Neuropsychological Testing Under the Medical Benefit (for Kentucky Only)

Policy Number: CS083KY.09
Effective Date: October 1, 2023

Instructions for Use

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Related Policy
None

Application

This Medical Policy only applies to the state of Kentucky.

Coverage Rationale

Neuropsychological testing is proven and medically necessary for evaluating individuals under certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Neuropsychological and Developmental Testing.

Click here to view the InterQual® criteria.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
96116	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]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
96121	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]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)

CPT Code	Description
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

In March 2021, the FDA cleared the ANAM Test system for Computerized Cognitive Assessment Aid for concussion. The ANAM system is an assessment aid in the management of concussion. The device consists of a software program that administers a battery of neurocognitive tests to an individual to assess their cognitive status. The device may be used with an off-the-shelf computer or a novel device. Refer to the following websites for more information:

- https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpcd/classification.cfm?id=3918
- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K201376.pdf

(Accessed May 17, 2023)

In June 2015, the FDA cleared Cognivue through the de novo classification pathway. The de novo pathway is used for low- to moderate-risk medical devices that are not equivalent to an already legally marketed device. FDA identifies Cognivue as a "Computerized Cognitive Assessment Aid." According to the FDA, this test is indicated as an adjunctive tool for evaluating perceptual and memory function in individuals aged 55 to 95 years old. Refer to the following website for more information: https://www.accessdata.fda.gov/cdrh_docs/pdf13/DEN130033.pdf. (Accessed May 17, 2023)

On August 22, 2016, the FDA began to allow the marketing of two computerized neurocognitive tests for assessing individuals immediately following a suspected brain injury or concussion: ImPACT and ImPACT Pediatric (ImPACT Applications). Both tests were reviewed via the agency's de novo classification process, a pathway to market for certain "first-of-a-kind" and low- to-moderate-risk medical devices. ImPACT and ImPACT Pediatric are computerized cognitive assessment aids intended for use in conjunction with standard medical evaluation for signs and symptoms of a head injury. ImPACT is designed to assess people 12 to 59 years of age, while ImPACT Pediatric is designed for children aged 5 to 11 years. The FDA states that these tests should not be used to "rule out a concussion or determine whether an injured player should return to a game." Refer to the following websites for more information:

- http://www.accessdata.fda.gov/cdrh_docs/pdf15/DEN150037.pdf
- http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm517526.htm

(Accessed May 17, 2023)

Policy History/Revision Information

Date	Summary of Changes
10/01/2023	**Related Policies** • Removed reference link to the Medical Benefit Drug Policy titled *Maximum Dosage and Frequency* **Supporting Information** • Archived previous policy version CS083KY.08

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.