Policy Number	**PSY301.020**
Policy Effective Date	**08/15/2024**
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Psychological and Neuropsychological Testing

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Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Coverage

This medical policy has become inactive as of the end date above. There is no current active version and this policy is not to be used for current claims adjudication or business purposes.

NOTE 1: State legislation may apply for specific diagnoses (e.g., Autism Spectrum Disorders and sports related concussions).

NOTE 2: Some types of testing are commonly excluded under most benefit plans. Members should refer to their benefit summary plan descriptions for a complete list of exclusions.

1. Psychological testing **may be considered medically necessary** when ALL of the following are met:
   a) Standardized testing is needed for purposes of establishing, clarifying, or determining severity of a diagnosis when this information cannot be adequately obtained from diagnostic screenings or review of treatment history; AND

b) Standardized testing is needed to determine treatment options that align with the individual's cognitive strengths and functional capacity thereby increasing likelihood of compliance and positive outcome; AND
c) One or more of the following:
    i. Standardized testing is needed because the individual has failed to find symptom relief via other treatment approaches.
    ii. Standardized testing is needed to assess the individual's safety (i.e., risk to harm self or others, substance use, and compliance to treatment, etc.).
    iii. Standardized testing is needed to assess the individual's readiness for a medical procedure (i.e., bariatric surgery) as defined by: understanding the medical and psychological risks of the procedure, maintaining realistic expectations of surgery outcome, and commitment to compliance to post-surgery protocol.

2. Neuropsychological testing **may be considered medically necessary** when the following are met:
    a) There is a confirmed or suspected medical history of neurologic dysfunction impacting central nervous system (CNS) functioning and standardized testing is needed to:
        i. Assess general cognitive functioning, differentiate cognitive strengths and weaknesses, and develop treatment planning and interventions that support the individual's level of cognitive function. AND
        ii. Develop treatment planning and interventions that support the individual's level of cognitive function, thereby increasing likelihood of compliance to treatment interventions and positive outcome.

OR

    b) **When Criteria 2a is met** in addition to one or more of the following:
        i. Standardized testing is required to assess the individual's response to treatment interventions that were designed to address cognitive deficits.
        ii. Standardized testing is required to clear the individual for surgical interventions that potentially impact brain functions (i.e., epilepsy surgery, brain lesions etc.).
        iii. Standardized testing is required to evaluate children or adolescents with a known history of neurological disorders, traumatic brain injury, genetic disorders, exposure to harmful environmental factors or drugs, and any other medical condition that impacts brain functioning and development.

3. Psychological or neuropsychological testing **is considered not medically necessary** when:
    a) Testing is not preceded by a diagnostic evaluation, either by the requesting provider or referring provider.
    b) The referral question can be answered by other clinical measures, such as a detailed diagnostic interview, review of records, or prior treatment history.
    c) Tests are not relevant to the clinical question(s).
    d) Test instruments are in excess of what is required to answer the clinical question.
    e) The requested hours for test administration, scoring, interpretation, and generating report are excessive given the established standards of practice, Tests in Print guidelines, and test publisher guidelines.

f) Testing is routinely administered to all individuals for admission to outpatient or inpatient services.
g) Testing is not individualized to a unique clinical profile but rather based on a pre-determined battery of tests.
h) Testing is performed when there is evidence of active substance abuse within the last 7 days.
i) Neuropsychological testing is requested to determine or confirm routine psychiatric diagnoses (e.g., mood, anxiety, depression).
j) Test administration is limited to brief self-reported symptom screening inventories.
k) Testing is administered when there is no medical benefit due to the individual's diagnosis (i.e., Alzheimer's, advanced dementia), or when cognitive decline can be attributed to the individual's advanced age.

NOTE 3:

