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|  | Johns Hopkins Health Plans Medical Policy Manual Medical Policy | <i>Policy Number</i> | CMS24.18 |
| | | <i>Effective Date</i> | 02/01/2024 |
| | | <i>Approval Date</i> | 11/21/2023 |
| | <i>Subject</i> Neuropsychological Testing | <i>Supersedes Date</i> | N/A |
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This document applies to the following Participating Organizations:

Advantage MD

Johns Hopkins Health Plan of Virginia Inc. (JHHPVA)

Priority Partners

US Family Health Plan

Keywords: Neuropsychological Testing

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I. ACTION

| | | |
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| X | New Policy | |
| | Revising Policy Number | |
| | Superseding Policy Number | |
| | Retiring Policy Number | |


II. POLICY DISCLAIMER

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede the information outlined in this policy.

III. POLICY

For AdvantageMD refer to: [Medicare Coverage Database](#)

- No National Coverage Determinations (NCD) or LCD for Maryland Part B specific to Neuropsychological Testing (Accessed 11/16/2023).
- Local Coverage Determination (LCD) L35101 Psychiatric Codes (*includes information on neuropsychological testing codes*)
- Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services: [§80.2 Psychological and Neuropsychological Tests](#)

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For Johns Hopkins Health Plans of Virginia, Inc. refer to: [Medicare Coverage Database](#)

- No National Coverage Determinations (NCD) or LCD for Virginia Part B specific to Neuropsychological Testing (Accessed 11/16/2023).
- Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services: [§80.2 Psychological and Neuropsychological Tests](#)

For Priority Partners (PPMCO) refer to: [Code of Maryland Regulations](#)

- No specific information located in COMAR 10.67.01 – 10.67.13 (Accessed 11/15/2023)

For US Family Health Plan (USFHP) refer to: [Tricare Policy Manuals](#)

- Tricare Policy Manual 6010.63-M, April 2021 Chapter 7, Section 16.1 Central Nervous System (CNS) Assessments/Tests

IV. POLICY CRITERIA

- A. Approval of Any Neuropsychological Testing: When benefits are provided under the member's contract, JHHP considers Neuropsychiatric Testing medically necessary when InterQual[®] criteria for Behavioral Health Services, Neuropsychological and Developmental Testing subset have been met.
- B. Approval of Neuropsychological Testing for Additional Hours: When benefits are provided under the member's contract, JHHP will approve additional time for Neuropsychological Testing beyond what InterQual[®] recommends when ALL of the following criteria are met:
 1. The battery of planned tests is provided, and all included tests are relevant to the clinical question to be answered and are not listed in section C, Exclusions below, AND;
 2. The total time requested should be the sum of the time for *Neuropsychological Evaluation Services, Test Administration and Scoring* and the *Neurobehavioral Status Exam*.
 - a. The time for Neuropsychological Evaluation Services should not exceed 6 hours, AND;
 - b. The time for Test Administration and Scoring should not exceed the sum of time for the individual tests. The amount of time allocated for each test should match documented standards; (*refer to Appendix A*), OR;
 - c. If more time is allocated to each individual test than is standard, a rationale for the additional time should be included in the request documentation;
 - i. Clinical causes that could result in increased time required per test may include, but are not limited to:
 - low frustration tolerance,
 - depressed mood,
 - anxiety,
 - behavior dysregulation,
 - suspected processing speed disorder,
 - physical impairments,
 - communication difficulties, AND;
 - d. The time for the *Neurobehavioral Status Exam* when performed, should be included in the total number of hours.
 3. The total time approved for *Neuropsychological Evaluation Services, Test Administration and Scoring* and the *Neurobehavioral Status Exam* should not be greater than 12 hours, AND;
- C. Exclusions: Unless benefits are provided under the member's contract, the following are not considered medically necessary neuropsychological testing:
 1. Testing for any educational purposes, including educational placement, if it is not associated with the evaluation or treatment of a diagnosed medical problem. The school system's testing capabilities should be used for educational

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disabilities not associated with the treatment or evaluation of a medically diagnosed disorder. Examples of tests used for educational purposes include, but are not limited to:

