



A WellCare Company

POLICY AND PROCEDURE MANUAL

Policy Title: Neuropsychological Testing		Policy Number: I.20
Primary Department: Medical Management		NCQA Standard: N/A
Affiliated Department(s): Utilization Management		URAC Standard: N/A
Last Revision Date: 08/24/2018	Next Review Date: 09/2019	
Revision Dates: 07/28/2017; 08/24/2018	Review/Revision Dates: 09/28/2017; 09/26/2018	
Effective Date: 09/28/2017		
Applicable Lines of Business: <input type="checkbox"/> MeridianCare <input checked="" type="checkbox"/> MeridianHealth <input type="checkbox"/> MeridianComplete <input checked="" type="checkbox"/> MeridianChoice		
Applicable States: <input type="checkbox"/> All <input checked="" type="checkbox"/> MI <input checked="" type="checkbox"/> IL <input type="checkbox"/> OH <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Applicable Programs: <input checked="" type="checkbox"/> All <input type="checkbox"/> Other _____		
Policy is to be published: Internally Only <input type="checkbox"/> Internally & Externally <input checked="" type="checkbox"/>		

If this is a request for a Medicare member please see LCD L34646. All requests require secondary MD review.

Definitions:

Psychological Testing	Testing which includes the administration, interpretation and scoring of a chosen instrument used to evaluate the member’s intellectual strengths, psychopathology, psychodynamics, mental health risk factors, insight, motivation, and other factors influencing treatment and prognosis.
Neuropsychological Testing	Testing used to measure brain functioning in a specific cognitive domain when there are known or suspected neurocognitive deficits and testing is required to delineate the member’s diagnosis, treatment plan, prognosis or quality of life. Neuropsychological tests are administered in the context of a comprehensive assessment that synthesizes data from a clinical interview, record review, medical history, and behavioral observations.
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

Policy: Neuropsychological testing utilizes diagnostic tests for the identification of brain damage, injury or dysfunction and associated functional deficits. Deficit assessment or measurement is not accomplished through a single test and must be reached in the context of medical and neurological examination. Neuropsychological testing differs from psychological testing in that neuropsychological testing measures higher cortical or cerebral functioning, with a focus on cognitive skills and abilities, such as language, memory, and problem solving. In contrast, psychological testing provides information regarding an individual’s emotional functioning or personality.

Following an initial clinical interview with a neuropsychologist, tests are selected to identify specific deficits and abilities. Standardized tests are administered by a trained technician or neuropsychologist. Test selection may be based on examiner familiarity with specific tests, availability or applicability of normative data, test validity or ability of the patient

to cooperate or participate in testing. A list of Neuropsychological tests is found in Appendix A. Neuropsychological tests are administered in the context of a comprehensive assessment that synthesizes data from a clinical interview, record review, medical history, and behavioral observations.

Procedure:

General Information:

Neuropsychological testing is considered medically necessary for evaluation of the conditions below when ordered by a physician, and the testing results will clearly influence clinical decision making . Scope and criteria apply only to neuropsychological testing that is covered by the medical benefit, and do not apply to evaluation and determination of educational interventions or placement. Each request must be reviewed first against the enrollee’s specific plan provisions of coverage, limitations and exclusions. Requests for authorization must articulate a relevant clinical question to be answered by testing, and must indicate how test results will impact , determine or influence treatment.

The testing process includes a face-to-face clinical interview with neurobehavioral status examination, test selection, test administration, feedback session and documentation.

Documentation in the medical record should indicate the following:

1. Reason for the referral.
2. Tests administered, scoring/interpretation, and time.
3. Present evaluation.
4. Diagnosis (or suspected diagnosis for which testing was requested)
5. Recommendations.
6. Identity and credentials of the person performing the tests.

Testing typically requires 4-6 hours for administration, scoring and interpretation. When testing is performed over several days, testing time should be combined and reported all on the last date of service. Testing requests in excess of 5 hours will trigger Medical Necessity review.

Criteria for Coverage:

Specific Diagnoses:

1. Attention Deficit Hyperactivity Disorder
 - a. Testing has been requested by a physician and is associated with a known or suspected medical condition resulting from brain injury or disease, such as concussion, intractable seizure disorder, cancer treatment effects, genetic disorders, or inborn errors of metabolism.
2. Space-occupying brain lesion, such as:
 - a. Brain abscess
 - b. Brain tumor
 - c. CNS Arteriovenous malformations
3. Dementia or symptoms of dementia such as memory impairment or memory loss associated with new onset or progressive memory loss and decline in at least one of the following cognitive domains:
 - a. Complex attention
 - b. Executive function
 - c. Learning and memory
 - d. Language
 - e. Perceptual motor function
 - f. Social cognition
4. Demyelinating disorders including multiple sclerosis.
5. Intellectual Disability or intellectual developmental disorder when all of the following are present:
 - a. ID or IDD is associated with a known or suspected medical cause (i.e. traumatic brain injury, toxin exposure, seizure disorder, genetic diseases)
 - b. The intellectual disability or intellectual developmental disorder meet all DSM-5 criteria (See appendix B)

- c. Autism Spectrum Disorder, only in follow up to screening and clinical evaluation AND as part of a comprehensive diagnostic ASD assessment, including ASD specific assessment instruments.
- 6. Encephalopathy, such as: AIDS encephalopathy, HIV encephalopathy, Lyme Disease encephalopathy, Wernicke's encephalopathy and autoimmune or SLE encephalopathy
- 7. Neurotoxin exposure with at least one of the following:
 - a. Demonstrated levels of neurotoxins
 - b. Individual with documented significant prenatal alcohol, drug or toxin exposure
- 8. Seizure disorder including patient with epilepsy and patients being considered for epilepsy surgery
- 9. Stroke
- 10. Traumatic brain injury.