1. Testing services must be provided by a medical or mental health provider who is licensed in their state of practice to administer, score and interpret psychological testing.
   a) Behavioral health providers must follow their state regulations for credentialing requirements to administer different types of assessments.
   b) Projective tests must be administered and interpreted by a licensed psychologist or by a licensed individual authorized and trained to perform projective testing. Licensure requirements for the administration and interpretation of projective tests may vary by state. Providers must follow their state credentialing requirements for projective assessments.
2. The requesting provider or referring health provider must have:
   a) Completed a thorough initial diagnostic evaluation with the member; AND
   b) Documented the referral question(s) based on the findings of the initial diagnostic evaluation (i.e., unclear diagnosis, unexplained cognitive changes); AND
   c) Submitted the request for testing within 30 days after the diagnostic evaluation.
3. Approval is only applicable to standardized tests that are based on published, national, normative data with scoring resulting in standardized or scaled scores.
4. The proposed time for pre-service work, test administration, interpretation, generating report and feedback services may not exceed established standards of practice, Tests in Print guidelines, and test publisher guidelines.
5. The testing episode consisting of pre-service work, test administration, interpretation, generating report and feedback services should be completed in a reasonable length of time. A testing episode that exceeds 30 days may be subject to requesting additional clinical documentation to support medical necessity.
6. Some types of testing are commonly excluded under most benefit plans. Members should refer to their benefit summary plan descriptions for a complete list of exclusions. Examples of types of testing that are usually not a covered benefit include, but are not limited to:
   a) Educational testing (i.e., learning disability, academic achievement, special accommodations).
   b) Employer/Government mandated testing.
   c) Testing to determine eligibility for disability benefits.

d) Testing for legal purposes (e.g., custody/placement evaluations, forensic evaluations, and court mandated testing).
e) Testing for vocational purposes (e.g., interest inventories, work-values inventories, and career development).
f) Testing to look at personality preferences (i.e., Myers-Briggs Type Indicator, Sixteen Personality Factor Questionnaire [16 PF]).

7. Testing requested less than 12 months after a previous testing episode may be subject to a request for additional clinical documentation to support medical necessity.
8. Testing time, inclusive of testing preparation, test administration and report write up, may be subject to medical necessity review if it exceeds 8 hours.

Policy Guidelines

None.

Description

Psychological Testing
Psychological testing refers to formal assessment methods psychologists and mental health providers use to better understand an individual's psychological or cognitive functioning, assess personality factors, determine or clarify a diagnosis, and develop appropriate treatment planning. (1) Psychological testing is recommended when other methods such as diagnostic screenings and treatment/medical history do not yield the sufficient information necessary to determine the most optimal treatment options for a member. A unique advantage of standardized, norm- referenced assessments is that they can provide empirical evidence as to where an individual stands relative to their peers. It is important that psychological assessment be utilized in conjunction with other available measures such as interviews, observation, medical history and all other pertinent information that relates to an individual.

Neuropsychological Testing
Neuropsychological testing focuses on the relationship between the brain/central nervous system and cognitive/behavioral health. Neuropsychological testing is commonly administered when there is reason to believe that there has been a change in an individual's neurocognitive status. These changes often occur following neurological and medical disorders (i.e., traumatic brain injury, various types of dementia) that alter an individual's neurological status or cognitive functioning. (2) Clinical applications of neuropsychological assessment include diagnosis/differential diagnosis, measurement of functional potential and recovery, course of degenerative disease and measurement of treatment effectiveness. (3) Neuropsychological evaluations are unique in that they can measure multiple areas of brain functioning, including but not limited to; general intellect, executive functioning, abstract reasoning, attention, language, information processing, problem-solving, memory, visual-spatial abilities, personality, adaptive skills, mood, and memory.

Rationale

There are several professional organizations whose mission is to promote the highest standards of practice in the fields of psychological and neuropsychological assessment through scientific research (i.e., The American Academy of Clinical Psychology, American Psychological Association [APA] Division of Clinical Neuropsychology, American Board of Clinical Psychology [ABCP], National Academy of Neuropsychology [NAN], American Board of Neuropsychology [ABN], APA Division of Evaluation Measurement and Statistics). Health Care Services Corporation considers the recommendations and policies of these organizations as well as other scientific research when making determinations about coverage.

Dementia/Alzheimer's Disease: In 2021 there were approximately 58 million Americans ages 65 and older. It is expected that this number will reach 88 million by the year 2050. In 2023 it is estimated that there are 6.7 million Americans, ages 65 and older, living with Alzheimer's dementia. It is projected that Alzheimer's dementia will afflict approximately 13.8 % of individuals age 65 and over by the year 2060. (4) While Alzheimer's disease accounts for 60% to 80% of dementia cases, vascular dementia, Lewy body dementia, fronto-temporal dementia and mixed dementia account for the rest of the cases. (5) Due to the impact of dementia on judgment, speech and memory, the assessment of dementia often relies heavily on objective measures such as caregiver/family responses and less so on subjective responses from the patient. (6) While neuropsychological assessment is helpful in determining level of cognitive impairment, it may not be warranted in cases where: the patient already has a diagnosis of dementia or other medical conditions that impact brain functioning; it is difficult to differentiate test results from natural aging factors due to patient's advanced age; and there is question as to the patient's ability to tolerate the physical and cognitive demands of testing. In such cases briefer assessments such as Montreal Cognitive Assessment (MoCA), Mini Mental Status Examination. (7)

