



Medica Central Coverage Policy

Policy Name: Neuropsychological Testing MP9493

Effective Date: 01/01/2026

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

1. Neuropsychological testing is considered medically necessary for **ANY** of the following:
 - a. Neuropsychological testing is needed due to cognitive or behavioral impairment, as indicated by **ALL** of the following:
 - 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) Testing regarding member's abnormality is appropriate based on suspected or know diagnosis of **one or more** of the following:
 - a) Cerebral dysfunction from toxic exposure
 - b) Cerebral mass
 - c) Cerebrovascular disease (e.g., stroke)
 - d) Dementia (e.g., Alzheimer disease, vascular dementia, Lewy body dementia, frontotemporal dementia) or other cognitive impairment and **one or more** of the following:
 - i. Evaluation needed when diagnosis or severity of disease is unclear.
 - ii. Evaluation needed to differentiate between different types of dementia to assist with treatment and disposition planning.
 - iii. Epilepsy (e.g., postoperative change assessment)
 - iv. Huntington disease that is either prodromal or active disease
 - v. Hydrocephalus

Medica Central Coverage Policy

- vi. 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.
 - vii. Multiple sclerosis
 - viii. Parkinson disease
 - ix. Primary progressive aphasia
 - x. Toxic effects of specific cancer treatment (e.g., intrathecal methotrexate, cranial irradiation)
 - xi. Traumatic or anoxic brain injury
 - xii. 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**
- b. Situation and expectations are appropriate for neuropsychological testing, as indicated by **ALL** of the following:
- 1) Recommended testing is necessary, and information achieved by neuropsychological testing is not attainable through routine medical, neurological, or psychological assessment; **AND**
 - 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 complex treatment regimen; or to evaluate potential adverse effects on cognitive function of medications and therapies); **AND**
 - 3) Symptoms, behaviors, or functional impairments related to underlying behavioral health disorder have been identified as appropriate for evaluation by neuropsychological testing; **AND**
 - 4) Neuropsychological testing is to be administered by provider whose qualifications are appropriate to proposed assessment; **AND**
 - 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**
 - 6) Neuropsychological testing addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers, as appropriate; **AND**
 - 7) Member is not engaged in active substance use, in withdrawal, or in recovery from recent chronic use; **AND**
 - 8) Neuropsychological testing engages family, caregivers, and other people impacted by and in position to affect member behavior, as appropriate; **AND**
 - 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**
 - 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).
2. Neuropsychological testing is considered **not medically necessary** for the following:



Medica Central Coverage Policy

- a. Baseline neuropsychological testing in asymptomatic persons at risk for sport-related concussions
- b. Computerized neuropsychological testing when used alone for evaluating concussions
- c. Neuropsychological testing for the following diagnosis alone without other covered conditions:
 - 1) Headaches, including migraines
 - 2) History of myocardial infarction
 - 3) Intermittent explosive disorders
- d. Computerized cognitive testing, such as Mindstreams®™ Cognitive Health Assessment, Brain Care and QbTest

Description

Neuropsychological Testing is defined as:

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.
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.
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.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine **if criteria are being met. Retrospective denial may result if criteria are not met.**

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below 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.

CPT Codes

Use the current applicable CPT/HCPCS code(s).



Medica Central Coverage Policy

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Quality and Care Management Division	October 18, 2017
Revised:	Medical Policy Committee/Quality and Care Management Division	May 16, 2018
	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	August 19, 2020
	Medical Policy Committee/Health Services Division	August 18, 2021
	Medical Policy Committee/Health Services Division	November 16, 2022
	Medical Policy Committee/Health Services Division	March 15, 2023
	Medical Policy Committee/Health Services Division	March 20, 2024
Reviewed:	Medical Policy Committee/Quality and Care Management Division	May 16, 2018
	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	August 19, 2020
	Medical Policy Committee/Health Services Division	August 18, 2021
	Medical Policy Committee/Health Services Division	November 16, 2022
	Medical Policy Committee/Health Services Division	March 15, 2023
	Medical Policy Committee/Health Services Division	March 20, 2024

Original Effective Date: 03/01/2017

Re-Review Date(s): 07/22/2025

08/21/2025

Administrative Update:

© 2026 Medica