



Neuropsychological and Psychological Testing

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Oregon

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Neuropsychological and Psychological Testing are diagnostic procedures used to evaluate the functional consequences of known or suspected brain dysfunction and to support diagnostic clarification and treatment planning. These assessments measure cognitive, behavioral, emotional, and personality domains to address questions related to diagnosis, treatment goals, efficacy, and member safety.

- Neuropsychological testing evaluates higher-order cognitive abilities such as language, memory, executive functioning, learning, attention, and visuospatial skills.
- Psychological testing evaluates personality, emotional functioning, behavioral patterns, and mental health symptoms.

Neuropsychological and psychological testing must be performed by a qualified health professional (QHP) (i.e., physician or licensed mental health professional) or by a psychometrist (trained technician) who is supervised by the QHP. The QHP is responsible for the interpretation of the test results and completing the written report.

Neuropsychological testing should be delayed until reversible medical/metabolic conditions or acute changes have stabilized, as such conditions may interfere with cognitive performance and reduce test validity.

Criteria

Commercial

I. Neuropsychological Testing

Prior Authorization is required.

PacificSource considers neuropsychological testing medically necessary when **ALL** of the following conditions are met:

- A.** Neuropsychological testing is requested and performed by a qualified health care professional (QHP)

NOTE: Diagnostic assessments and testing may be conducted by a qualified health care professional or a trained technician who is supervised by the QHP

- B.** Diagnostic and/or treatment planning requires testing for **ONE** of the following indications (**Numbers 1 - 4**):

1. Attention deficit/hyperactivity disorder (ADHD) when **ONE** of the following conditions is met:
 - a. Distinction of ADHD versus other medical or behavioral health conditions (e.g., learning or language/communication disorders) when this differentiation is required for medical diagnosis and treatment planning, and remains unclear after a comprehensive clinical evaluation;
 - b. Neurologically **complex cases of ADHD**, identified by a detailed diagnostic evaluation completed by a QHP, related to a known or suspected organic medical condition (e.g., concussion, intractable seizure disorder, cancer treatment effects, genetic disorders)
 - c. Psychologically complex presentations involving executive dysfunction where diagnostic clarification is required to guide medical or behavioral health treatment, and where a clear diagnosis cannot be reached despite a thorough clinical evaluation by a QMHP

Note: Testing under this indication must be solely for medical decision-making and not for educational assessment, academic placement, or school-accommodation purposes.

2. Intellectual disability or intellectual developmental disorder when **ALL** of the following conditions are present:
 - a. Pediatric member (age 13 years or younger)
 - b. Condition is linked to a known or suspected medical cause (e.g., Traumatic Brain Injury, toxin exposure, early seizure disorder, sickle cell disease, genetic disorders)
 - c. Measurement of cognitive or functional deficits is required based on an inability to meet expected developmental milestones (e.g., expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands)

3. Mild Cognitive Impairment (MCI), dementia or symptoms of dementia (e.g., memory impairment or memory loss) when **ONE** of the following conditions are present:
 - a. Recent onset of decline in at least **ONE** cognitive domains (e.g., complex attention, executive function, learning and memory, language, perceptual motor, social cognition progressive memory loss)
 - b. A definitive diagnosis and/or severity of disease is unclear
4. Diagnostic and/or treatment planning for **ONE** of the following:
 - a. Autism Spectrum Disorder
 - b. Space-occupying brain lesion (e.g., brain abscess, brain tumors, or arteriovenous malformations within the brain)
 - c. Demyelinating disorders including multiple sclerosis
 - d. Encephalopathy (e.g., due to acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) encephalopathy, hepatic, Lyme disease including neuroborreliosis, Wernicke's and systemic lupus erythematosus (SLE))
 - e. Traumatic Brain Injury
 - f. Cerebral vascular accident
 - g. Seizure disorder (e.g., epilepsy)
 - h. Cognitive impairments or potential impairments from substances or neurotoxin exposure (e.g., serum levels of neurotoxins, prenatal exposure to substances, history of radiation/chemotherapy)
 - i. Pre-procedure baseline cognitive function prior to a medical or surgical procedure (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell or organ transplant), which may affect brain function or significantly alter a member's functional status
 - j. Cognitive abilities related to a member's decision-making capacity or self-care
 - k. Rehabilitation and/or management strategies for those with neuropsychiatric disorders and/or cognitive rehabilitation procedures (e.g., compensatory memory training), for brain-injured patients
- C. Documentation of present illness (including treatment testing to date) must include **ALL** of the following:
 1. Detailed evaluation of current symptoms and functional impairments
 2. Medical and behavioral health diagnoses and treatments to date
 3. Prior testing, including provider qualifications, test descriptions, and testing indications
- D. Requested testing hours must include the total hours of testing needed for test administration, scoring, interpretation, report writing, and interactive feedback, even if performed over several days
 1. Testing requests greater than 16 total hours require Medical Director review and must include **ALL** of the following:
 - a. A detailed list of the proposed testing battery and rationale for the extended time;

