

## Neuropsychological and Psychological Testing

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	<b>State(s):</b> <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"/> Oregon <input type="checkbox"/> Washington
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### 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 designed to determine the functional consequences of known or suspected brain dysfunction through testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis, which is an important tool in making specific diagnoses or prognoses to aid in treatment planning and to address questions regarding treatment goals, efficacy, and member disposition.

Neuropsychological and psychological testing must be performed by a qualified health professional (QHP) (e.g., neuropsychologist, doctoral-level clinical psychologist, credentialed psychiatrist, Neurologist) 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 differs from psychological testing in that neuropsychological testing measures higher cerebral functioning, which focuses on cognitive skills and abilities (i.e., language, memory and problem-solving), whereas psychological testing is designed to provide information about a patient's personality and emotional functioning.

Neuropsychological testing should be delayed until reversible medical/metabolic conditions or acute changes have stabilized which are adversely affecting the central nervous system (CNS) are corrected, when possible.

## Criteria

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### 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 between learning disabilities or language/communication disorders remains unclear after history and examination;
  - 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 cases of executive dysfunction in which a clear diagnosis cannot be reached to drive treatment planning despite a thorough clinical evaluation by a QMHP
2. Intellectual disability or intellectual developmental disorder when **ALL** of the following conditions are present:
  - a. Pediatric member (age 13 years or younger)
  - b. The intellectual disability or developmental disorder is associated with a known or suspected medical cause (e.g., Traumatic Brain Injury, in utero 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., encephalopathy 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. Measurement of 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. Measurement of cognitive abilities to determine if a member's medical condition impairs self-determination in treatment regimens (e.g., surgical procedures, health care decision-making) or self-care after treatment (e.g., work, independent living, managing financial affairs)
  - 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. Previous testing results which include testing administration details (e.g., provider qualifications, test descriptions, and 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. Supporting 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 diagnosis from other medical, neurological, or psychiatric conditions that present with similar constellations of symptoms
2. Objective measurement testing for **ONE** of the following indications:
  - a. To determine any of the following: treatment planning, goals and/or progress, including referrals or medication management
  - b. To assess any of the following condition-related issues: member's decision-making, self-care and condition-related management abilities, barriers and risks for condition-related management (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 that includes the member's score on **at least ONE** validated assessment measure or rating scale.
4. All related testing results, including testing administration details (e.g., provider qualifications, test descriptions and 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.

2. Testing request for greater than 16 hours require Medical Director review and include **ALL** of the following:
  - A detailed list of the proposed testing battery and rationale for the extended time;

- Supporting 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 is neurologically, cognitively, or psychologically unable to participate in a meaningful way during the testing process
2. For diagnosis and management of members with migraines or chronic fatigue syndrome
3. Performed when there are not suspected abnormalities of brain function
4. Used for diagnosing routine or uncomplicated cases of ADHD
5. Used as a routine screening tool given to the individual or to general populations
6. Administered 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. Comprised exclusively of self-administered or self-scored inventories, or as screening tests of cognitive function or neurological disease (e.g., AIMS, Folstein Mini-Mental Status Examination)
8. Repeat testing that is not required for medical decision-making (e.g., the repeat testing is because of patient preference or request)
9. Administered when the member has ongoing substance abuse or is currently under the influence, actively withdrawing from, or impaired by alcohol, drugs (prescription or illicit), or other substances
10. The member has been diagnosed previously with brain dysfunction, such as Alzheimer's disease, and there is no expectation that the testing would impact the member's medical, functional, or behavioral 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 Guideline Note 19 and 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, 410-141-3835, 410-141-3830, and 410-120-1200 to determine coverage of neuropsychological testing.

For EPSDT beneficiaries, PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 and 410-151-0003. Coverage of neuropsychological testing is determined through case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001. Guideline Notes 19 and 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, Article A57481, and Local Coverage Determination L34646 for coverage of Psychological and Neuropsychological Testing.

## Experimental/Investigational/Unproven

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PacificSource considers computerized neuropsychological assessment devices (e.g., Cognitrax, Qb Test, QbCheck, Test of Variables of Attention (TOVA), and Creyos System) when comprised exclusively of self-administered or self-scored inventories, or as screening tests of cognitive function or neurological disease whether paper-and-pencil or computerized) to be experimental, investigational, or unproven.

## Coding Information

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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.
- 99483 Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (e.g., home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter.



## Definitions

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**Psychological or Psychometric Test** - part of the psychological evaluation used to identify problems in a variety of mental abilities and attributes, such as neuro-cognitive, mental status, achievement and ability, personality, and neurological functioning by utilizing standardized instruments, (e.g., scales and self-report inventories), to measure behavior or mental attributes, (e.g., attitudes, emotional functioning, intelligence, and cognitive abilities (reasoning, comprehension, abstraction, etc.), aptitudes, values, interests, and personality characteristics.

**Psychological Evaluation** - research-validated psychological assessments and standardized tests conducted by a psychologist to evaluate a person's behavior, abilities, and other characteristics, formulate a diagnosis and provide treatment recommendations.

**Neurobehavioral status exam** – a clinical assessment of the member, collateral interviews (assess several domains of thinking, reasoning, and judgement) as appropriate, and review of prior records completed prior to the administration of neuropsychological testing. The neurobehavioral status exam determines the types of tests and how those tests should be administered.

**Neuropsychological Test** - Assess members with a history of psychological, neurologic, or medical disorders known to impact cognitive or neurobehavioral functioning by any of various clinical instruments for assessing cognitive impairment, including those measuring memory, language, learning, attention, and visuospatial and visuoconstructive functioning.

## Related Policies

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New and Emerging Technology – Coverage Status

## References

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## Appendix

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**Policy Number:**

**Effective:** 1/1/2024

**Next review:** 2/1/2026

**Policy type:** Enterprise

**Author(s):**

**Depts:** Health Services

**Applicable regulation(s):** CMS Article A57481 and LCD L34646; Guideline Note 19 and D26 of the Oregon Health Plan (OHP) Prioritized List

**External entities affected:**

**Commercial OPs:** 5/2025

**Government OPs:** 5/2025