- a. Wechsler Individual Achievement Test,
- b. Woodcock-Johnson Academic Achievement Test,
- c. Wide Range Achievement Test, OR;
2. Testing for vocational purposes; community resources are available for vocational testing, OR;
3. Teacher and parental requests for neuropsychological and psychological testing are not covered. Concerned parents and teachers should, in most cases, refer the patient to the Primary Care Physician who then can make the appropriate referrals, OR;
4. Neuropsychological testing for legal reasons, such as a court order, or as part of a custody hearing, OR;
5. Testing for *screening purposes* ONLY in the absence of specific symptoms. Examples of these tests include, but are not limited to:
 - a. Mini-Mental Status Exam (MMSE),
 - b. Montreal Cognitive Assessment (MoCA),
 - c. 7 Minute Screen (7MS),
 - d. Behavior Rating Inventory of Executive Function (BRIEF).

Note: The BRIEF may be included in the Neuropsychological testing battery when used for *diagnostic purposes* as part of a comprehensive evaluation.

V. DEFINITIONS

Battery of Tests: A set of tests chosen for a particular patient addressing multiple areas of interest.

Neuropsychological Evaluation Services: Time spent on selecting the tests, synthesizing the results, documenting, and communicating with the patient/family regarding neuropsychological testing.

Test Administration and Scoring: The time spent actually administering the battery of tests and scoring them.

VI. BACKGROUND

Neuropsychological Testing is a comprehensive, in-depth assessment of an individual's processing abilities (intelligence, memory, attention, executive functioning, problem solving, sensory perception, fine motor skills, language, and behavioral and socio-emotional functioning). It is often used to describe or predict cognitive impairment from a variety of causes. Impairment may be due to congenital, genetic, or chronic disorders (epilepsy, multiple sclerosis, Parkinson's disease, or Alzheimer's disease) in addition to acquired brain insults (traumatic brain injury, stroke, anoxia, infections, intracranial surgery, or radiation). It is useful for providing information about the diagnosis, progression, prognosis, and treatment of an individual's condition. (Lezak, 2004).

Neuropsychological Testing may be performed when there is a need to:

- Measure cognitive or behavioral deficits, or functional abilities/impairments related to known or suspected CNS impairment, trauma, or neuropsychiatric disorders if the information will be useful in determining a diagnosis, prognosis, or informing treatment planning;
- Determine the potential impact of substances that may cause changes in cognitive function (e.g., radiation, chemotherapy, prescribed or illicit drugs, toxins);
- Conduct pre-surgical or treatment-related measurement of cognitive function to determine safely to 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 or organ transplant);

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- Determine through measurement of cognitive abilities whether a patient's medical condition impairs his/her ability to comprehend and participate effectively in a treatment regimen or to function independently after;
- Design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients;
- Measure cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands;
- Evaluate primary symptoms of impaired attention and concentration that can occur in many neurological and psychiatric conditions when there is a need to distinguish ADHD from learning disabilities or communication disorders or in cases of neurologically complicated ADHD when there is concern that more than attention deficit disorder may be occurring.

The process of Neuropsychological Testing starts with the neuropsychologist reviewing the patient's record and clarifying the clinical referral question. An initial battery of tests will be selected followed by a Neurobehavioral Status Exam that will be used to modify and refine the test selection. The Test Administration and Scoring may be performed by either a qualified health professional or a technician. The neuropsychologist will integrate the test results and generate a report that they will discuss with the patient/family in follow-up and share with the referring provider. (American Psychological Association Services, 2019).

The neurobehavioral status exam functions as an initial assessment of the member to guide selection of what tests to include in the battery. The test battery should be focused on addressing the clinical question of interest and without multiple tests covering the same cognitive domains. A focused battery of tests should not require more than 12 hours for all portions of the Neuropsychological Assessment if there are no extenuating circumstances. The use of focused testing batteries has proven valid and reduces testing fatigue that may impact results (Eling, 2019).


