Medical Policy

Psychological and Neuropsychological Testing

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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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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 considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

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

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☐ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP 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.

Psychological and Neuropsychological Testing: Statement of Intent 1: Palliative Care, Diagnostic Guideline Note D26, Guideline Note 19, Oregon Administrative Rule: 309-032-0860

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Psychological Testing

I. Psychological testing may be considered **medically necessary** when both of the following criteria are met (A.-B.):

   A. The psychological test is administered, scored, and interpreted by a trained professional (e.g. clinical psychologist, psychologist, advanced nurse practitioner with education in this area, or a physician assistant who works with a psychiatrist with expertise in the appropriate area); **and**
   B. Psychological testing is intended for any of the following (1.-4.):
      1. To assist with diagnosis and management following clinical findings where a mental illness or psychological abnormality is suspected; **or**
      2. To provide a differential diagnosis from a range of neurological/psychological disorders that present with constellations of symptoms (e.g. differentiation between pseudodementia and depression); **or**
      3. To determine the clinical and functional significance of a brain abnormality; **or**
      4. To delineate the specific cognitive basis of functional complaints.

II. Psychological testing is considered **not medically necessary** when criterion I. above is not met, including but not limited to any of the following:

Frequency Limits

III. 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. s

Not Medically Necessary

IV. Psychological testing is considered **not medically necessary** when criterion I. above is not met, including but not limited to the following:

A. The patient has a substance use background and the patient has ongoing substance use;
B. The patient is not neurologically and cognitively able to participate in a meaningful way in the testing process;
C. The patient has been diagnosed previously with brain dysfunction, such as Alzheimer's diseases and there is no expectation that the testing would impact the patient's medical management;
D. Medical management of migraine headache;
E. Medical management of chronic fatigue syndrome;
F. Baseline assessments in the absence of signs or symptoms;
G. General screening without symptoms of a neurologic disorder ;
H. Testing performed when abnormalities of brain function are not suspected;
I. Repeated testing when not required for medical decision-making (i.e., making a diagnosis or deciding whether to start or continue a particular rehabilitative or pharmacologic therapy);
J. Testing for any of the following purposes (1.-5.):
    1. Vocational or educational purposes;
    2. Return to sports or recreational activities assessment;
    3. Disability determination;
    4. Legal competency determination;
    5. Determining age-appropriate mental changes.

V. Psychological testing is considered **not medically necessary** when criterion I. above is not met, including but not limited to the following testing methodologies:

A. Self-administered or self-scored inventories, or screening tests of cognitive function (whether paper-and-pencil or computerized) (e.g., AIMS, Folstein Mini-Mental Status Examination);
B. Screening tests given to the individual or to general populations.
    - <u>Note</u>: *This policy does not address the use of standardized screening tools in primary care and other settings (e.g. Patient Health Questionnaire-9, Generalized Anxiety Disorder-7), as these are not considered psychological testing services.*

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

Neuropsychological Testing

Non-computerized Neuropsychological Testing
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VII. The medical application of non-computerized neuropsychological testing may be considered **medically necessary** 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:

A. Early, undifferentiated dementia (not age related)
B. Differential diagnosis of Alzheimer's disease, Pick's disease, Lewy body disease, etc.
C. Diseases of the brain, including tumors, malformations, demyelinating, and extrapyramidal disease
D. History of intracranial surgery
E. Cerebral anoxic or hypoxic event
F. Toxic, infectious, metabolic, or anoxic encephalopathy
G. Encephalitis or meningitis
H. Seizure disorders
I. Stroke or cerebral vascular injury (e.g., brain aneurysm, subdural hematoma)
J. Moderate or severe traumatic brain injury, including post-concussion syndrome

VIII. Non-computerized neuropsychological testing is considered **not medically necessary** 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
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

IX. 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.

X. Repeat non-computerized neuropsychological testing is considered **not medically necessary** when criterion III. above is not met.

Frequency Limitation

XI. 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

XII. Computerized neuropsychological testing with computerized cognitive assessment systems is considered **not medically necessary** for any indication**.**

Link to Evidence Summary

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance resources:

- Local Coverage Document, Psychological and Neuropsychological Testing (L34646)[1]

DOCUMENTATION REQUIREMENTS

- The medical record and assessment report should document the diagnosis and treatment recommendations.