- b. Documentation of additional complicating factors (e.g., diagnostic complexity, severity of behavioral and personality symptoms that require management, cognitive and language processing deficits, need for interpreter services, hearing or visual impairment, intellectual disability, other comorbidities).

II. Psychological Testing

Prior Authorization is required.

PacificSource considers psychological testing medically necessary when **ALL** of the following conditions are met:

- A. Psychological testing is requested and performed by a qualified health care professional (QHP)

Note: Diagnostic assessments and testing may be conducted by different qualified health care professionals.

- B. Diagnostic and and/or treatment planning requires testing for **ONE** of the following indications:

- 1. Confirm or differentiate a suspected behavioral health condition from other medical, neurological, or psychiatric conditions with similar constellations of symptoms
- 2. Objective measurement testing to support **ONE** of the following indications:
 - a. Treatment planning, goals and/or progress
 - b. Medication management
 - c. Assessment of a member's decision-making, self-care, or condition-related management capacity
 - d. Evaluation of risks or barriers (e.g., harm to self or others, suspected malingering)

- C. Documentation of present illness (including treatment testing to date) must include ALL of the following

- 1. Detailed evaluation of current symptoms and functional impairments
- 2. Medical and behavioral health diagnoses and treatments to date
- 3. Initial diagnostic evaluation, including the member's score on **at least ONE validated assessment tool**.
- 4. All prior testing results, including testing provider qualifications and test descriptions

- D. Requested testing hours must include the total hours of testing needed for test administration, scoring, interpretation, report writing, and interactive feedback, even if performed over several days.

- 1. Testing request for greater than 16 hours require Medical Director review and include **ALL** of the following:
 - a. A detailed list of the proposed testing battery and rationale for the extended time;
 - b. Documentation of additional complicating factors (e.g., diagnostic complexity, severity of behavioral and personality symptoms that require management, cognitive and language processing deficits, need for interpreter services, hearing or visual impairment, intellectual disability, other comorbidities)

Note: Referral to an outpatient mental health provider or outpatient chemical dependency rehabilitation may be considered medically necessary for the evaluation and comprehensive bio-psychosocial treatment for these disorders in collaboration with primary care physicians and other specialists.

III. Indications Where Neuropsychological and Psychological Testing Are Not Medically Necessary.

PacificSource does not consider the following indications medically necessary:

1. The member cannot meaningfully participate due to neurological, cognitive, or psychological impairment
2. For diagnosis and management of members with migraines or chronic fatigue syndrome
3. Testing is performed without suspected brain dysfunction
4. Testing is for routine or uncomplicated cases of ADHD

Note: Routine or uncomplicated ADHD - ADHD presentations which can be accurately assessed and diagnosed through clinical interview, collateral information, and standardized behavioral rating scales (see Definition section for further details).

5. Testing is used as a routine screening tool for general populations
6. Testing is for educational or vocational (e.g., employment, disability qualification, legal or court-related) purposes that do not inform medical or health management

Note: Educational testing may be covered per federal or state regulations through the educational system

7. Testing consists **ONLY** of self-administered or self-scored tools (e.g., AIMS, Folstein Mini-Mental Status Examination)
8. Repeat testing is not required for medical decision-making (e.g., the repeat testing is because of patient preference or request)
9. Testing occurs when the member is under the influence, intoxicated, withdrawing, or actively impaired by substances
10. Member has a known irreversible brain disease (e.g., Alzheimer's disease), and results will not affect management

IV. Repeat Testing

Prior Authorization is required.