Traumatic Brain Injury (TBI): Traumatic brain injuries range from mild to severe, with recovery dependent on severity and location of injury, age of individual, pre-morbid health, medical care received, and quality of rehabilitation. In the United States, approximately 4.8 million people are evaluated for TBI annually in emergency services. Most individuals with moderate to severe TBI do not receive inpatient rehabilitation services. (8) Prince and Bruhns report that the number of mild traumatic brain injuries is likely underreported because many individuals do not seek emergency care after sustaining a mild head injury. Among those who do report to an emergency department many are discharged with limited outpatient follow-up recommendations. As a result, recovery may be prolonged, and patients may suffer from ongoing post concussive symptoms. A neuropsychological evaluation that is completed early in the recovery period after a TBI will help provide education as to the process of recovery as well as provide interventions that designed to mitigate the exacerbation of specific symptoms noted in the evaluation. (9)

The pediatric population is especially vulnerable to the long-term effects of TBI. Babikian and Asarnov did a meta-analysis of 24 articles pertaining to long term effects of pediatric head injury. (10) Results indicated that children with severe head injuries showed deficits in intellectual functioning, attention and executive skills even 2 years post injury. The authors conclude that the effects of TBI in children are long lasting and persist for years. Neuropsychological testing can guide rehabilitation and recovery by identifying areas of the brain most greatly impacted by TBI.

Concussion/Head Injury: In the last 2 decades there has been an increasing awareness and concern about head injuries sustained through participation in sports activities. It is estimated that there are 1.6-3.8 million sports related concussions a year, however, as many as 50% may go unreported. (11) Children and teens comprise approximately 70% of all sports and recreation related concussions that receive medical treatment. (11) As of June 2017, all states now require that students who are suspected of sustaining a concussion must be cleared by a qualified medical health care professional before returning to play. (12) The following organizations all take the position that neuropsychologists be considered among the qualified health care providers to assess and clear the athlete to return to sport; American Academy of Clinical Neuropsychology, American Board of Professional Psychology, American Psychological Association Division 40 (Neuropsychology) and the National Academy of Neuropsychology. (13)

Attention Deficit Hyperactivity Disorder (ADHD):
According to the Center for Disease Control (CDC), attention deficit hyperactivity disorder (ADHD) is one of the most commonly diagnosed childhood neurodevelopmental conditions. (14) According to parent survey conducted by the Centers for Disease Control and Prevention, approximately 6 million children (ages 3 - 17) have been diagnosed with ADHD (data collected 2016-2019). (14). ADHD is often accompanied by other disorders such as conduct disorder, anxiety, depression, Autism Spectrum Disorder and Tourette Syndrome. (14) ADHD in the adult population is gaining increasing attention, especially as comorbid disorders may follow individuals from childhood into adulthood. The diagnosis of ADHD must include a thorough review of medical history gathered from either self-report or individuals who are familiar with the patient (i.e., parents, teachers), ADHD symptom checklists, standardized rating scales. A meta-analysis of 24 empirical studies conducted by Schoechlin and Engel found inconclusive results as to the effectiveness of neuropsychological testing in the assessment of ADHD, in part because examiners differed from one another in their choice of neuropsychological tests. (15) Objective measures of ADHD inclusive of computerized instruments may increase the patient's confidence in the accuracy of the ADHD diagnosis. (16)

Pre-surgical Evaluations: Pre-surgical psychological evaluations are often requested by a medical provider to assess whether a patient is psychologically ready and cognitively capable of undergoing a surgical procedure, such assessments also examine patient's likelihood of following up with treatment recommendations and adjusting to the emotional aftermath of the procedure. (17) Snyder reports that many patients report an increase in their self-awareness as a result of having to address the issues raised in the psychological evaluation. (18) Psychological evaluations can identify risk factors such as suicidal ideation, tendency for impulsive behavior,

psychiatric diagnoses, level of maturity, and coping skills among others. Pre-surgical psychological evaluations should be accompanied by assessments in other areas such as behavioral patterns, cognitive strengths, developmental progression, level of social support and motivation level. (17)

Computerized Assessments: Computer based assessments are being increasingly used in place of examiner administered assessments. The American Academy of Clinical Neuropsychology and the National Academy of Neuropsychology take the position that computer neuropsychological assessment devices (CNAD) are expected to meet the same standards and in establishing reliability, validity, and normative data as examiner-based assessments. (19) Therefore, test developers maintain the burden of establishing validity, reliability, normative data, technical specifications of the device, determining test user qualifications, and all other ethical considerations.

