

**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

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## Neuropsychological Testing

**MP9493**

**Covered Service:** Yes

**Prior Authorization  
Required:** No

**Additional  
Information:**

Self-funded plans (ASO) may require prior authorization. Refer to the member's Summary Plan Description (SPD) or call the Customer Service number found on the member's card for specific prior authorization requirements. Neuropsychological testing must be performed by a licensed physician, psychologist, or mental health professional.

### Medica Medical Policy:

1.0 Neuropsychological Testing **does not** require prior authorization and is defined as:

- 1.1 **Neuropsychological Test Evaluation Services** is a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain damage, injury, or dysfunction, and any associated functional deficits. Service activities can include test selection, review of records, consultation with referral source, integration of clinical data, clinical decision making, preparation of the testing report, and reviewing the results of testing with member and/or caregivers.
- 1.2 **Automated Testing and Result** is primarily a method of screening for potentially clinically significant intellectual, cognitive, emotional, and behavioral symptoms or functional deficits that utilizes a **single** reliable and validated instrument that has fully automated administration, scoring, and interpretation. Automated testing may also be used to quickly estimate changes in clinical status over time either as a method of obtaining an objective measure of progress in treatment or periodic objective surveillance or known risk issues.
- 1.3 **Neuropsychological Test Administration and Scoring** is the formal process of administering reliable and validated tests according to standardized test manual instructions and scoring the respondent answer to test items.

2.0 Neuropsychological testing **does not** require prior authorization through the Health Services Division and is considered medically necessary for **ANY** of the following:

- 2.1 Neuropsychological testing is needed due to cognitive or behavioral impairment, as indicated by **ALL** of the following:
  - 2.1.1 Member's cognitive deficits, mental status abnormality, behavioral change, or memory loss symptoms require quantification, monitoring of change, differentiation of cause (e.g., neurocognitive disorders vs primary psychiatric disorder), or confirmation of diagnosis; **AND**
  - 2.1.2 Testing regarding member's abnormality is appropriate based on suspected or known diagnosis of **one or more** of the following:

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- 2.1.2.1 Cerebral dysfunction from toxic exposure
- 2.1.2.2 Cerebral mass
- 2.1.2.3 Cerebrovascular disease (e.g., stroke)
- 2.1.2.4 Dementia (e.g., Alzheimer disease, vascular dementia, Lewy body dementia, frontotemporal dementia) or other cognitive impairment and **one or more** of the following:
  - 2.1.2.4.1. Evaluation needed when diagnosis or severity of disease is unclear.
  - 2.1.2.4.2. Evaluation needed to differentiate between different types of dementia to assist with treatment and disposition planning.
  - 2.1.2.4.3. Epilepsy (e.g., postoperative change assessment)
  - 2.1.2.4.4. Huntington disease that is either prodromal or active disease
  - 2.1.2.4.5. Hydrocephalus
  - 2.1.2.4.6. Infection-associated cognitive disorder (e.g., HIV, Lyme disease, herpes encephalitis) with need for evaluation of significant cognitive deterioration to determine extent of organic cause and direct therapy.
  - 2.1.2.4.7. Multiple sclerosis
  - 2.1.2.4.8. Parkinson disease
  - 2.1.2.4.9. Primary progressive aphasia
  - 2.1.2.4.10. Toxic effects of specific cancer treatment (e.g., intrathecal methotrexate, cranial irradiation)
  - 2.1.2.4.11. Traumatic or anoxic brain injury
  - 2.1.2.4.12. Other diagnosis with strong evidence of, or known high risk for, cognitive impairment for which test results will help provide guidance regarding specific patient care needs;**AND**

2.2 Situation and expectations are appropriate for neuropsychological testing, as indicated by **ALL** of the following:

- 2.2.1 Recommended testing is necessary, and information achieved by neuropsychological testing is not attainable through routine medical, neurological, or psychological assessment; **AND**
- 2.2.2 Results of proposed neuropsychological testing are judged likely to affect care or treatment of member (e.g., contribute substantially to decision of need for, design of, or modification to rehabilitative or habilitative needs or treatment plan; to assess whether to proceed with medical or surgical procedure or

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complex treatment regimen; or to evaluate potential adverse effects on cognitive function of medications and therapies); **AND**

2.2.3 Symptoms, behaviors, or functional impairments related to underlying behavioral health disorder have been identified as appropriate for evaluation by neuropsychological testing; **AND**

2.2.4 Neuropsychological testing is to be administered by provider whose qualifications are appropriate to proposed assessment; **AND**

2.2.5 Member is able to participate as needed such that proposed testing is likely to be feasible (e.g., mental status, intellectual or cognitive abilities, language skills, or developmental level is appropriate to proposed testing); **AND**

2.2.6 Neuropsychological testing addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers, as appropriate; **AND**

2.2.7 Member is not engaged in active substance use, in withdrawal, or in recovery from recent chronic use; **AND**

2.2.8 Neuropsychological testing engages family, caregivers, and other people impacted by and in position to affect member behavior, as appropriate; **AND**

2.2.9 Time for testing administration, scoring, and interpretation (e.g., number of minutes/hour), and time for report preparation and explaining results to member reflects recognized norms for evaluation being completed; **AND**

2.2.10 Frequency of testing evaluation reflects recognized norms for evaluation being completed (e.g., one initial testing evaluation, followed by no more than one additional re-testing evaluation within 12-month period).

3.0 Neuropsychological testing is considered **not medically necessary** for the following:

3.1 Baseline neuropsychological testing in asymptomatic persons at risk for sport-related concussions

3.2 Computerized neuropsychological testing when used alone for evaluating concussions

3.3 Neuropsychological testing for the following diagnosis alone without other covered conditions:

3.3.1 Headaches, including migraines

3.3.2 History of myocardial infarction

3.3.3 Intermittent explosive disorders

3.4 Computerized cognitive testing, such as Mindstreams®™ Cognitive Health Assessment, Brain Care and QbTest



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