Coverage Determination Guideline: Psychological and Neuropsychological Testing

Document Number: BH803PMTCDG_062020

Effective Date: June 15, 2020

Table of Contents

- Introduction
- Instructions for Use
- Benefit Considerations
- Coverage Rationale
- Applicable Codes
- References
- Revision History

INTRODUCTION

Coverage Determination Guidelines are a set of objective and evidence-based behavioral health criteria used by Commercial plans that don't have a provision for medical necessity to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®.

INSTRUCTIONS FOR USE

This guideline provides assistance in interpreting UnitedHealthcare Commercial benefit plans, and is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member’s specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member’s specific benefit, the member’s specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in Clinical Criteria.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

---

1 Optum is a brand used by United Behavioral Health and its affiliates.
BENEFIT CONSIDERATIONS

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable. Psychological and neuropsychological testing benefits must be available under the member’s coverage document, and the request for coverage must be within the terms, limitations, and exclusions of the member’s coverage document.

Pre-Service Notification
Psychological testing is considered a non-routine outpatient service and requires authorization/notification unless otherwise stated in the coverage document.

Authorization and/or notification for neuropsychological testing are not routinely required by Optum, unless otherwise stated in the coverage document.

COVERAGE RATIONALE

Indications for Coverage

A. The clinical evaluation completed prior to testing:

- Identifies specific, outstanding clinical questions that must be answered by testing in order to establish the member’s diagnosis or inform the treatment plan.
- Verifies that outstanding clinical questions cannot be answered by the clinical evaluation.
- Informs the test battery.

The tests in the battery and the number of hours requested are appropriate to answer specific clinical questions that could not be answered by the clinical evaluation.

- The total number of units of service time includes the total time necessary to complete face-to-face administration, scoring, interpretation, and report writing up to 150% of the standard administration time recommended by the test publisher, plus service time for testing feedback. Interpretive feedback session should not require more than one hour service time in most cases. Additional units for an extended feedback session should be supported by the clinical circumstances. A request in excess of 150% of the standard administration time plus feedback is supported by extenuating circumstances with evidence submitted by the provider. Examples of extenuating circumstances include the following:
  o The member has significant functional impairment. Examples include but are not limited to: sensory deficits and/or physical disabilities which necessitate modification in standard administration procedures; severe oppositional behavior; attentional deficits or developmental disabilities which require the examiner to provide frequent re-direction and/or breaks for the member during testing. Note: testing should not be conducted if extenuating circumstances such as these are so severe that it could reasonably pose a threat to the reliability or validity of test results.
  o The member has an intellectual disability.
- At least one unit of evaluation time and at least one unit of administration time i.e., 1 unit 96130 or 96132 plus 1 unit 96136 or 96138 is required for Psychological or Neuropsychological Testing.
- At least two (2) validated tests are required for psychological or neuropsychological testing. Administration of two or more subtests from the same instrument does not meet this requirement.
- Maximum of one (1) automated instrument with automated scoring and interpretation is allowed for Automated Testing.
- Both Test Evaluation codes and Test Administration and Scoring codes must be requested together for psychological or neuropsychological testing.
- The number of units Test Administration and Scoring should be consistent with the proposed tests to be administered for the battery. Requests for Test Evaluation Services that significantly exceed Test Administration and Scoring services must be supported by the clinical circumstances and documented.
- Test Evaluation codes and Test Administration and Scoring codes may not be combined with Automated Testing.
o Psychological Test Evaluation Services (96130/96131) or Neuropsychological Test Evaluation Services (96132/96133) must be selected. A “first hour” of Test Evaluation Services cannot be billed twice using both the 96130 and 96132 codes for the same episode of testing.

- The member has abstained from using alcohol or drugs for at least six (6) weeks prior to testing, or however long is required for results to be usefully interpretable.
- Tests are administered in a variety of methods including face-to-face formats, including paper and-pencil, computer, and visual aids.
- The provider monitors administration to ensure that the member is giving sufficient effort and attention to completing the test battery to ensure a valid and reliable measure is obtained.
  o There is a rationale for re-testing if testing was completed within the last six (6) months, such as re-testing needed to measure changes in functional impairment or disease progression (e.g., acute head injury, stroke, speech, motor or sensory dysfunction).

B. Psychological Testing
- Psychological testing is a set of formal procedures utilizing reliable and valid tests designed to measure areas of intellectual, cognitive emotional, and behavioral functioning, in addition to identifying psychopathology, personality style, interpersonal processes, and adaptive skills.
- Psychological testing is considered a non-routine outpatient services, and requires authorization/notification unless otherwise stated in the member’s specific benefit plan.
- Psychological testing is typically not covered for the following:
  o Psychological exams required solely for the purposes of school, sports, camp, travel, career or employment, insurance, marriage, or adoption;
  o Psychological exams related to judicial or administrative proceedings or orders;
  o Psychological exams conducted for purposes of medical research;
  o Psychological exams required to obtain or maintain a license of any type.