There are several reasons why a specific test may not be medically necessary. There are tests that are purely for the development of education plans and have no application to medical diagnosis and treatment (AERA, APA, & NCME, 2014). These tests are typically administered by and available through the school systems (Maryland State Department of Education, 2009). Similarly, testing only for vocational purposes is available through community resources (Maryland State Department of Education 2023). Legal concerns, such as a custody hearing or court order, are also not medically necessary reasons for neuropsychological testing (AERA, APA, & NCME, 2014). Tests used for screening purposes only are intended to identify a condition of concern in individuals who have no identified symptoms. (Sherman, Tan, & Hrabok, 2023) In the absence of identified symptoms there is no medical indication for full neuropsychological testing. Some tests can be used for screening purposes but also have utility in diagnosis. The Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A) is one such test that has dual utility. (Hendrickson, N. K., & McCrimmon, A. W, 2019).

VII. CODING DISCLAIMER

CPT[®] Copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

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Adherence with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

Advantage MD: Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Employer Health Programs (EHP): Specific Summary Plan Descriptions (SPDs) supersedes JHHP Medical Policy. If there are no criteria in the SPD, apply the Medical Policy criteria.

Johns Hopkins Health Plan of Virginia LLC (JHHPVA): Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.


Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.

US Family Health Plan (USFHP): Regulatory guidance supersedes JHHP Medical Policy. If there are no TRICARE policies, or other regulatory guidelines, apply the Medical Policy criteria.

VIII. CODING INFORMATION

CPT® CODES ARE FOR INFORMATIONAL PURPOSE ONLY

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| 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, 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; first hour |
| 96121 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, 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) |
| 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 |

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| 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 | | |

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

X. REFERENCES

AERA, APA, & NCME (2014). Standards for Educational and Psychological Testing: National Council on Measurement in Education. Washington DC: American Educational Research Association.

Aetna Clinical Policy Bulletin: (2023, April 06). Neuropsychological and Psychological Testing: Policy Number: 0158. Retrieved from https://www.aetna.com/cpb/medical/data/100_199/0158.html. Last Accessed, November 9, 2023

American Psychological Association Services, I. (2019). 2019 psychological and neuropsychological testing billing and coding guide. APA Office of Health Care Finance, Retrieved from <https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding.pdf>

Centers for Medicare & Medicaid Services (CMS). Medical Benefits Policy Manual Ch 15 Section 80.2 - Psychological Tests and Neuropsychological Tests (Rev. 85, Issued: 02-29-08, Effective: 01-01-06, Implementation: 12-28-06). Retrieved from <https://www.cms.gov/medicare/prevention/prevntiongeninfo/downloads/bp102c15.pdf>

Eling, P. (2019). History of neuropsychological assessment. *Frontiers of Neurology and Neuroscience*, 44, 164-178. <https://doi.org/10.1159/000494963>

Hendrickson, N. K., & McCrimmon, A. W. (2019). Test Review: Behavior Rating Inventory of Executive Function®, Second Edition (BRIEF®2) by Gioia, G. A., Isquith, P. K., Guy, S. C., & Kenworthy, L. *Canadian Journal of School Psychology*, 34(1), 73-78. <https://doi.org/10.1177/0829573518797762>

Lezak, M. D. (2004). Neuropsychological assessment (4th ed.). London: Oxford University Press.

Maryland State Department of Education, Division of Special Education/Early Intervention Services. (Aug 2009). Understanding the Evaluation, Eligibility, and Individualized Education Program (IEP) Process in Maryland: A Guide For Parents of Students With Disabilities. Retrieved from <https://marylandpublicschools.org/programs/Documents/Special-Ed/FSS/UnderstandingIEP/UnderstandingIEPPProcessMD.pdf>

Maryland State Department of Education Division of Rehabilitation Services. (2023) DORS: Helping Marylanders With Disabilities Go To Work. <https://dors.maryland.gov/Pages/default.aspx>

Sherman, E., Tan, J., & Hrabok, M. (2023). A compendium of neuropsychological tests. United States: Oxford University Press, Incorporated.

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XI. APPROVALS

Historical Effective Dates: 02/01/2024