



**BlueCross
BlueShield**
Minnesota

Blue Cross Blue Shield of Minnesota Medical Policy

Medical Policy:	X-45-012
Topic:	Psychological and Neuropsychological Testing
Section:	Behavioral Health
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Assessment of psychological, behavioral, cognitive, and neurological conditions may necessitate the administration of psychological or neuropsychological tests. The need for psychological or neuropsychological testing is determined according to whether such testing is essential for identifying a condition, determining the degree /severity of functional impairment that would result in treatment change or the results of such testing are a critical determinant in treatment planning.

The specific nature of the testing procedure proposed, and the intensity or extensiveness of that testing procedure, should correspond to the specific condition that is being evaluated. Conditions that are primarily behavioral or emotional in nature might require psychological assessment in some cases, but would not typically be expected to require cognitive or neuropsychological testing specifically in order to clarify diagnosis. Testing that is solely exploratory in nature, not based on a specific diagnostic concern or not intended for a specific treatment decision, is generally not medically necessary.

Both the nature and intensity of psychological and neuropsychological testing must be considered prior to the testing procedure. Therefore, the specific testing procedures proposed should be appropriate for the condition being evaluated, and the time requested for such testing should be efficient and consistent with the amount of time typically needed for such tests, as determined by standard industry estimates. Situations in which more time is needed than is typically required for testing may require additional explanatory documentation..

Psychological Testing

Psychological testing is designed to clarify the diagnostic or treatment implications of conditions related to emotional distress, mood disturbance, thought and perceptual disturbances, anxiety disorders, developmental delay, or specific behavioral patterns.

Neuropsychological Testing

Neuropsychological tests are designed to measure neurocognitive ability and functional status in the domains of cognition, learning and memory, language visual processing, visual-motor integration, abstract reasoning, spatial reasoning, processing speed and sensory-perceptual functioning as associated with a known or suspected neurological condition.

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

Policy Position Coverage is subject to the specific terms of the member's benefit plan.

I. Specific considerations for determinations regarding psychological testing include the following:

- Psychological testing may be considered **MEDICALLY NECESSARY AND APPROPRIATE** when **ALL** of the following criteria are met:
 - Testing is supervised and interpreted by a licensed physician, or psychologist following a face-to-face evaluation; **AND**
 - Testing is used to rule-in or rule out the presence of at least one of the following:
 - A thought disorder, severe emotional distress or other psychiatric diagnosis when this information is not available from one or more comprehensive medical or behavioral health evaluations with the member and other sources as appropriate (e.g. family members, other health care providers, school records); or
 - An intellectual disability or intellectual developmental disorder; or
 - Psychological comorbidities in patients with attention-deficit/hyperactivity disorder (ADHD) when signs or symptoms are suggestive of other mental health or neurocognitive disorders (e.g. developmental delay, cognitive features of Fetal Alcohol Spectrum Disorders) that require cognitive testing in order to identify; or
 - Prior to a surgical procedure only as required by surgery protocol or when a mental health issue is suspected that could affect the surgery outcome.
 - **AND**

- A specific diagnostic or treatment question still exists which cannot be answered without the results of psychological testing; **AND**
- The results of the testing will impact the medical/psychiatric/psychological treatment of the patient; **AND**
- Testing instruments and time allotted for each instrument are appropriate for and limited to the unique clinical presentation of the individual.

II. Specific considerations for determinations regarding neuropsychological testing include the following:

- Neuropsychological testing may be considered **MEDICALLY NECESSARY AND APPROPRIATE** when **ALL** of the following criteria are met:
 - Testing is supervised and interpreted by a licensed physician or psychologist following a face-to-face evaluation; **AND**
 - Testing is used to rule-in or rule-out the presence of a specific neurocognitive disorder or other specific neurological diagnosis when this information is not available from one or more comprehensive medical or behavioral health evaluations with the member and other sources as appropriate (e.g. family members, other health care providers, school records); **AND**
 - The results of the testing will impact the medical/psychiatric/psychological treatment of the patient.
- Psychological and neuropsychological testing is considered **NOT MEDICALLY NECESSARY** for all other indications including but not limited to the following:
 - Use of testing for screening or solely for exploratory purposes in the absence of signs or symptoms of a specific condition
 - Diagnosis and management of attention-deficit/hyperactivity disorder (ADHD) in the absence of signs or symptoms suggestive of other mental health or neurocognitive disorders which meet requirements for testing
 - Testing instruments and requested hours for test administration, scoring, interpretation, and generating reports that are outside established standards of practice
 - Testing is performed while an individual is abusing substances or having acute withdrawal symptoms
 - Testing is predominately for career aptitude, vocational or academic/educational planning
 - Testing in the setting of court referral or solely for forensic purposes
 - Testing for research purposes
 - The use of brief self-administered or self-scored inventories or screening tests , (e.g., Beck Depression Inventory, Beck Anxiety Inventory, Eating Attitudes Test (EAT-26), Hamilton Rating Scale for Depression or Patient Health Questionnaire (PHQ-9)) as part of an ongoing treatment process.

Procedure Codes

96116 96121 96130 96131 96132 96133 96136 96137 96138 96139 96146

Documentation Submission:

Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization, when prior authorization is required. Please complete and submit the Psychological and Neuropsychological Testing Pre-Authorization Form found at the link below.

Link to Psychological & Neuropsychological Testing Pre-Authorization Form: [Psychological & Neuropsychological Testing Pre-Authorization Form](#)

Denial Statements

No additional statements.

Links

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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. When determining coverage, reference the member's specific benefit plan, including exclusions and limitations.

Medicaid products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

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.

Blue Cross and Blue Shield of Minnesota reserves the right to revise, update and/or add to its medical policies at any time without notice. Codes listed on this policy are included 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.

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Acknowledgements:

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.