Neuropsychological Testing (NPT)

POLICY

Psychological testing (96101-03) refers to a series of tests used to evaluate and treat an individual with emotional, psychiatric, neuropsychiatric, personality illnesses, or developmental delays. These tests are usually completed in 6 hours or less.

Neuropsychological testing (96116-125) is used to determine the brain's capacity with respect to short- and long term memory, abstract reasoning, attention concentration, executive function, motor skills and other cognitive and psychological factors. These tests can take up to 10 hours to complete.

Psychological tests assess a range of mental abilities and attributes, including achievement and ability, personality, and neurological functioning. Psychological testing, including neuropsychological assessment, utilizes a set of standardized tests, whose validity and reliability have been established empirically. They allow for an assessment of a patient's cognitive and behavioral functioning and 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, sex and demographic background to yield valid conclusions.

Neuropsychological testing typically takes up to 10 hours to perform, including administration, scoring and interpretation. It is not necessary to repeat neuropsychological testing at intervals less than 3 months after completion of testing. When testing is done for evaluation of a mental health condition, it is administered as part of the mental health benefit. When performed as part of a medical diagnosis, it is considered under the medical benefit coverage.

GEHA considers neuropsychological testing (NPT) medically necessary when provided to aid in the assessment of cognitive impairment due to medical or psychiatric conditions, when all of the following criteria are met;

- The number of hours requested for testing does not exceed the reasonable time necessary to address the clinical questions with the identified measures; and
- The testing techniques are validated for the proposed diagnostic question or treatment plan; and
- The testing techniques do not represent redundant measurements of the same cognitive, behavioral or emotional domain; and
- The testing techniques submitted are both validated for the age and population of the member; and they are the most updated version of the instrument; and
- The instruments selected have the empirically substantiated reliability, validity, standardized administration and clinically relevant normative data to assess the diagnostic question or treatment planning goals.

Conditions considered appropriate for NPT services include but are not limited to:
- Differentiating organic deficits from psychological deficits (structural CNS issues versus schizophrenia)
- Serial assessments for progress brain injury disorders (TBI) and progressive neurological disorders (Parkinson’s disease, Alzheimer’s disease)
- Determination of cognitive deficits in seizure disorders
- Evaluation of intellectual deficits in AIDS

GEHA considers NPT not medically necessary for:

- Pre-surgical clearance (e.g. bariatric surgery). An evaluation by a psychologist or psychiatrist may be required
- Psychological and neuropsychological testing of children for the purpose of diagnosing attention deficit/hyperactivity disorder (ADHD)
  - Attention deficit disorders are best diagnosed through a careful history and the use of structured clinical interviews and dimensionally based rating scales. Most psychologists obtain behavior ratings at home from the parents and at school from the teacher. Commonly used scales include the Achembach Child Behavior Checklist, Connors Rating Scales, and the ADHD Symptoms Rating Scale
- For the diagnosis of pervasive developmental disorders
- For educational reasons, neuropsychological testing performed for educational reasons as it is not considered treatment of disease. This testing is usually provided by school systems under applicable state and federal rules.
- For neurotoxic effects of alcohol and/or drug abuse or dependence in a patient during the detoxification period or within the early period of abstinence from the offending drug because the results are unreliable
- In the evaluation of Chronic Fatigue Syndrome
- In the evaluation of
  - non-epileptic seizures,
  - fibromyalgia,
  - Persian Gulf War unexplained illnesses,
  - toxic mold and sick building syndrome, and
  - silicone breast implant disease
- NPT for employment, disability qualification, or legal/court-related purposes is not covered as it is not considered treatment of disease
RATIONALE

Psychological and 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 and designed to measure relative performance. Test results usually are interpreted with reference to a comparable group of people, the standardization, or normative sample.

Psychological testing requires a clinically-trained examiner. All psychological tests should be administered, scored, and interpreted by a qualified professional, as governed by licensure and scope of practice, with expertise in the appropriate area.

Psychological tests are only one element of a psychological assessment. They should never be used as the sole basis for a diagnosis. A detailed clinical interview, including a complete history of the test subject and a review of psychological, medical, educational, and other relevant records is required to lay the groundwork for interpreting the results of any psychological measurement.

Neuropsychological testing is a sub classification of psychological testing and a well-established method for evaluating patients who demonstrate cognitive or behavioral abnormalities. Neuropsychological testing is used when a differentiation between organic versus functional disorders is needed to direct proper therapy (e.g., occupational, physical, or speech and language therapy), predict neuropsychological recovery, or monitor progress. Neuropsychological tests include: Halsted-Reitan neuropsychological battery or its components; Luria-Nebraska; Wechsler Adult Intelligence Scale (WAIS); Wechsler Intelligence Scales for Children - Revised (WISC-R); Wechsler Memory Scale; and the Reitan-Indiana neuropsychological test.

Neuropsychological testing may be necessary for persons with documented neurologic disease or injury (e.g., traumatic brain injury, stroke) when there is uncertainty about the degree of impairment, or when an organic deficit is present but information on anatomic location and extent of dysfunction is required. An organic deficit is defined as a symptomatic manifestation of structural cerebral or systemic medical pathology, as opposed to being considered psychological or emotional in nature (functional). Such testing can also be used to systematically track progress in rehabilitation after brain injury or other neurological disease. Serial assessment in nonprogressive conditions, such as head injury, documents the patient’s rate of recovery and potential for returning to work.