C. Evaluation and best practices
- The provider’s professional training and licensure include any of the following:
  o A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
  o A masters-degreed behavioral health professional whose licensure specifically allows for provision of psychological testing services.
    ▪ The masters-degreed provider has professional expertise in the types of tests/assessments being administered.
    ▪ The masters-degreed provider is conducting test administration, scoring and interpretation in accordance with licensing standards and psychological testing professional and ethical standards.
- Test administration and scoring includes the following licensed providers:
  o A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
  o A psychometrist or psychometrician who administers and scores psychological tests under the supervision of a licensed doctoral-level psychologist, and whose services are billed by the supervising psychologist.
    ▪ The supervising psychologist must have face-to-face contact with the member at intake and during the feedback session.
  - The supervising psychologist is also responsible for final test interpretation, report writing, and final signature of approval. A masters-degreed behavioral health professional whose licensure specifically allows for provision of psychological testing services.
    ▪ The masters-degreed provider has professional expertise in the types of tests/assessments being administered.
- The masters-degreed provider is conducting test administration, scoring and interpretation in accordance with licensing standards and psychological testing professional and ethical standards. Psychological testing related to the treatment of chronic pain may be conducted when:
There is a need to further assess mood and personality characteristics which may influence the member’s experience or perception of the basis or tolerance of pain, as well as the member's ability to cope with his/her pain;

OR

When the member shows changes in cognitive or intellectual functioning after the long-term use of alcohol, street or prescription drugs, or upon the discontinuation of, or non-response to pain-relieving or psychotropic medications.

- Psychological testing as a component of pre-surgical evaluation may be conducted to rule out behavioral health conditions that could contraindicate surgery, to determine the member’s ability to understand the related risks and benefits or surgery, and/or to evaluate the member’s ability to participate responsibly in post-surgical recovery behaviors and lifestyle changes.

D. Neuropsychological Testing

- Neuropsychological testing is a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain damage, injury, or dysfunction, and any associated functional deficits.

- Depending on the nature of the presenting problem and purpose for testing, neuropsychological testing may be covered by the medical benefit. Please see: [https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html](https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html); Neuropsychological Testing Under the Medical Benefit.

- Pre-notification is not routinely required by Optum unless otherwise stated in the coverage document.

- Neuropsychological testing is typically not covered for the following:
  - Baseline neuropsychological testing in asymptomatic persons at risk for sport-related concussions;
  - Computerized neuropsychological testing when used alone for evaluating concussions;
  - Any of the following conditions alone without other covered conditions:
    - Headaches, including migraine headache;
    - History of myocardial infarction;
    - Intermittent explosive disorder.
  - Computerized cognitive testing, such as Mindstreams® Cognitive Health Assessment and BrainCare™.

- Neuropsychological testing is within the scope of the provider’s professional training and licensure when the provider is any of the following:
  - A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
  - A credentialed psychiatrist who meets the following requirements:
    - Recognized certification in neurology through the American Board of Psychiatry and Neurology;
    - Accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association;
    - State medical licensure specifically allowing for the provision of neuropsychological testing service(s);
    - Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;
    - Physician and supervised psychometrician(s) adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.

E. Evaluation and best practices

- Neuropsychological Test Administration and Scoring is within the scope of the provider’s professional training and licensure when the provider is any of the following:
  - A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
  - A psychometrist or psychometrician who administers and scores psychological tests under the supervision of a licensed doctoral-level psychologist, and whose services are billed by the supervising psychologist.
▪ The supervising psychologist must have face-to-face contact with the member at intake and during the feedback session.
▪ The supervising psychologist is also responsible for final test interpretation, report writing, and final signature of approval.
  o A credentialed psychiatrist who meets the following requirements:
    ▪ Recognized certification in neurology through the American Board of Psychiatry and Neurology;
    ▪ Accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association;
    ▪ State medical licensure specifically allowing for the provision of neuropsychological testing service(s);
    ▪ Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;
    ▪ Physician and supervised psychometrician(s) adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.

