

Medical Coverage Policy | Psychological and Neuropsychological Testing



EFFECTIVE DATE: 07|01|2016

POLICY LAST UPDATED: 03|01|2016

OVERVIEW

This payment policy documents the specialty restrictions that apply to psychological and neuropsychological testing that are performed for disorders other than learning disabilities.

MEDICAL CRITERIA

None applicable

PRIOR AUTHORIZATION

None applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Claims submitted for psychological and neuropsychological testing for disorders, other than for learning disabilities, are covered when submitted by one of the following providers:

- Neuropsychologist, or
- Psychologist, or
- Pediatric neurodevelopmental specialist

Reimbursement for the following services is limited to 6 hours (units) of testing per provider/group per calendar year. Services greater than 6 hours are covered but will not be separately reimbursed to the provider and there is no member liability:

- 96101** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 96102** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology), with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face to face

Reimbursement for the following services is limited to 10 hours (units) of testing per provider/group per calendar year. Services greater than 10 hours are covered but will not be separately reimbursed to the provider and there is no member liability:

- 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), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 96118** Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 96119** Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face to face

The following testing code is covered and not impacted by the psychological/neuropsychological testing reimbursement limits described above. However, the specialty restrictions in this policy are applicable.

- 96103** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified healthcare professional interpretation and report
- 96111** Developmental testing; limited: extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report

The following codes are covered as medical services and are not impacted by the psychological/neuropsychological reimbursement limits or provider specialty limitations of this policy:

- 96105** Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- 96110** Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
- 96120** Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified healthcare professional interpretation and report
Note: This CPT code is used for IMPACT screening.

Reimbursement for the following services is limited to 10 hours (units) of testing per provider/group per calendar year. Services greater than 10 hours are covered, but will not be separately reimbursed to the provider and there is no member liability. **Note:** Limited to Speech, Master's in Social Work (MSW), or Occupational Therapists (OT) specialties.

- 96125** Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified healthcare professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

If any of the services in this policy are being provided as part of an Early Intervention Program, please refer to the Early Intervention Policy.

Psychological/Neurological testing for learning disabilities are not covered services.

COVERAGE

Benefits may vary between group/contract. Please refer to the Subscriber Agreement or Evidence of Coverage for applicable diagnostic testing/behavioral health benefits/coverage.

If services are being provided under state or federal laws that provide services for the health of school children or handicapped children, then they are excluded from coverage (See Rhode Island General Law, Title 16, Chapters 21, 24, 25, and 26 and applicable regulations governing the health of school children and special education of handicapped children or comparable requirements established by federal law or state law of applicable jurisdiction).

BACKGROUND

The physician or other healthcare provider measures cognitive, psychomotor, and other abilities through written, oral, or combined format testing. The testing is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report.

Psychological testing refers to a series of tests used to evaluate and treat an individual with emotional, psychiatric, neuropsychiatric, personality illness(es), or developmental delays.

Neuropsychological testing is used to determine the brain's capacity with respect to short- and long-term memory, abstract reasoning, attention concentration, executive function, motor skills and other cognitive and psychological factors.

Impact® screening provides a computerized neurocognitive assessment tool used in concussion screening. The test is now being used by a wide range of professional providers (e.g., emergency room, urgent care, primary care physicians, general practice, and internal medicine) and is covered.

CODING

Daily Maximum Unit edits are applicable as noted in the referenced Coding and Payment Guideline policy. See detail in the policy section for provider and yearly testing limits.

RELATED POLICIES

Coding and Payment Guidelines

Early Intervention Policy

PUBLISHED

Provider Update, May 2016

Provider Update, December 2015

Provider Update, February 2014

Provider Update, June 2012

Provider Update, September 2010

Provider Update, July 2008

Provider Update, April 2008

REFERENCES

Not applicable

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

