



Neuropsychological Testing For Non-Behavioral Health Diagnoses Clinical Coverage Criteria

Overview

Neuropsychological testing is a sub-classification of psychological testing considered a well-established method in the evaluation of patients with cognitive or behavioral abnormalities.

Neuropsychological tests are evaluations designed to determine the functional consequences of known or suspected brain dysfunction through testing of the neurocognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis.

These evaluations are requested for patients with a history of psychological, neurological or medical disorders known to impact cognitive or neurobehavioral functioning. The evaluations include a history of medical or neurological disorders compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare does not have an NCD for neuropsychological testing. National Government Services, Inc. has an LCD for Psychiatry and Psychology Services (L33632) and an LCA for Psychiatry and Psychology Services (A56937). Criteria for neuropsychological testing are in Section VII (B) of the LCD (MCD search 06-28-2021). Additional information on coverage for neurodiagnostic testing can be found in the Medicare Benefit Policy Manual, Chapter 15, Section 80.2 - Psychological Tests and Neuropsychological Tests.

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

Fallon Health requires prior authorization for all neuropsychological testing. For a diagnosis related to behavioral health, prior authorization and criteria can be obtained via Beacon Health Strategies. For any other diagnosis Fallon Health's Prior Authorization Department will review this request based on the following criteria, the request must be supported by the treating provider(s) medical records:

1. A comprehensive clinical neurological evaluation performed within the past 12 months indicating a specific diagnosis and/or a course of treatment cannot be determined without further testing.
2. The evaluation must consider and rule out other possible causes of the neurological issues.
3. The clinical evaluation must support the testing will establish a diagnosis and have an impact on the clinical management of the member.

Exclusions

- Any Neuropsychological Testing performed which does not meet the above criteria.
- Testing for Educational or Vocational purposes.
- Testing performed as a primary or initial screening evaluation.

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Code	Description
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

References

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3. McCrory P, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport, Zurich, November 2012. *J Athl Train*. 2013 Jul/Aug; 48(4): 554-75.
4. Nathan PC, et al. Guidelines for identification of, advocacy for, and intervention in neurocognitive problems in survivors of childhood cancer: a report from the Children's Oncology Group. *Arch Pediatr Adolesc Med*. 2007 Aug; 161(8): 798-806.
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7. Weakley A, Williams JA, Schmitter-Edgecombe M, Cook DJ. Neuropsychological test selection for cognitive impairment classification: A machine learning approach. *J Clin Exp Neuropsychol*. 2015 Nov;37(9):899-916.
8. Kontos AP, Sufrinko A, Womble M, Kegel N. Neuropsychological Assessment Following Concussion: an Evidence-Based Review of the Role of Neuropsychological Assessment Pre- and Post-Concussion. *Curr Pain Headache Rep*. 2016 Jun;20(6):38.
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10. Fletcher, J., Miciak, J. Comprehensive Cognitive Assessments are not Necessary for the Identification and Treatment of Learning Disabilities. *Archives of Clinical Neuropsychology*. Feb 2017.32(1): 2-7.
11. McGrath N, Eloi J. The Role of Neuropsychology in the Evaluation of Concussion. *Semin Pediatr Neurol*. 2019 Jul;30:83-95.
12. National Government Services, Inc. Local Coverage Determination for Psychiatry and Psychology Services (L33632). Original Effective Date 10/01/2015. Revision Effective Date 11/28/2019. Available at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Accessed 6/28/2021.
13. National Government Services, Inc. Local Coverage Article Billing and Coding for Psychiatry and Psychology Services (A56937). Original Effective Date 11/28/2019. Revision Effective Date 10/1/2020. Available at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Accessed 6/28/2021.
14. Medicare Benefit Policy Manual, Chapter 15, Section 80.2 - Psychological Tests and Neuropsychological Tests. Effective 01/01/2006.

Policy history

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06/25/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.