Non-Covered Services:

- 1. The following are not covered indications for Neuropsychological testing:
 - a. Baseline neuropsychological testing in asymptomatic persons at risk for sports related concussions.
 - b. Educational or vocational assessment or training.
 - c. Screening for any condition.
 - d. Monitoring of any chronic condition without a significant acute change in behavior or cognition.
 - e. Computerized neuropsychological testing used alone for evaluating concussions.
 - f. Neuropsychological testing for the following diagnoses alone without any of the above indicated conditions:
 - i. Headache, including migraine
 - ii. History of myocardial infarction
 - iii. Intermittent Explosive disorder
- 2. The following are considered investigational and thus not medically necessary, for the diagnosis of dementia or mild cognitive impairment.
 - a. Computerized cognitive testing: including Mindstreams™ Cognitive Health Assessment and
 - b. Braincare™
 - c. Cognivue™
- 3. Meridian Health Plan does not cover the time that a member spends alone in testing or completing self-administered instruments, such as rating scales or questionnaires. The beneficiary's clinical record must be signed and dated by the staff that administered the tests, and include the actual tests administered and completed reports. The protocols for testing must be available for review.

Line of Business Applicability:

This policy applies to Michigan Medicaid, Illinois Medicaid, and Individual plans.

For **Medicaid/Medicaid Expansion Plan** members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html) or the Illinois Medicaid Fee Schedule (located at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>). If there is a discrepancy between this policy and either the Michigan Medicaid Provider Manual (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html) or the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

For **Individual** members, consult the individual insurance policy. If there is a discrepancy between this policy and the individual insurance policy document, the guidelines in the individual insurance policy will govern.

State specific special instructions:

None:

MI:

IL:
OH:

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Medicare Managed Care Manual:			
Medicaid CFR:			
State Administrative Codes:			
Contract Requirements:			
Related Policies:			
Related Desk Level Procedures/ Job Aids/Template Letters:			
Related Algorithms/Flowcharts/ Attachments			

CPT and HCPC Codes	
96116	Neurobehavioral status examination by psychiatrist/physician
96118	Neuropsychological test by psychiatrist/physician
96119	Neuropsychological testing by technician
96120	Neuropsychological test administration with computer
96125	Cognitive testing by healthcare professional
G0451	Developmental testing

Appendix A

Neuropsychological tests include but are not limited to the following:

- Boston Diagnostic Aphasia Examination (BDAE),
- Conners' Continuous Performance Test (CCPT),
- Controlled Oral Word Association Test (COWAT),
- Delis-Kaplan Test Battery,
- Freedom from Distractibility Index (FFDI) from the Wechsler Intelligence Scales,
- Gordon Diagnostic System (GDS),
- Halstead-Reitan Neuropsychological Battery,
- Rey Auditory Verbal Learning Test (RAVLT),
- Rey-Osterreith Complex Figure Test,
- Stroop Color and Word Test,
- Test of Variables of Attention (TOVA),
- Trail Making Tests,
- Wechsler Adult Intelligence Scale-Revised (WAIS-III/IV),
- Wide Range Assessment of Memory and Learning (WRAML), and
- Wisconsin Card Sorting Test (WCST). At times, neurocognitive measures are supplemented by emotional functioning and personality testing and include but are not limited to the following:
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)/Minnesota Multiphasic Personality Inventory-A (MMPI-A),
- Personality Assessment Inventory (PAI),
- Geriatric Rating Scale, Beck Depression Inventory (BDI),
- Beck Anxiety Inventory (BAI), and Rorschach Inkblot Method.

Appendix B

DSM-V Intellectual Disability (Intellectual Developmental Disorder)

Diagnostic Criteria

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

1. Deficits in intellectual functions, 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.
2. 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.
3. Onset of intellectual and adaptive deficits during the developmental period.

Note: The diagnostic term intellectual disability is the equivalent term for the ICD-11 diagnosis of intellectual developmental disorders. Although the term intellectual disability is used throughout this manual, both terms are used in the title to clarify relationships with other classification systems. Moreover, a federal statute in the United States (Public Law 111-256, Rosa's Law) replaces the term mental retardation with intellectual disability, and research journals use the term intellectual disability. Thus, intellectual disability is the term in common use by medical, educational, and other professions and by the lay public and advocacy groups.

Specify current severity:

- 317 (F70) Mild
- 318.0 (F71) Moderate
- 318.1 (F72) Severe
- 318.2 (F73) Profound

Appendix C

1. Providers authorized to conduct Neuropsychological Testing
 - a. Neuropsychological testing is within the scope of the provider's professional training and licensure when the provider is any of the following:
 - i. A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
 - ii. 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 and is responsible for final test interpretation, report writing and final signature of approval. A credentialed psychiatrist who attests to meeting all of the following requirements:
 - iii. Recognized certification in neurology through the American Board of Psychiatry and Neurology or accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association;
 - iv. State medical licensure does not include provisions that prohibit neuropsychological testing service;
 - v. Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;
 - vi. Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring and interpretation.