- The patient's medical record should contain documentation that fully supports the medical necessity for testing performed. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation should include the following information:

    - Any suspected mental illness or neuropsychological abnormality or central nervous system dysfunction
    - The initial clinical findings that determine the need for testing
    - The types of testing indicated
    - The time involved and whether this is initial testing or follow-up
    - Previous testing by the same or different provider, and efforts to obtain previous test results performed
    - The test(s) administered, scoring and interpretation, treatment recommendations

- Documentation should be legible, signed, and maintained in the patient's medical record.
- If the total time for the tests exceeds eight hours, a report may be requested asking for the medical necessity of the extended testing.
- The administration of psychological testing and/or neuropsychological testing must result in the generation of material that will be formulated into a report that will be given to the referring provider.

BACKGROUND

Psychological Testing

A psychological test is an instrument designed to measure unobserved constructs, also known as latent variables. Psychological tests are typically, but not necessarily, a series of tasks or problems that the respondent has to solve. Psychological tests can strongly resemble questionnaires, which are also designed to measure unobserved constructs, but differ in that psychological tests ask for a respondent's maximum performance whereas a questionnaire asks for the respondent's typical performance. A useful psychological test must be both valid (i.e., there is evidence to support the specified interpretation of the test results) and reliable (i.e., internally consistent or give consistent results over time, across raters, etc.).[1]

Non-computerized Neuropsychological Testing

Neuropsychological testing is a performance-based method to assess a patients cognitive functioning.[2] 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."[2] 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."[3]

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

CLINICAL EVIDENCE AND LITERATURE REVIEW

EVIDENCE REVIEW

Non-Computerized Neuropsychological Testing

Neurologic disorders/injuries that may require neuropsychological testing:	Evidence:
Dementia, Alzheimer's disease, Lewy body disease, etc.	- 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 demention.[4] - 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.[5] 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.[6]
Traumatic brain injury (TBI)	- Historical and more recent studies support the clinical utility of neuropsychological testing in patients with traumatic brain injury.[7,8] 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	- A 2017 study by Pranckeviciene et al. found that neuropsychological evaluation of brain tumor patients was predictive of cognitive impairments and psychological distress.[9] - 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.[10] - 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.[11]
Demyelinating diseases (e.g., multiple sclerosis)	- 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.[12] - 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.[13] - 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.[14]
Encephalopathies	- A 2017 study by Moore et al. established the clinical utility of neuropsychological testing for diagnosing cognitive impairment in adults living with HIV/AIDS.[15] - 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.[16]
Epilepsy and seizure disorder	- 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.[17] - In 2017, Grau-Lopez evaluated neuropsychological and clinical features in predicting seizure control in patients with mesial temporal epilepsy.[18] Neuropsychological testing identified moderate-severe cognitive impairment in patients with poor seizure control.
Neurotoxin exposure	- 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.[19]
Stroke	- Recent studies have demonstrated the clinical benefits of neuropsychological testing in post-stroke patients.[20,21] The early diagnosis of neurological and functional deficits may improve quality of life and the rehabilitative process in these patients.

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.[22] 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."[22]

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).[23] 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."[23]

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.[24] 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.[25]

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.[26]

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."[27]

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."[28]

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 that could guide expectations for the patient, direct interventions to improve overall function, assist with communication, and inform capacity determinations."[29]

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."[30]

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."[28]

EVIDENCE 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.

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.

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others.

Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.
The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online here.

BILLING GUIDELINES AND CODING

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.
- This policy does not address the use of standardized screening tools in primary care and other settings (e.g. Patient Health Questionnaire-9, Generalized Anxiety Disorder-7) that may be billed with CPT 96160, as these are not considered psychological testing services.

CODES*		
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]),), 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
	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)
	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
3/2023	Eliminated test-specific psychological testing criteria. Psychological testing criteria now based on CMS guidance document L34646.
7/2024	Annual update. Reorganized criteria; added examples of testing methodologies considered “not medically necessary.” Added new diagnosis code to configuration.
8/2024	Annual update. Additional diagnosis codes added.
7/2026	Annual update. No changes.