PacificSource considers repeat neuropsychological and psychological testing medically necessary when **EITHER** of the following conditions are met:

- A. 12 months have elapsed since previous testing occurred and the above prior authorization requirements are met

OR

- B. Six-to-twelve-months have elapsed since previous testing occurred, the above prior authorization requirements are met, and **ONE** of the following conditions exists:

1. Rapid changes in cognitive functioning

2. Changes associated with medication adjustments
3. Evaluation of response to new treatment
4. Reassess functioning as part of the treatment plan

Medicaid

Prior Authorization is required.

PacificSource Community Solutions follows Diagnostic Guideline D26 of the Oregon Health Plan (OHP) Prioritized List of Health Services and the general coverage requirements, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 to determine coverage of Neuropsychological and Psychological testing.

PacificSource Community Solutions follows Guideline Note 19 of the Oregon Health Plan (OHP) Prioritized List of Health Services to determine coverage of Neuropsychological testing for PTSD.

For diagnostic services not appearing on the Prioritized List, PCS utilizes the OHP's Diagnostic Procedure Code Group 1119 and covers these services when medically necessary and appropriate for the specific member as described in Covered Services OAR 410-141-3820. Services may be limited or excluded if the service meets the criteria outlined in OARs 410-141-3825 and 410-120-1200.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Coverage of Neuropsychological and Psychological testing is determined through case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001. Guideline Note 19 and Diagnostic Guideline D26 may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review.

Medicare

PacificSource Medicare follows Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services: §80.2.

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow the PacificSource Commercial clinical criteria above for coverage of Neuropsychological and Psychological testing.

Experimental/Investigational/Unproven

PacificSource considers computerized (i.e., automated, computer-based, computer-administered) neuropsychological testing (e.g., Cognitrax, Qb Test, QbCheck, Test of Variables of Attention (TOVA), Creyos System) without both an interpretation of the test results and a completed report based on the results written by a qualified health professional (QHP) (i.e., physician or licensed mental health professional) to be experimental, investigational, or unproven.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy's E//U list, to be reviewed by medical necessity review guidelines. Please see related policy, "Clinical Criteria Used in UM Decisions" to review criteria hierarchy and "Medical Necessity Reviews" for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 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 instrument via electronic platform, with automated result only.

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Definitions

Educational Testing – Testing conducted for academic placement, special education eligibility, or school accommodations. These services are not considered medical testing and are typically provided by school systems.

Psychological or Psychometric Test – Standardized instruments used to measure behavioral, emotional, cognitive, and personality characteristics. These include scales, self-report inventories, and structured assessments which measure attitudes, emotional functioning, intelligence, and cognitive abilities (reasoning, comprehension, abstraction, etc.), aptitudes, values, and interests.

Psychological Evaluation – A structured clinical assessments conducted by a psychologist using validated methods and standardized tests to understand behavior, abilities, symptoms, and function, which establish a diagnosis and guide treatment recommendations.

Neurobehavioral status exam – A clinical assessment performed before neuropsychological testing which evaluates thinking, reasoning, judgement, and functional status through direct interview, collateral information, and record review. The neurobehavioral status exam determines which tests are appropriate and how the tests should be administered.

Neuropsychological Test – Standardized instruments used to assess cognitive domains affected by psychological, neurologic, or medical conditions. These tests measure memory, language, learning, attention, visuospatial skills, processing speed, executive, and visuoconstructive functioning.

Routine (Uncomplicated) ADHD – ADHD presentations which can be accurately assessed and diagnosed through clinical interview and standardized behavioral rating scales without the need for neurological testing. These cases meet **ALL** of the following:

- No neurological or medical conditions contributing to symptoms
- No diagnostic uncertainty after a comprehensive clinical evaluation, includes a comprehensive interview, rating scales, and collateral information
- Stable and typical ADHD symptoms without atypical cognitive concerns
- Presentations where testing results would not change medical management
- Situations where evaluation is sought only for educational planning or school accommodations

Screening Tools/Self-Administered Tests - Brief instruments completed by the member without clinician involvement (e.g., PHQ-9, GAD-7, MMSE). These are not sufficient for neuropsychological or psychological testing and cannot serve as the sole testing method for medical necessity.

Related Policies

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

New and Emerging Technology – Coverage Status

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Appendix

Policy Number:

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Next review: 2/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): CMS Article A57481 and LCD L34646; OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0000 through 410-151-0004.

External entities affected:

OPs Approval: 2/2026