• Medical application of Neuropsychological testing may be covered under the medical benefit for members with the following conditions when the result of testing will influence clinical decision making (for more information, see https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html; Neuropsychological Testing Under the Medical Benefit). The scope of these criteria is applicable only to neuropsychological testing that is covered by the medical benefit. These criteria do not apply to evaluate or determine educational interventions.
  o Attention-deficit/hyperactivity disorder (ADHD) when all of the following are present:
    ▪ Specific neurocognitive behavioral deficits related to ADHD need to be evaluated AND
    ▪ Testing has been recommended by a physician and is related or secondary to a known or suspected organic-medical condition resulting from brain injury or disease process (e.g., concussion, intractable seizure disorder, cancer treatment effects, genetic disorders, inborn errors of metabolism).
  o Confirmed space-occupying brain lesion including but not limited to the following:
    ▪ Brain abscess;
    ▪ Brain tumors;
    ▪ Arteriovenous malformations within the brain.
  o Dementia or symptoms of dementia such as memory impairment or memory loss (including extrapyramidal disorders such as Parkinson’s disease) that is associated with a new onset or progressive memory loss and a decline in at least one of the following cognitive domains (DSM-5):
    ▪ Complex attention;
    ▪ Executive function;
    ▪ Learning and memory;
    ▪ Language;
    ▪ Perceptual-motor;
    ▪ Social cognition.
  o Demyelinating disorders, including multiple sclerosis
  o Intellectual disability or intellectual developmental disorder, when all of the following are present:
    ▪ The intellectual disability or intellectual 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) AND
    ▪ The intellectual disability or intellectual developmental disorder meets all of the following criteria (DSM-5):
      ▪ Deficits in intellectual function, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing; AND
• Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living across multiple environments, such as home, school, work and community;
• Onset of intellectual and adaptive deficits during the developmental period the scope of these criteria is applicable only to neuropsychological testing that is covered by the medical benefit. These criteria do not apply to evaluate or determine educational interventions.
  o Encephalopathy including acquired immunodeficiency syndrome (AIDS) encephalopathy, human immunodeficiency virus (HIV) encephalopathy, hepatic encephalopathy, Lyme disease encephalopathy including neuroborreliosis, Wernicke’s encephalopathy, and systemic lupus erythematosus (SLE) encephalopathy.
  o Neurotoxin exposure with at least one of the following:
    ▪ Demonstrated serum levels of neurotoxins;
    ▪ Individual with documented significant prenatal alcohol, drug, or toxin exposure.
  o Seizure disorder, including patients with epilepsy and patients being considered for epilepsy surgery;
  o Stroke;
  o Traumatic brain injury (TBI): TBI is defined as a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.
• Neuropsychological testing is unproven and not medically necessary for the following (for more information, see https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html; Neuropsychological Testing Under the Medical Benefit).
  o Baseline neuropsychological testing in asymptomatic persons at risk for sport-related concussions;
  o Computerized neuropsychological testing when used alone for evaluating concussions
  o Neuropsychological testing for the following diagnoses alone without other covered conditions as noted above:
    ▪ Headaches, including migraine headache;
    ▪ History of myocardial infarction;
    ▪ Intermittent explosive disorder.
  o Computerized cognitive testing, such as Mindstreams® Cognitive Health Assessment, BrainCare™ and QbTest.

F. Automated testing best practices
• Automated Testing and Result is within the scope of the provider's professional training and licensure when the provider is any of the following:
  o A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
  o A masters-degreed behavioral health professional whose licensure specifically allows for provision of psychological testing services.
    ▪ The masters-degreed provider has professional expertise in the types of tests/assessments being administered.
    ▪ The masters-degreed provider is conducting test administration, scoring and interpretation in accordance with licensing standards and psychological testing professional and ethical standards.
  o A credentialed psychiatrist who meets the following requirements:
    ▪ Recognized certification in neurology through the American Board of Psychiatry and Neurology;
    ▪ Accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association;
    ▪ State medical licensure specifically allowing for the provision of neuropsychological testing service(s);
    ▪ Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;
- Physician and supervised psychometrician(s) adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.

G. Assessment of aphasia, cognitive performance, and developmental testing
- Assessment of Aphasia (96105) is the evaluation of expressive and receptive speech and language function, language comprehension, speech production ability, spelling or writing with interpretation and report per hour. This procedure is often conducted by a speech language therapist. It is not considered a form of psychological testing and is not typically covered under the behavioral health benefit.
- Standardized cognitive performance testing (96125) is an occupational therapy assessment used to assess capacity to function in activities of daily living. It is not considered a form of psychological or neuropsychological testing and is not typically covered under the behavioral health benefit.
- Developmental Testing (96110, 96112, 96113, 96127) is an adjunct to the routine surveillance for developmental delays in young children. This procedure is often conducted by a developmental pediatrician, or a speech, language, physical or occupational therapist. It is not considered a form of psychological testing, and is not typically covered under the behavioral health benefit.

Listing of a code does not 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-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 claim payment. Other clinical criteria may apply. For codes and coding information, please refer to the following: Optum Psychological and Neuropsychological Testing Reimbursement Policy.

REFERENCES


### REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/2017</td>
<td>• Version 1</td>
</tr>
<tr>
<td>03/14/2018</td>
<td>• Annual Update: Updated references, formatting</td>
</tr>
<tr>
<td>05/20/2019</td>
<td>• Annual Update: Updated references and formatting</td>
</tr>
<tr>
<td>04/20/2020</td>
<td>• Retired in favor of American Psychological Association Guidelines</td>
</tr>
<tr>
<td>06/15/2020</td>
<td>• Annual review: Updated with clinical evaluation completed prior to testing language and updated CPT codes/grid.</td>
</tr>
<tr>
<td>07/20/2020</td>
<td>• Update to remove coding section and refer to Reimbursement Policy.</td>
</tr>
</tbody>
</table>