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#### **INSTRUCTIONS FOR USE DISCLAIMER:**

SummaCare posts policies relating to coverage and medical necessity issues to assist members and providers in administering member benefits. These policies do not constitute a contract or agreement between SummaCare and any member or provider. The policies are guidelines only and are intended to assist members and providers with coverage issues. SummaCare is not a health care provider, does not provide or assist with health care services or treatment, and does not make guarantees as to the effectiveness of treatment administered by providers. The treatment of members is the sole responsibility of the treating provider, who is not an employee of SummaCare, but is an independent contractor in private practice. The policies posted to this site may be updated and are subject to change without prior notice to members or providers.

Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

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### **Neuropsychological Testing Policy**

#### **Indication/Usage:**

Neuropsychological testing is a series of standardized assessments specifically focused on identifying the presence of brain damage, injury or dysfunction and any related functional deficits. Measurement of deficits cannot be based on single test result and should always be assessed in the context of the medical and neurological examination. Neuropsychological testing is customarily associated with neurological diagnoses rather than behavioral health diagnoses and the testing should be administered by a licensed psychologist or psychiatrist with an expertise in the appropriate area.

#### **Medical Indications for Authorization**

#### **Commercial Members**

Neuropsychological testing is considered medically necessary when the information obtained will be used to support a diagnosis, prognosis, or treatment plan when all of the following criteria is met

1. **There is a reasonable suspicion of ANY of the following:**
  - autism spectrum disorder
  - brain tumor
  - cerebral anoxic or hypoxic episode
  - central nervous system (CNS) infection with presence of neurocognitive problems □ dementia
  - demyelinating disease (multiple sclerosis)
  - epilepsy and seizure disorders
  - exposure to agents known to be associated with cerebral dysfunction
  - extrapyramidal disease (Parkinson's, Huntington's Disease)
  - post-concussion syndrome
  - stroke or cerebral vascular injury
  - traumatic brain injury
  - concussion and mild cognitive impairment when those diagnoses are associated with a change in mental status, there is also a suspicion of an underlying central nervous system condition and standard treatment has failed
2. The number of hours or units requested for testing does not exceed the reasonable time necessary to address the clinical questions with the identified measures and
3. The testing techniques are not redundant measurements of the same cognitive, behavioral or emotional domain; and
4. The testing techniques used are both validated for the age and population of the member; and they are the most updated version of the instrument; and
5. The testing selected have the empirically substantiated reliability, validity, standardized administration and clinically relevant normative data to assess the diagnostic question or treatment planning goals.

**Neuropsychological testing is considered to be experimental and investigational for any of the following:**

- educational or vocational assessment or training
- improving academic performance
- baseline assessment of function
- monitoring of chronic conditions when there is no significant new change in behavior, mental state or cognition screening purposes
- diagnosis and management of persons with chronic fatigue syndrome, and evaluation of migraines
- computerized neuropsychological testing for any indication that does not require a physician, psychologist, or licensed mental health professional to provide interpretation and preparation of a report

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

## **Medicare Members**

No CMS National Coverage Determination (NCD) was identified. In the absence of an NCD, coverage decisions are left to the discretion of Medicare carriers. Psychological and Neuropsychological Testing

## **LCD ID**

L34646

## **Neuropsychological Testing:**

These tests are requested for patients with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning.

WPS Insurance Corporation

## **Neuropsychological testing is considered medically necessary for the following indications: 1.**

- When there are mild or questionable deficits on standard mental status testing or clinical interview, and neuropsychological testing is needed to establish the presence of abnormalities or distinguish them from changes that may occur with normal aging, or the expected progression of other disease processes; **or**
2. When neuropsychological data can be combined with clinical, laboratory, and neuroimaging data to assist in establishing a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning; **or**
3. When there is a need to quantify cognitive or behavioral deficits related to CNS impairment, especially when the information will be useful in determining a prognosis or informing treatment planning by determining the rate of disease progression; **or**
4. When there is a need for a pre-surgical or treatment-related cognitive testing to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell transplant) or significantly alter a patient's functional status; **or**
5. When there is a need to test for the potential impact of adverse effects of therapeutic substances that may cause cognitive impairment (e.g., radiation, chemotherapy, antiepileptic medications), especially when this information is utilized to determine treatment planning; **or**
6. When there is a need to monitor progression, recovery, and response to changing treatments, in patients with CNS disorders, in order to establish the most effective plan of care; **or**

7. When there is a need for objective measurement of the patient's subjective complaints about memory, attention, or other cognitive dysfunction, which serves to determine treatment by differentiating psychogenic from neurogenic syndromes (e.g., dementia vs. depression); **or**
8. When there is a need to establish a treatment plan by determining functional abilities/impairments in individuals with known or suspected CNS disorders; **or**
9. When there is a need to determine whether a patient can comprehend and participate effectively in complex treatment regimens (e.g., surgeries to modify facial appearance, hearing, or tongue debulking in craniofacial or Down syndrome patients; transplant or bariatric surgeries in patients with diminished capacity), and to determine functional capacity for health care decision-making, work, independent living, managing financial affairs, etc.; **or**
10. When there is a need to design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients; **or**
11. When there is a need to establish treatment planning through identification and assessment of the neurocognitive sequelae of systemic disease (e.g., hepatic encephalopathy; anoxic/hypoxic injury associated with cardiac procedures); **or**
12. Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders; **or**
13. When there is a need to diagnose cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

**Examples of problems that might lead to neuropsychological testing include:**

1. Detection of neurologic diseases based on quantitative assessment of neurocognitive abilities (e.g., mild head injury, anoxic injuries, AIDS dementia);
2. Differential diagnosis between psychogenic and neurogenic syndromes; Delineation of the neurocognitive effects of CNS disorders;
3. Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders.
4. Determining the management of the patient by confirmation or delineation of diagnosis.

**Coverage Decisions**

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

**Plans Covered By This Policy**

Commercial and Medicare

Self-funded Commercial groups refer to plan document for coverage

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