NO. 91537

NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope:

- **Neuropsychological testing** is a comprehensive, standardized assessment process used to evaluate the relationship between brain function and behavior, typically administered by a clinical neuropsychologist.
- **Psychological testing** is a broader category of assessment that evaluates an individual's mental health, emotional functioning, personality traits, and general cognitive abilities, typically administered by a clinical psychologist.

Related policies:

- 91546 – Psychological Evaluation and Management of Non-Mental Health Disorders

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I. MEDICAL NECESSITY CRITERIA

A. ***Neuropsychological testing*** is considered medically necessary for diagnostic assessment essential to the development of a treatment plan when one or more of the following applies:

1. A significant mental status change not due to a metabolic disorder that has failed to respond to treatment
2. A need for a pre-surgical or treatment related cognitive evaluation to inform whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell transplant)
3. Difficulty distinguishing between the neurocognitive effects of a neurogenic syndrome such as dementia vs. a major depressive disorder when adequate treatment for major depressive disorder has not resulted in improvement in neurocognitive function
4. A need to determine whether a patient can comprehend and participate effectively in complex treatment regimens (e.g., transplant or bariatric surgeries in patients with diminished capacity)
5. A significant behavioral change, memory loss or organic brain injury and ONE of the following:
    a. Traumatic brain injury
    b. Stroke
    c. Brain tumor
    d. Cerebral anoxic or hypoxic episode
    e. Central nervous system (CNS) infection
    f. Neoplasms or vascular injury of the CNS
    g. Neurodegenerative disorders
    h. Demyelinating disease
    i. Extrapyramidal disease
    j. Exposure to intrathecal agents or cranial radiation known to be associated with cerebral dysfunction

B. Psychological testing is medically necessary
1. For diagnostic assessment and differential diagnosis essential to guiding treatment recommendations.
2. Psychological evaluation is a component of a pre-surgical and/or pre-medical program. (For consideration of coverage for psychological testing, the medical services must be prior-approved by Health Management. Examples include pre-surgical evaluations and evaluations for pain management programs.)

C. **Exclusions**: Priority Health **does not cover** *psychological/neuropsychological testing* under either the medical or behavioral health benefit for ANY of the following indications because such testing may be provided by school districts or is not medically necessary (this may not be an all-inclusive list):
1. When performed primarily for educational purposes
2. When performed in association with vocational counseling or training
3. Personnel or employment testing
4. Routine batteries of psychological tests given at inpatient admission or continued stay
5. Testing performed solely or primarily for legal/forensic purposes or guardianship evaluation
6. Testing performed when patient is not neurologically and cognitively able to participate in a meaningful way in the testing process
7. Testing performed when abnormalities of the brain are not suspected
8. Repeated testing when not required for medical decision making

9. Testing administered when the patient has a substance use disorder background and any of the following apply: the patient has ongoing substance use such that test results would be inaccurate, the patient is currently intoxicated
10. Testing performed when the patient has been diagnosed previously with brain dysfunction and there is no expectation that the testing would impact patient's medical management

See also: Priority Health Provider Manual: Neuropsychological/psychological testing

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	Psychological and Neuropsychological Tests L34520 A57780
Wellpoint Federal (formerly National Government Services, Inc.)	None identified
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	Psychological and Neuropsychological Testing L34646 A57481

III. BACKGROUND

Neuropsychological testing is a comprehensive, standardized assessment process used to evaluate the relationship between brain function and behavior. It is designed to measure a wide range of cognitive abilities and psychological processes, including:

- Attention and concentration

- Memory (short-term, long-term, verbal, and visual)
- Language and communication
- Executive functions (e.g., planning, organizing, problem-solving)
- Motor and sensory skills
- Visual-spatial abilities
- Processing speed
- Academic skills (e.g., reading, math, writing)

These tests are typically administered by a clinical neuropsychologist, a professional with specialized post-doctoral training in brain-behavior relationships. The results help identify cognitive deficits related to neurological conditions such as traumatic brain injury, stroke, dementia, epilepsy, multiple sclerosis, and developmental disorders like ADHD or autism spectrum disorder.

Neuropsychological assessments are performance-based, meaning they rely on objective tasks rather than self-report. They are often used to:

- Diagnose or rule out neurological or neurodevelopmental factors
- Monitor disease progression or recovery
- Guide treatment planning and rehabilitation
- Support educational or occupational accommodations

Psychological testing, by contrast, is a broader category of assessment that evaluates an individual's mental health, emotional functioning, personality traits, and general cognitive abilities. It includes tools such as:

- Intelligence tests (e.g., Wechsler scales)
- Personality inventories (e.g., MMPI-2)
- Projective tests (e.g., Rorschach Inkblot Test)
- Behavioral assessments
- Symptom checklists (e.g., Beck Depression Inventory)

Psychological testing is typically conducted by a clinical psychologist and is used to:

