



Neuropsychological Testing For Non-Behavioral Health Diagnoses Clinical Coverage Criteria

Overview

Neuropsychological assessment is an objective, performance based method of assessing brain functioning. A neuropsychological assessment involves the administration of standardized tests (with normative data) across a range of cognitive domains which typically include memory, language, visuospatial and perceptual functions, attention and executive functions.

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:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
- NaviCare SCO (MassHealth-only)
- PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- Community Care (Commercial/Exchange)

Prior authorization is required for neuropsychological testing for non-behavioral health diagnoses for Medicare Advantage, NaviCare and PACE plan members.

Effective for dates of service on or after April 1, 2024, prior authorization is not required for neuropsychological testing for non-behavioral health diagnoses for MassHealth ACO and Community Care members.

Neuropsychological testing for behavioral health diagnoses is managed by the Plan's behavioral Health vendor, Carelon Behavioral Health, formerly, Beacon Health Options.

Medicare Advantage

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service

area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Medicare statutes and regulations do not have coverage criteria for neuropsychological testing. Medicare does not have an NCD for neuropsychological testing. National Government Services, Inc., the Part A/B Medicare Administrative Contractor with jurisdiction in the Plans service area has an LCD for Psychiatry and Psychology Services (L33632). Criteria for neuropsychological testing are in Section VII (B) of the LCD (Medicare Coverage Database search 05-27-2024).

Coverage criteria for neuropsychological testing are fully established by Medicare, therefore, the Plan's coverage criteria are not applicable.

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.

MassHealth ACO

Fallon Health follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

MassHealth does not have Guidelines for Medical Necessity Determination for neuropsychological testing (MassHealth website search 05/27/2024), therefore, the Plan's coverage criteria are applicable.

NaviCare HMO SNP, NaviCare SCO

For plan members enrolled in NaviCare, Fallon Health first follow's CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health Clinical Coverage Criteria

Fallon Health Clinical Coverage Criteria apply to MassHealth ACO and Community Care members. Refer to Policy section above for Medicare Advantage, NaviCare and PACE plan members.

Neuropsychological testing for behavioral health diagnoses is managed by the Plan's behavioral Health vendor, Carelon Behavioral Health, formerly, Beacon Health Options.

Fallon Health will review requests for neuropsychological testing for non-behavioral health diagnoses known to impact cognitive or neurobehavioral functioning, 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.

The medical record must indicate the presence of signs or symptoms for which neuropsychological testing is indicated as an aid in the diagnosis and therapeutic planning. The record must show the tests performed, scoring and interpretation, as well as the time involved.

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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Policy history

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related to Medicare Advantage, NaviCare and PACE under Policy section), 05/28/2024 (annual review; updated Medicare and MassHealth ACO information in Policy section; no changes to coverage criteria).

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.