

NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING

Effective Date: September 1, 2025

Review Dates: 7/07, 6/08, 6/09, 8/09, 8/10, 8/11, 8/12,
8/13, 8/14, 8/15, 8/16, 8/17, 8/18, 8/19, 8/20, 8/21,
8/22, 8/23, 8/24, 8/25

Date Of Origin: July 2007

Status: Current

Summary of Changes

Additions:

- Added Section II. GOVERNMENTAL REGULATIONS.
- Added link to [Neuropsychological/psychological testing](#) section of Priority Health Provider Manual.

Clarifications:

- General clarifications to policy language in Section I. POLICY/CRITERIA
- Enhanced section V. DESCRIPTION

I. POLICY/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:
 - Traumatic brain injury
 - Stroke
 - Brain tumor
 - Cerebral anoxic or hypoxic episode
 - Central nervous system (CNS) infection
 - Neoplasms or vascular injury of the CNS
 - Neurodegenerative disorders

- Demyelinating disease
- Extrapyrarnidal disease
- 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):

- When performed primarily for educational purposes
- When performed in association with vocational counseling or training
- Personnel or employment testing
- Routine batteries of psychological tests given at inpatient admission or continued stay
- Testing performed solely or primarily for legal/forensic purposes or guardianship evaluation
- Testing performed when patient is not neurologically and cognitively able to participate in a meaningful way in the testing process
- Testing performed when abnormalities of the brain are not suspected
- Repeated testing when not required for medical decision making
- 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
- 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. GOVERNMENTAL REGULATIONS

Centers for Medicare & Medicaid Services (CMS)

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

III. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, 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, please refer to the [Priority Health Provider Manual](#).

See also: Priority Health Provider Manual: [Neuropsychological/psychological testing](#).

Note: Neuropsychologists must meet [Priority Health's neuropsychology credentialing criteria](#) in order to provide testing and evaluation services.

IV. APPLICATION TO PRODUCTS

Coverage is subject to 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) and/or the Evidence of Coverage (EOC); 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 located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, 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.*

V. DESCRIPTION

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.

VI. CODING INFORMATION

ICD-10 Codes that apply:

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 the following diagnosis codes 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

VI. REFERENCES

1. AAP Developmental and Behavioral Pediatrics [eBook], American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics; Editor-in-Chief: Robert G. Voigt, MD, FAAP; Associate Editors: Michelle M. Macias, MD, FAAP and Scott M. Myers, MD, FAAP, 2010.
2. Kiselica AM, Karr JE, Mikula CM, Ranum RM, Bengt 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.
3. 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.
4. Silverberg ND, Rush BK. Neuropsychological evaluation of functional cognitive disorder: A narrative review. *Clin Neuropsychol.* 2024 Feb;38(2):302-325. doi: 10.1080/13854046.2023.2228527. Epub 2023 Jun 27. PMID: 37369579.

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. 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. 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. 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.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.