- Diagnose psychiatric conditions (e.g., depression, anxiety, bipolar disorder)
- Clarify complex mental health presentations
- Inform psychotherapy or psychiatric treatment
- Support legal or forensic evaluations

While both types of testing may overlap in certain areas (e.g., intelligence testing), neuropsychological testing is more specialized and detailed, particularly in assessing the functional impact of brain disorders.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline

American Psychological Association (APA)	APA Guidelines for Psychological Assessment and Evaluation (APA, 2020)
American Academy of Clinical Neuropsychology (AACN)	Official position of the American Academy of Clinical Neuropsychology on test security (Boone KB et al, 2022) 2021 consensus statement on validity assessment: Update of the 2009 AACN consensus conference statement on neuropsychological assessment of effort, response bias, and malingering (Sweet JJ et al., 2021) American Academy of Clinical Neuropsychology consensus conference statement on uniform labeling of performance test scores (Guilmette TJ et al, 2020) Deciding to adopt revised and new psychological and neuropsychological tests: an inter-organizational position paper (Bush SS et al., 2018) Computerized Neuropsychological Assessment Devices: Joint Position Paper of the American Academy of Clinical Neuropsychology and the National Academy of Neuropsychology (Bauer RM et al., 2012) Official position of the american academy of clinical neuropsychology on serial neuropsychological assessments: the utility and challenges of repeat test administrations in clinical and forensic contexts (Heilbronner RL et al., 2010) American Academy of Clinical Neuropsychology (AACN) Practice Guidelines for Neuropsychological Assessment and Consultation (AACN, 2007)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Decision date
Classification Product Code: PKQ – Computerized Cognitive Assessment Aid		
Cantab Mobile	K161328	01/13/2017
ANAM Test System: Military Battery	K150154	08/28/2015
COGNIVUE (Cerebral Assessment Systems, Inc.)	DEN130033	06/05/2015

VI. CODING

See also

- ***Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes ("T" codes)***
- **Priority Health Billing Policy No. 186 Psychological and Neuropsychological Services**
- ***Priority Health Provider Manual: Neuropsychological/psychological testing***

ICD-10 Codes that may support medical necessity

Testing for these diagnosis codes is not covered (list is not exhaustive):

R41.83	Borderline intellectual functioning
R45.850 - R45.851	Homicidal and suicidal ideations
R47.9	Unspecified speech disturbances
Z00.8	Encounter for other general examination
Z02.0 – Z02.9	Encounter for administrative examination
Z04.6	Encounter for general psychiatric examination, requested by authority
Z04.8	Encounter for examination and observation for other specified reasons
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure
Z55.0 – Z55.9	Problems related to education and literacy
Z56.0 – Z56.9	Problems related to employment and unemployment
Z57.0 – Z57.9	Occupational exposure to risk factors
Z60.0 – Z60.9	Problems related to social environment
Z62.0 – Z62.9	Problems related to upbringing
Z63.0 – Z63.9	Other problems related to primary support group, including family circumstances
Z64.0 – Z64.4	Problems related to certain psychosocial circumstances

Z65.0 – Z65.9	Problems related to other psychosocial circumstances
Z69.010 - Z69.82	Encounter for mental health services for victim and perpetrator of abuse
Z73.0 – Z73.6	Problems related to life management difficulty
Z86.59	Personal history of other mental and behavioral disorders

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING:

Claims submitted with covered diagnosis codes in the below range will be paid under the behavioral health benefit.

F01-F99

CPT/HCPCS Codes

96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., 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

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual (Neuropsychological /psychological testing).

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.

- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

Guidelines and position statements

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Additional references

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11. Kiselica AM, Karr JE, Mikula CM, Ranum RM, Benge JF, Medina LD, Woods SP. Recent Advances in Neuropsychological Test Interpretation for Clinical Practice. Neuropsychol Rev. 2024 Jun;34(2):637-667. doi: 10.1007/s11065-023-09596-1. Epub 2023 Aug 18. PMID: 37594687.
12. O'Connor V, Shura R, Armistead-Jehle P, Cooper DB. Neuropsychological Evaluation in Traumatic Brain Injury. Phys Med Rehabil Clin N Am. 2024 Aug;35(3):593-605. doi: 10.1016/j.pmr.2024.02.010. Epub 2024 Mar 19. PMID: 38945653.
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SUMMARY OF CHANGES

No changes to medical necessity criteria.

Additions:

- Related Policies:
  - 91546 – Psychological Evaluation and Management of Non-Mental Health Disorders
- IV. GUIDELINES / POSITION STATEMENTS
  - Completed table.
  - Added citations to IX. REFERENCES
- V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)
  - Completed table.

Changes:

- Transferred policy into new, enhanced template.

Past committee review dates: 07/2007, 06/2008, 06/2009, 08/2009, 08/2010, 08/2011, 08/2012, 08/2013, 08/2014, 08/2015, 08/2016, 08/2017, 08/2018, 08/2019, 08/2020, 08/2021, 08/2022, 08/2023, 08/2024, 08/2025

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