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	F01B1	F02A2	F03B18	F03C3
E662	F01B2	F02A3	F03A0	F03C4
F0150	F01B3	F02A4	F03A1	F04
F01511	F01B4	F02B0	F03A2	F05
F01518	F01C0	F02B1	F03A3	F060
F0152	F01C1	F02B2	F03A4	F061
F0153	F01C2	F02B3	F03B0	F062
F0154	F01C3	F02B4	F03B1	F0630
F01A0	F01C4	F02C0	F03B2	F0631
F01A1	F0282	F02C1	F03B3	F0632
F01A2	F0283	F02C2	F03B4	F0633
F01A3	F0284	F02C3	F03C0	F0634
F01A4	F02A0	F02C4	F03C1	F064
F01B0	F02A1	F03B11	F03C2	F0670

F0671	G3185	F3012	F3172	F338
F068	G3186	F3013	F3173	F339
F070	G3189	F302	F3174	F340
F0781	G319	F303	F3175	F341
F0789	F0280	F304	F3176	F3481
F079	F0281	F308	F3177	F3489
F09	F200		F3178	F349
F842	F201	F309	F3181	F39
F843	F202	F310	F3189	F4000
F845	F203	F3110	F319	F4001
F848	F205	F3111	F320	F4002
F849	F2081	F3112	F321	F4010
F88	F2089	F3113	F322	F4011
F89	F209	F312	F323	F40210
G301	F21	F3130	F324	F40218
G308	F22	F3131	F325	F40220
G309	F23	F3132	F3281	F40228
G3101	F24	F314	F3289	F40230
G3109	F250	F315	F329	F40231
G311	F251	F3160	F330	F40232
G312	F258	F3161	F331	F40233
G3180	F259	F3162	F332	F40240
G3181	F28	F3163	F333	F40241
G3182	F29	F3164	F3340	F40242
G3183	F3010	F3170	F3341	F40243
G3184	F3011	F3171	F3342	F40248

F40290	F438	F5000	F5222	F6081
F40291	F439	F5001	F5231	F6089
F40298	F440	F5002	F5232	F609
F408	F441	F502	F524	F630
F409	F442	F5081	F525	F631
F410	F444	F5082	F526	F632
F411	F445	F5089	F528	F633
F413	F446	F509	F529	F6381
F418	F447	F5101	F530	F6389
F419	F4481	F5102	F531	F639
F422	F4489	F5103	F54	F640
F423	F449	F5104	F550	F641
F424	F450	F5105	F551	F642
F428	F451	F5109	F552	F648
F429	F4520	F5111	F553	F649
F430	F4521	F5112	F554	F650
F4310	F4522	F5113	F558	F651
F4311	F4529	F5119	F59	F652
F4312	F4541	F513	F600	F653
F4320	F4542	F514	F601	F654
F4321	F458	F515	F602	F6550
F4322	F459	F518	F603	F6551
F4323	F481	F519	F604	F6552
F4324	F482	F520	F605	F6581
F4325	F488	F521	F606	F6589
F4329	F489	F5221	F607	F659

F66	F949	A5042	A871	B5742
F6810	F950	A5141	A872	B582
F6811	F951	A5213	A878	B6011
F6812	F952	A5214	A879	B941
F6813	F958	A5481	A9231	C710
F688	F959	A6921	B003	C711
F68A	F980	A811	B004	C712
F69	F981	A830	B010	C713
F900	F9821	A831	B020	C714
F901	F9829	A832	B021	C715
F902	F983	A833	B050	C716
F908	F984	A834	B051	C717
F909	F985	A835	B0601	C718
F910	A0101	A836	B0602	C719
F911	A0221	A838	B1001	D8681
F912	A170	A839	B1009	E701
F913	A1782	A840	B261	F0670
F918	A203	A841	B262	F0671
F919	A2781	A848	B2702	F200
F930	A3211	A849	B2712	F201
F938	A3212	A850	B2782	F202
F939	A390	A851	B2792	F203
F940	A3981	A852	B375	F205
F941	A4281	A858	B384	F2081
F942	A4282	A86	B4081	F2089
F948	A5041	A870	B5741	F209