Educational: The National Association of School Psychologists (NASP) takes the position that children suspected of having a learning disability (LD) should undergo a comprehensive evaluation completed by a school psychologist and other qualified school-based professionals followed by multi-tiered individualized interventions that address the child's specific learning needs. (20) In some cases, the child will succeed based on this level of intervention. In other cases, a child may continue to experience learning difficulties and require further evaluation. The National Academy of Neuropsychology (NAN) states that school-based evaluations may be restricted in their ability to assess brain functioning when there is a history of brain trauma. In such cases a neuropsychological evaluation may be warranted. (21) However, an assessment conducted primarily to guide educational interventions is best performed by a school psychologist.

Repeat Testing: Certain clinical situations warrant that an individual be assessed repeatedly across a given time frame. Common diagnoses for which this may be appropriate include developmental disorders, traumatic brain injury, and dementia. The purpose of repeat testing is to monitor the progression of clinical symptoms over time to assess whether there is improvement or decline. The American Academy of Clinical Neuropsychology recommend that neuropsychologists recognize the impact of practice effects on performance and be knowledgeable about which tests are most and least immune to practice effects. (22) Testing should not be repeated because the patient disagrees with or wishes to confirm previous test results.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	96105, 96110, 96112, 96113, 96116, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146
HCPCS Codes	None

*Current Procedural Terminology (CPT®) ©2023 American Medical Association: Chicago, IL.

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Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at <http://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change

12/31/2025	Document became inactive.
08/15/2024	Document updated with literature review. The following changes were made to Coverage: 1) Updated the term “patient(s)” to “individual(s)” in each section of Coverage; 2) Added NOTE 3 number 1, b) “a licensed individual authorized and trained to perform projective testing. Licensure requirements for the administration and interpretation of projective tests may vary by state. Providers must follow their state credentialing requirements for projective assessments.”; 3) Revised NOTE 3 number 2, b) for clarification; 4) Replaced NOTE 3 number 7 “Testing may be authorized once within one calendar year” with “testing requested less than 12 months after a previous testing episode”; 5) Added NOTE 3 number 8 “Testing time, inclusive of testing preparation, test administration and report write up, may be subject to medical necessity review if it exceeds 8 hours.” References 7, 8, 14, 16, 26 and 27 added; some updated and others removed.
08/15/2023	Reviewed. No changes.
02/15/2023	Document updated with literature review. The following change was made to Coverage: Added “5. The testing episode consisting of pre-service work, test administration, interpretation, generating report and feedback services should be completed in a reasonable length of time. A testing episode that exceeds 30 days may be subject to requesting additional clinical documentation to support medical necessity” to NOTE 3. References 2, 4-5, 17, and 29 added; some updated and others removed.
09/15/2021	Reviewed. No changes.
05/01/2021	Document updated with literature review. The following changes were made to Coverage: 1) Numbered notes, 2) Significant revised conditional medical necessity criteria under both the psychological testing section and neuropsychological testing sections, 3) Added to the not medically necessary listing, and 4) Significant revised information under NOTE 3. References 2, 8-9, 16, 18, 24-25, 27, 29, 31-32, 37, 39, 41-42, 52, 55, and 58 were added, other references updated, and some references removed.
06/15/2019	Reviewed. No changes.
11/15/2017	Document updated with literature review. Additional not medically necessary criteria have been added for neuropsychological testing in the absence of relevant medical history. The NOTE section of the coverage has had additional information added regarding supporting documentation for repeat testing.
04/01/2016	Reviewed. No changes.
09/15/2015	Document updated with literature review. The following change was made to Coverage: Time period in the not medically necessary statement regarding evidence of active substance abuse was changed from 30 days to 7 days.
10/15/2014	New medical document. Psychological or neuropsychological testing may be considered medically necessary when all of the conditional criteria are met.

	Conditions for which psychological and neuropsychological testing are considered not medically necessary are listed in the coverage section.