Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

**PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING**

**Description:** Assessment of behavioral, cognitive, and neurological conditions may include the administration of psychological or neuropsychological tests. Psychological tests are used in conjunction with direct observation and other modalities to assess intelligence and emotional functioning or to identify specific behavioral or personality disorders. Psychological testing is generally not required in a psychological assessment or counseling unless specific measures are needed to determine the level of a patient’s functioning, diagnostic classification or co-morbidity, or to make a choice of treatment approach. Examples of commonly used psychological tests include but are not limited to the following:

- Wechsler Scales (WAIS & WISC)
- Minnesota Multiphasic Personality Inventory-2nd Edition (MMPI-2)
- Millon Clinical Multiaxial Inventory-III
- Thematic Apperception Test
- Rorschach test

Neuropsychological tests are designed to measure neurocognitive ability and functional status in the domains of cognition, executive functioning/attention, learning/memory, language (receptive and expressive), visual processing, visual motor integration and behavioral/emotional functioning. They are used to assess the effects of behavioral health or other congenital and acquired medical disorders that directly or indirectly affect neurocognitive ability associated with higher cortical and subcortical functions of the brain. Neuropsychological testing also assists in differentiating psychiatric from neurological disorders, in staging disease, and in assessing neurocognitive functioning prior to medical procedures that may result in neurological changes.

Most neuropsychological tests are presented as a battery of tests that address a variety of neurocognitive domains as listed above.
Professionals administering the tests select specific components of the battery that most closely correspond to and address the clinical presentation of the patient. Examples of commonly used neuropsychological assessments include the following:

- Halstead-Reitan neuropsychological battery
- Wisconsin Card Sorting Test (WCST)
- Boston Diagnostic Aphasia Examination (BDAE)
- Kaplan Delis Executive Functioning System (DKEFS)
- Developmental Neuropsychological Test (NEPSY)

Psychological and neuropsychological tests are also administered outside the clinical setting to assess special learning needs of students, in vocational placement or rehabilitation counseling, substance abuse assessment, and for purposes of litigation.

Neuropsychological testing in the absence of signs or symptoms has been proposed for a number of conditions, including testing to obtain a baseline score prior to participation in sports or other activities where head injury may occur.

Policy:

I. Psychological and/or Neuropsychological Testing

Psychological testing and/or neuropsychological testing may be considered MEDICALLY NECESSARY when ALL of the following criteria have been met in addition to criteria specific to the type of testing listed in sections II and III:

A. Testing is supervised and interpreted by a physician or by a PhD or master’s-level licensed psychologist;
B. Results of testing will be used to facilitate the individual’s treatment by helping to establish the diagnosis of, and develop or modify a treatment plan for, a psychiatric or neuropsychological disorder;
C. Testing instruments and time allotted for each instrument are appropriate for and limited to the unique clinical presentation of the individual; and
D. The most current versions of validated and reliable psychological and neuropsychological testing instruments are utilized, or if an older version is used, there is specific rationale for use of that version.

II. Psychological Testing

Psychological testing may be considered MEDICALLY NECESSARY when testing is required for ANY of the following criteria in addition to those listed in section I:

A. To aid in differential diagnosis of a mental health condition when a individual’s symptoms and presentation are not readily attributable to a particular psychiatric diagnosis despite previous comprehensive psychiatric/psychological
evaluation and the questions answered by testing will improve diagnostic clarity and efficacy of treatment planning; OR

B. To develop or modify a treatment plan when an individual who has received mental health treatment intervention is not achieving the expected results and appropriate revisions or alternatives are unclear.

III. **Neuropsychological Testing**

Neuropsychological testing may be considered **MEDICALLY NECESSARY** when testing is required for **ANY** of the following criteria in addition to those listed in section I:

A. To evaluate the extended pediatric age range (birth to 21) when there is a suspected delay or impairment in the development of cognitive skills or neurocognitive functioning; OR

B. To evaluate an individual who has experienced a significant change in mental status, behavior change or memory disturbance that is felt to be secondary to congenital or acquired brain injury or disease; OR

C. To assess baseline psychological or neurocognitive function prior to a procedure that has a high likelihood of resulting in psychological or neurocognitive change. Examples include but are not limited to:

- Resection of brain tumors and arteriovenous malformations,
- Surgical resection of seizure foci in epilepsy,
- Solid organ transplantation, or
- Stem cell transplantation.

IV. Psychological and/or neuropsychological testing is considered **NOT MEDICALLY NECESSARY** for the following:

- Solely for diagnosis or management of chronic fatigue syndrome.
- Solely for diagnosis or management of attention-deficit/hyperactivity disorder (ADHD) in the absence of other signs or symptoms suggestive of other mental health or neurocognitive disorders which meet medical necessity requirements for testing.
- Baseline testing in the absence of signs/symptoms of injury or illness.
- Solely for presurgical assessment unless the criterion for baseline testing prior to surgery listed above is met.
- Testing is performed while an individual is-abusing substances or having acute withdrawal symptoms.
- Testing is predominately for academic or educational purposes.

V. Brief rating scales, screening tools and questionnaires, including self administered or self scored inventories, that can be done as part of a professional visit are considered **INCIDENTAL** to the
visit and should not be charged for separately. Rating scales and checklists are used to augment a clinician’s evaluation of the patient. Examples of instruments considered INCIDENTAL to a professional visit include, but are not limited to, the CAGE questionnaire, Beck Depression Inventory (BDI), pain assessment scales, the Patient Health Questionnaire (PHQ-9), and the Mini-Mental State Examination.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT: 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report

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), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

Policy History:

Developed November 10, 2010

Most recent history:
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Reviewed January 8, 2014

Cross Reference:
Autism Spectrum Disorders: Assessment, X-43
Tobacco Cessation Treatments, X-21

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