F21	F3131	F325	F40220	F430
F22	F3132	F3281	F40228	F4310
F23	F314	F3289	F40230	F4311
F24	F315	F329	F40231	F4312
F250	F3160	F330	F40232	F4320
F251	F3161	F331	F40233	F4321
F258	F3162	F332	F40240	F4322
F259	F3163	F333	F40241	F4323
F28	F3164	F3340	F40242	F4324
F29	F3170	F3341	F40243	F4325
F3010	F3171	F3342	F40248	F4329
F3011	F3172	F338	F40290	F438
F3012	F3173	F339	F40291	F439
F3013	F3174	F340	F40298	F440
F302	F3175	F341	F408	F441
F303	F3176	F3481	F409	F442
F304	F3177	F3489	F410	F444
F308	F3178	F349	F411	F445
F309	F3181	F39	F413	F446
F310	F3189	F4000	F418	F447
F3110	F319	F4001	F419	F4481
F3111	F320	F4002	F422	F4489
F3112	F321	F4010	F423	F449
F3113	F322	F4011	F424	F800
F312	F323	F40210	F428	F801
F3130	F324	F40218	F429	F802

F804	G0401	G40119	G40824	G918
F8081	G0402	G40201	G4089	G919
F8082	G041	G40209	G40901	G931
F8089	G042	G40211	G40909	G9349
F809	G0430	G40219	G40911	I6300
F840	G0431	G40301	G40919	I63011
F88	G0432	G40309	G40A01	I63012
F900	G0439	G40311	G40A09	I63013
F901	G0481	G40319	G40A11	I63019
F902	G0489	G40401	G40A19	I6302
F908	G0490	G40409	G40B01	I63031
F909	G0491	G40411	G40B09	I63032
G000	G053	G40419	G40B11	I63033
G001	G054	G40501	G40B19	I63039
G002	G10	G40509	G800	I6309
G003	G300	G40801	G801	I6310
G008	G3109	G40802	G802	I63111
G009	G3184	G40803	G803	I63112
G01	G35	G40804	G804	I63113
G02	G40001	G40811	G808	I63119
G030	G40009	G40812	G809	I6312
G031	G40011	G40813	G910	I63131
G032	G40019	G40814	G911	I63132
G038	G40101	G40821	G912	I63133
G039	G40109	G40822	G913	I63139
G0400	G40111	G40823	G914	I6319

I6320	I63343	I63521	P0721	Q8711
I63211	I63349	I63522	P0722	Q8719
I63212	I6339	I63523	P0723	Q9351
I63213	I6340	I63529	P0724	Q992
I63219	I63411	I63531	P0725	R410
I6322	I63412	I63532	P0726	R411
I63231	I63413	I63533	P0730	R412
I63232	I63419	I63539	P0731	R413
I63233	I63421	I63541	P0732	R414
I63239	I63422	I63542	P0733	R4181
I6329	I63423	I63543	P0734	R4182
I6330	I63429	I63549	P0735	R4183
I63311	I63431	I6359	P0736	R41840
I63312	I63432	I636	P0737	R41841
I63313	I63433	I6381	P0738	R41842
I63319	I63439	I6389	P0739	R41843
I63321	I63441	I639	Q040	R41844
I63322	I63442	I69391	Q041	R4189
I63323	I63443	P0700	Q042	R419
I63329	I63449	P0701	Q043	S060X0A
I63331	I6349	P0702	Q044	S060X0D
I63332	I6350	P0703	Q045	S060X0S
I63333	I63511	P0710	Q046	S060X1A
I63339	I63512	P0714	Q048	S060X1D
I63341	I63513	P0715	Q049	S060X1S
I63342	I63519	P0720	Q8501	S060X9A

S060X9D	S061X9D	S062X9D	S06309D	S06319D
S060X9S	S061X9S	S062X9S	S06309S	S06319S
S061X0A	S062X0A	S06300A	S06310A	S06320A
S061X0D	S062X0D	S06300D	S06310D	S06320D
S061X0S	S062X0S	S06300S	S06310S	S06320S
S061X1A	S062X1A	S06301A	S06311A	S06321A
S061X1D	S062X1D	S06301D	S06311D	S06321D
S061X1S	S062X1S	S06301S	S06311S	S06321S
S061X2A	S062X2A	S06302A	S06312A	S06322A
S061X2D	S062X2D	S06302D	S06312D	S06322D
S061X2S	S062X2S	S06302S	S06312S	S06322S
S061X3A	S062X3A	S06303A	S06313A	S06323A
S061X3D	S062X3D	S06303D	S06313D	S06323D
S061X3S	S062X3S	S06303S	S06313S	S06323S
S061X4A	S062X4A	S06304A	S06314A	S06324A
S061X4D	S062X4D	S06304D	S06314D	S06324D
S061X4S	S062X4S	S06304S	S06314S	S06324S
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S061X5D	S062X5D	S06305D	S06315D	S06325D
S061X5S	S062X5S	S06305S	S06315S	S06325S
S061X6A	S062X6A	S06306A	S06316A	S06326A
S061X6D	S062X6D	S06306D	S06316D	S06326D
S061X6S	S062X6S	S06306S	S06316S	S06326S
S061X7A	S062X7A	S06307A	S06317A	S06327A
S061X8A	S062X8A	S06308A	S06318A	S06328A
S061X9A	S062X9A	S06309A	S06319A	S06329A