Neuropsychological testing is used in persons with documented changes in cognitive function to differentiate neurologic diseases (i.e., one of the types of dementia) or injuries (e.g., traumatic brain injury, stroke) from depressive disorders or other psychiatric conditions (e.g., psychosis, schizophrenia) when the diagnosis is uncertain after complete neurological examination, mental status examination, and other neurodiagnostic studies (e.g., CT scanning, MR imaging). The clinician presented with complaints of memory impairment or slowness in thinking in a patient who is depressed or paranoid may be unsure of the possible contribution of neurological changes to the clinical picture.
Neuropsychological testing may be particularly helpful when the findings of the neurological examination and ancillary procedures are either negative or equivocal. The differential diagnosis of incipient dementia from depression is a case in point, particularly when computed tomography (CT) fails to yield definitive results.

Neuropsychological testing may be indicated in persons with epilepsy or hydrocephalus. Neuropsychological testing is used in these patients to monitor the efficacy and possible cognitive side effects of drug therapy (e.g., new anti-convulsant drug therapy) by comparing baseline performance with subsequent testing performance. Neuropsychological testing is also used to assess post-surgical changes in cognitive functioning to guide further treatment services. Preferably, these tests should be administered by a certified psychologist trained to conceptualize the neuro-anatomical and the neuro-behavioral implications of the diagnostic entities under consideration and who is capable of interpreting patterns of test scores in view of principles of lateralization and localization of cerebral function.

Neuropsychological testing is used for initial evaluation of cognitive deterioration associated with acquired immunodeficiency syndrome (AIDS), and for re-evaluation of persons with AIDS who show further deterioration, to distinguish between organic-based deterioration and deterioration from depression of chronic illness, in order to direct appropriate treatment.

Neuropsychological testing is also used in the initial evaluation of cognitive deterioration associated with Alzheimer’s disease. It is also used for persons diagnosed with Alzheimer’s disease receiving medication for dementia, to evaluate deterioration in cognitive functioning to distinguish between diminished effect of the medication and organic worsening of the disease. Serial administration of parallel forms of memory tests has been employed to investigate the effects of cholinergic agents and other drugs on dementia of the Alzheimer’s type. Available medications for Alzheimer disease provide only a temporary cessation of the organic deterioration associated with Alzheimer’s disease, such that repeat testing may be necessary to aid in deciding whether or not to increase or discontinue the drug.

Neuropsychological testing typically takes up to 10 hours to perform, including administration, scoring and interpretation. It is not necessary, as a general rule, to repeat neuropsychological testing at intervals less than 3 months from completion of test. In general, neuropsychological testing may not be as helpful in individuals over 65 years of age.

Psychological and neuropsychological testing has been used to assess of the neurotoxic effects of alcohol and/or drug abuse or dependence. Chronic alcohol abuse can result in cognitive and memory defects which resolve to a varying degree depending on the duration of abstinence and the extent of
neuronal loss or atrophy. However, it is inappropriate to perform psychological and neuropsychological testing in a patient to assess the neurotoxic effects of alcohol or drug abuse or dependence during the detoxification period or within the early period of abstinence from the offending drug. The results of psychological and neuropsychological assessment are unreliable when an individual is actively abusing alcohol or drugs and for some period of time after the acute phase of alcohol or drug withdrawal.

Psychological and neuropsychological testing has been used in the educational context in children with suspicion of a learning disorder leading to changes in school performance, so as to differentiate between mental subnormality, emotional disturbance, and the specific learning disabilities in speech and reading (e.g., dyslexia). Psychological and neuropsychological testing are also used to develop a specialized treatment plan to help the child improve the performance of these cognitive functions leading to a better performance in school, work, and personal relationships. However, psychological and neuropsychological testing for educational reasons is not covered, exclude educational testing. In addition, psychological and neuropsychological testing performed for educational reasons is not considered treatment of disease. This testing is usually provided by school systems under applicable state and federal rules.

Psychological and neuropsychological testing of children for the purpose of diagnosing attention deficit/hyperactivity disorder (ADHD) is not necessary, unless there is strong evidence of a possible neurological disorder or co-morbid behavioral health disorder. There are few medical conditions which present with ADHD-like symptoms and most patients with ADHD have unremarkable medical histories. In general, attention deficit disorders are best diagnosed through a careful history and the use of structured clinical interviews and dimensionally based rating scales. Most psychologists obtain behavior ratings at home from the parents and at school from the teacher. Examples of rating scales commonly used by psychologists are the Achembach Child Behavior Checklist, Connors Rating Scales, and the ADHD Symptoms Rating Scale.

Psychological and neuropsychological testing may use to assess functional competence in relationship to legal matters. However, such use is not considered treatment of disease. Psychological and neuropsychological testing performed as part of a research program is also not considered treatment of disease.

The types and numbers of neuropsychological tests given for each condition is not standardized. Most psychologists will perform an in-depth interview after the patient has filled out a standardized questionnaire asking questions about history, symptoms and functioning, and based on this evaluation the psychologist will plan the testing regimen.
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<th>CPT codes covered if selection criteria are met:</th>
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<tr>
<td><strong>96101</strong> Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., 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</td>
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<td><strong>96102</strong> Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</td>
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<td><strong>96103</strong> Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report</td>
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<td><strong>96116</strong> Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., 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</td>
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<td><strong>96118</strong> Neuropsychological testing (e.g., 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 test results</td>
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<td><strong>96119</strong> Neuropsychological testing (e.g., 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</td>
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<tr>
<td><strong>96120</strong> Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report</td>
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<td><strong>96125</strong> Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
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