Important note
Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

SERVICE: Neuropsychological Testing

PRIOR AUTHORIZATION: Required. NOT required for MAPD and SeniorCare members.

POLICY: Coverage for neuropsychological for the evaluation of a medical diagnosis is subject to the specific terms and limitations of the benefit plan. Services for, or in connection with, an injury or illness arising out of, or in the course of, any employment for wage or profit, or that are court-ordered without documentation of medical necessity, are specifically excluded under many benefit plans. Services that are considered primarily educational or training in nature or related to improving academic or work performance are specifically excluded.

Neuropsychological testing as medically necessary when there has been EITHER:
1) a significant recent mental status change, which is not due to a metabolic disease or disorder, which has not responded to appropriate treatment; OR
2) a significant recent behavioral change, memory loss, or organic brain injury AND any one of the following:
   • Traumatic brain injury
   • Stroke
   • Brain tumor
   • Cerebral anoxic or hypoxic episode
   • Central nervous system (CNS) infection
   • Epilepsy
   • Neoplasm or vascular injury of the CNS
   • Neurodegenerative disorder
   • Demyelinating disease
   • Extrapyramidal disease
   • Exposure to cranial irradiation or intrathecal agents known to be associated with cerebral dysfunction
   • Difficulty distinguishing the neurocognitive effects of a neurogenic syndrome or dementia and a Major Depressive Disorder when appropriate treatment for the Major Depressive Disorder has not resulted in improvement in neurocognitive function
Up to a total of **8 hours of testing AND assessment** may be medically necessary to evaluate these situations.

Neuropsychological testing may also be medically necessary to evaluate members prior to planned surgery for either of the following conditions:

1) Epilepsy surgery
2) Movement disorder surgery

Up to a total of **10 hours of testing** in addition to an initial **assessment** may be medically necessary to evaluate these situations.

Scott & White Health Plan does NOT cover neuropsychological testing for ANY of the following conditions when uncomplicated, because it is considered experimental, investigational, or unproven for these indications (this list may not be all-inclusive):

- Autism Spectrum disorder (ASD)
- Chronic Fatigue Syndrome
- Chronic Pain Syndromes

Scott & White Health Plan does NOT cover Neuropsychological testing for ANY of the following because such testing is considered primarily educational in nature and not medically necessary (this list may not be all inclusive):

- Baseline assessment in the absence of condition demonstrating medical necessity (e.g. athletes pre-injury)
- Developmental disability, developmental delay
- Learning disability
- Intellectual disability or borderline intellectual function
- Screening evaluations or IQ testing
- Tourette’s syndrome
- Other developmental disorders
- Educational testing or when performed primarily for educational purposes or for vocational testing, training, or counseling

Neuropsychological testing is considered NOT medically necessary if the member is actively abusing substances, is having acute withdrawal symptoms, or has recently entered recovery, because test results may be invalid.

IQ tests, achievement tests, educational tests are considered educational and are **NOT** covered benefits for almost all plans.

Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profits are specifically excluded under many benefit plans. Therefore, treatment for metal toxicity that occurs as a result of occupational exposure is generally **NOT** covered.

**OVERVIEW:**

Neuropsychological tests utilize a set of standardized tests, whose validity and reliability have been established empirically, that allow for an analysis of changes related to mental or physical disease,
injury, or abnormal development of the brain. Research has shown that the scores from these tests are reproducible and can be compared to those of normal persons of similar age, education, and demographic background to yield valid conclusions.

Neuropsychological testing is a sub-classification of psychological testing and consists of the administration of a series of standardized assessments designed to objectively measure cognitive function. This testing provides the basis for the conclusions regarding the neurocognitive effects of various medical disorders and aids in diagnosis. Neuropsychological testing is also used to assist in the differentiation of psychiatric from neurological disorders. Making an assessment of preserved and compromised cognitive functions can also help to predict the effects of rehabilitative efforts. Neuropsychological testing is indicated when notable behavioral and/or cognitive changes have been associated with a history of severe head trauma or organic brain disease. The testing results assist the clinician determine the scope and severity of cognitive impairments through a comparison of patient responses to established normative test values. This comparison then assists the clinician in developing a program or plan of care that is specific to the patient’s needs. Neuropsychological testing should be delayed until reversible medical or metabolic conditions that are adversely affecting the central nervous system (CNS) are corrected, when possible. Formal neuropsychological testing should also be delayed until any acute changes have stabilized following trauma, infections, or metabolic or vascular insults to the CNS. Neuropsychological testing should only be performed or supervised by a psychologist who is both trained and experienced at neuropsychological testing, and is properly licensed in the State of Texas.

Neuropsychological tests provide a standardized means of sampling behavior, an objective method for evaluating responses, and a tool for comparing the functioning of an individual with peers. Standardized tests are administered under uniform conditions, scored objectively -- the procedures for scoring the test are specified in detail -- and designed to measure relative performance. Test results usually are interpreted with reference to a comparable group of people, the standardization, or normative sample.

Neuropsychological testing is used to assess cognitive function and to quantify the neurocognitive effects of various medical disorders and/or head trauma-related conditions. Neuropsychological testing is a tool to assist in the diagnosis of certain conditions, such as dementia, but is not a diagnostic tool in itself. Neuropsychological testing may sometimes be used to guide medical treatment or monitor response to treatment for subsequent re-examinations.

**MANDATES:** There are no mandated benefits or regulatory requirements for SWHP to provide coverage for these services.

**CODES:**

*Important note:*

**CODES:** Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>96116</td>
<td>Neurobehavioral status exam</td>
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<tr>
<td>96118</td>
<td>Neuropsychological testing by psychologist</td>
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MEDICAL COVERAGE POLICY

SERVICE: Neuropsychological Testing

Policy Number: 225
Effective Date: 11/01/2017
Last Review: 08/29/2017
Next Review Date: 08/29/2018

<table>
<thead>
<tr>
<th>CPT Not Covered:</th>
<th>96119 - Neuropsychological testing by technician, 96120 - Neuropsychological testing administered by a computer</th>
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</table>
| ICD10 codes:     | C70.0-C71.9 - brain neoplasm  
                  | C72.0-C72.9 - CNS neoplasm including cranial nerves  
                  | D42.0-D43.9 - CNS neoplasm  
                  | G00.0-G10 - infection and inflammation of CNS and Huntington's  
                  | G20-G23.9 - Parkinson's and degenerative diseases of brain  
                  | G30.0-G32.9 - dementia & degenerative diseases of brain  
                  | G35-G37.9 - demyelinating disease of CNS  
                  | i60.00-i68.8 - cerebrovascular diseases and disorders /CVA  
                  | i69.01, i69.11, i69.21, i69.31, i69.81, i69.91 - cognitive deficits after CVA  
                  | I97.810-I97.821 - intra-op CVA  
                  | R41.1-R41.9 - amnesia and cognitive defects  
                  | S06.1x0-S06.9x9 - intracranial injury |

ICD10 Not covered:  
F70-F79 - intellectual difficulties  
F80.1-F98.9 - developmental & emotional disorders, ASD  
R53.81-R83.83 - fatigue & malaise  
Z13.850 - encounter for screening for traumatic brain injury

CMS: LCD L32766, “Psychiatric Codes.”

POLICY HISTORY:

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<tr>
<td>Reviewed</td>
<td>08/29/2017</td>
<td>No changes</td>
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REFERENCES:
The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence surrounding neuropsychological testing and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.


MEDICAL COVERAGE POLICY

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