
F309	F330	F410	F8082	G300

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G3184	G40909	I6310	I63349	I636
G35	G40911	I63111	I6339	I6381
G40001	G40919	I63112	I6340	I6389
G40009	G40A01	I63113	I63411	I639
G40011	G40A09	I63119	I63412	I69391
G40019	G40A11	I6312	I63413	P0700
G40101	G40A19	I63131	I63419	P0701
G40109	G40B01	I63132	I63421	P0702
G40111	G40B09	I63133	I63422	P0703
G40119	G40B11	I63139	I63423	P0710
G40201	G40B19	I6319	I63429	P0714
G40209	G800	I6320	I63431	P0715
G40211	G801	I63211	I63432	P0720
G40219	G802	I63212	I63433	P0721
G40301	G803	I63213	I63439	P0722
G40309	G804	I63219	I63441	P0723
G40311	G808	I6322	I63442	P0724
G40319	G809	I63231	I63443	P0725
G40401	G910	I63232	I63449	P0726
G40409	G911	I63233	I6349	P0730
G40411	G912	I63239	I6350	P0731
G40419	G913	I6329	I63511	P0732
G40501	G914	I6330	I63512	P0733
G40509	G918	I63311	I63513	P0734
G40801	G919	I63312	I63519	P0735
G40802	G931	I63313	I63521	P0736
G40803	G9349	I63319	I63522	P0737
G40804	I6300	I63321	I63523	P0738
G40811	I63011	I63322	I63529	P0739
G40812	I63012	I63323	I63531	Q040
G40813	I63013	I63329	I63532	Q041
G40814	I63019	I63331	I63533	Q042
G40821	I6302	I63332	I63539	Q043
G40822	I63031	I63333	I63541	Q044
G40823	I63032	I63339	I63542	Q045
G40824	I63033	I63341	I63543	Q046
G4089	I63039	I63342	I63549	Q048
G40901	I6309	I63343	I6359	Q049

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Q8501	S061X3A	S062X7A	S06312D	S06326D
Q8711	S061X3D	S062X8A	S06312S	S06326S
Q8719	S061X3S	S062X9A	S06313A	S06327A
Q9351	S061X4A	S062X9D	S06313D	S06328A
Q992	S061X4D	S062X9S	S06313S	S06329A
R410	S061X4S	S06300A	S06314A	S06329D
R411	S061X5A	S06300D	S06314D	S06329S
R412	S061X5D	S06300S	S06314S	S06330A
R413	S061X5S	S06301A	S06315A	S06330D
R414	S061X6A	S06301D	S06315D	S06330S
R4181	S061X6D	S06301S	S06315S	S06331A
R4182	S061X6S	S06302A	S06316A	S06331D
R4183	S061X7A	S06302D	S06316D	S06331S
R41840	S061X8A	S06302S	S06316S	S06332A
R41841	S061X9A	S06303A	S06317A	S06332D
R41842	S061X9D	S06303D	S06318A	S06332S
R41843	S061X9S	S06303S	S06319A	S06333A
R41844	S062X0A	S06304A	S06319D	S06333D
R4189	S062X0D	S06304D	S06319S	S06333S
R419	S062X0S	S06304S	S06320A	S06334A
S060X0A	S062X1A	S06305A	S06320D	S06334D
S060X0D	S062X1D	S06305D	S06320S	S06334S
S060X0S	S062X1S	S06305S	S06321A	S06335A
S060X1A	S062X2A	S06306A	S06321D	S06335D
S060X1D	S062X2D	S06306D	S06321S	S06335S
S060X1S	S062X2S	S06306S	S06322A	S06336A
S060X9A	S062X3A	S06307A	S06322D	S06336D
S060X9D	S062X3D	S06308A	S06322S	S06336S
S060X9S	S062X3S	S06309A	S06323A	S06337A
S061X0A	S062X4A	S06309D	S06323D	S06338A
S061X0D	S062X4D	S06309S	S06323S	S06339A
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S061X1A	S062X5A	S06310D	S06324D	S06339S
S061X1D	S062X5D	S06310S	S06324S	S06340A
S061X1S	S062X5S	S06311A	S06325A	S06340D
S061X2A	S062X6A	S06311D	S06325D	S06340S
S061X2D	S062X6D	S06311S	S06325S	S06341A
S061X2S	S062X6S	S06312A	S06326A	S06341D

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S06341S	S06355S	S06371A	S06385A	S066X0D
S06342A	S06356A	S06371D	S06385D	S066X0S
S06342D	S06356D	S06371S	S06385S	S066X1A
S06342S	S06356S	S06372A	S06386A	S066X1D
S06343A	S06357A	S06372D	S06386D	S066X1S
S06343D	S06358A	S06372S	S06386S	S066X2A
S06343S	S06359A	S06373A	S06387A	S066X2D
S06344A	S06359D	S06373D	S06388A	S066X2S
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S06346D	S06361S	S06375S	S064X1A	S066X5A
S06346S	S06362A	S06376A	S064X1D	S066X5D
S06347A	S06362D	S06376D	S064X1S	S066X5S
S06348A	S06362S	S06376S	S064X2A	S066X6A
S06349A	S06363A	S06377A	S064X2D	S066X6D
S06349D	S06363D	S06378A	S064X2S	S066X6S
S06349S	S06363S	S06379A	S064X9S	S066X7A
S06350A	S06364A	S06379D	S065X3D	S066X8A
S06350D	S06364D	S06379S	S065X3S	S066X9A
S06350S	S06364S	S06380A	S065X4A	S066X9D
S06351A	S06365A	S06380D	S065X4D	S066X9S
S06351D	S06365D	S06380S	S065X4S	S06810A
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S06353D	S06368A	S06382S	S065X6S	S06812A
S06353S	S06369A	S06383A	S065X7A	S06812D
S06354A	S06369D	S06383D	S065X8A	S06812S
S06354D	S06369S	S06383S	S065X9A	S06813A
S06354S	S06370A	S06384A	S065X9D	S06813D
S06355A	S06370D	S06384D	S065X9S	S06813S
S06355D	S06370S	S06384S	S066X0A	S06814A

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S06814D	S06822D	S06890D	S06897A	S069X5A
S06814S	S06822S	S06890S	S06898A	S069X5D
S06815A	S06823A	S06891A	S06899A	S069X5S
S06815D	S06823D	S06891D	S06899D	S069X6A
S06815S	S06823S	S06891S	S06899S	S069X6D
S06816A	S06824A	S06892A	S069X0A	S069X6S
S06816D	S06824D	S06892D	S069X0D	S069X7A
S06816S	S06824S	S06892S	S069X0S	S069X8A
S06817A	S06825A	S06893A	S069X1A	S069X9A
S06818A	S06825D	S06893D	S069X1D	S069X9D
S06819A	S06825S	S06893S	S069X1S	S069X9S
S06819D	S06826A	S06894A	S069X2A	Z01818
S06819S	S06826D	S06894D	S069X2D	Z77010
S06820A	S06826S	S06894S	S069X2S	Z77011
S06820D	S06827A	S06895A	S069X3A	Z77012
S06820S	S06828A	S06895D	S069X3D	Z77018
S06821A	S06829A	S06895S	S069X3S	Z77098
S06821D	S06829D	S06896A	S069X4A	Z87820
S06821S	S06829S	S06896D	S069X4D	Z982
S06822A	S06890A	S06896S	S069X4S	Z98890

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously

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considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

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