S06329D	S06339D	S06349D	S06359D	S06369D
S06329S	S06339S	S06349S	S06359S	S06369S
S06330A	S06340A	S06350A	S06360A	S06370A
S06330D	S06340D	S06350D	S06360D	S06370D
S06330S	S06340S	S06350S	S06360S	S06370S
S06331A	S06341A	S06351A	S06361A	S06371A
S06331D	S06341D	S06351D	S06361D	S06371D
S06331S	S06341S	S06351S	S06361S	S06371S
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S06332D	S06342D	S06352D	S06362D	S06372D
S06332S	S06342S	S06352S	S06362S	S06372S
S06333A	S06343A	S06353A	S06363A	S06373A
S06333D	S06343D	S06353D	S06363D	S06373D
S06333S	S06343S	S06353S	S06363S	S06373S
S06334A	S06344A	S06354A	S06364A	S06374A
S06334D	S06344D	S06354D	S06364D	S06374D
S06334S	S06344S	S06354S	S06364S	S06374S
S06335A	S06345A	S06355A	S06365A	S06375A
S06335D	S06345D	S06355D	S06365D	S06375D
S06335S	S06345S	S06355S	S06365S	S06375S
S06336A	S06346A	S06356A	S06366A	S06376A
S06336D	S06346D	S06356D	S06366D	S06376D
S06336S	S06346S	S06356S	S06366S	S06376S
S06337A	S06347A	S06357A	S06367A	S06377A
S06338A	S06348A	S06358A	S06368A	S06378A
S06339A	S06349A	S06359A	S06369A	S06379A

S06379D S06389D S065X9D S066X9D S06819D

S06379S S06389S S065X9S S066X9S S06819S

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S06380D S064X0D S066X0D S06810D S06820D

S06380S S064X0S S066X0S S06810S S06820S

S06381A S064X1A S066X1A S06811A S06821A

S06381D S064X1D S066X1D S06811D S06821D

S06381S S064X1S S066X1S S06811S S06821S

S06382A S064X2A S066X2A S06812A S06822A

S06382D S064X2D S066X2D S06812D S06822D

S06382S S064X2S S066X2S S06812S S06822S

S06383A S064X9S S066X3A S06813A S06823A

S06383D S065X3D S066X3D S06813D S06823D

S06383S S065X3S S066X3S S06813S S06823S

S06384A S065X4A S066X4A S06814A S06824A

S06384D S065X4D S066X4D S06814D S06824D

S06384S S065X4S S066X4S S06814S S06824S

S06385A S065X5A S066X5A S06815A S06825A

S06385D S065X5D S066X5D S06815D S06825D

S06385S S065X5S S066X5S S06815S S06825S

S06386A S065X6A S066X6A S06816A S06826A

S06386D S065X6D S066X6D S06816D S06826D

S06386S S065X6S S066X6S S06816S S06826S

S06387A S065X7A S066X7A S06817A S06827A

S06388A S065X8A S066X8A S06818A S06828A

S06389A S065X9A S066X9A S06819A S06829A

S06829D	S06893S	S06899D	S069X3S	S069X9D
S06829S	S06894A	S06899S	S069X4A	S069X9S
S06890A	S06894D	S069X0A	S069X4D	Z01818
S06890D	S06894S	S069X0D	S069X4S	Z77010
S06890S	S06895A	S069X0S	S069X5A	Z77011
S06891A	S06895D	S069X1A	S069X5D	Z77012
S06891D	S06895S	S069X1D	S069X5S	Z77018
S06891S	S06896A	S069X1S	S069X6A	Z77098
S06892A	S06896D	S069X2A	S069X6D	Z87820
S06892D	S06896S	S069X2D	S069X6S	Z982
S06892S	S06897A	S069X2S	S069X7A	Z98890
S06893A	S06898A	S069X3A	S069X8A	
S06893D	S06899A	S069X3D	S069X9A	