Neuropsychological Testing Coverage Guidelines

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Line of Business: Commercial Only ☐ QHP/Exchange Only ☐ Medicare Only ☐ Commercial & QHP/Exchange ☒ Commercial, QHP/Exchange, & Medicare ☐		

Purpose:

To provide neuropsychological testing guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

Compliance Status

- This procedure is in compliance with Florida Statutes requirements.

Additional Information

- Neuropsychological testing (NPT) is composed of a series of structured assessments directed at measuring the cognitive and behavioral disturbances resulting from injury, disease, or abnormal brain development.
- This type of testing is considered to be very useful after head injuries or certain types of brain surgery to determine what can be done to help the patient get back possible lost brain function(s). NPT is also used to evaluate intellectual and memory problems and other neurological disorders.
- Determination of the need for and the selection of the neuropsychological tests come from the clinical interview following an initial evaluation and recommendation for neuropsychological testing by a neurologist or neurosurgeon. If an existing organic basis for symptoms has not been documented, then the evaluation prior to NPT must include an objective screening test for cognitive dysfunction with abnormal findings.

Coverage Guidelines

- Coverage of NPT is limited to any acute organic cerebral condition in which the distinction between organic and behavioral diagnosis cannot be ascertained after a complete evaluation using other diagnostic modalities. Acute shall be defined as a period of 12 weeks prior to the condition being brought to the attention of the requesting independent practitioner. There must be a significant enough clinical conundrum to the requesting physician that NPT would be used to establish or alter the treatment plan.
- Neuro/psych testing and treatment are covered contractually with AvMed's delegated behavioral health entity(ies) if it is related to behavioral health. AvMed's delegated behavioral health entity(ies) require authorization prior to service. If services are authorized by delegated behavioral health entity(ies), visits are counted against the Member's outpatient mental health rider.

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- Coverage is limited to eight (8) hours and includes test administration, scoring, and interpretation.

- ***NPT is considered medically necessary under either of the following conditions:***

  (a) When there has been a significant mental status change that is not due to a metabolic disorder and the Member has not responded to acute medical therapy; or
  (b) When there has been a significant behavioral change, memory loss, or organic brain injury.

  AND when ONE (1) of the following medical conditions is present:
  (a) Head injury
  (b) Stroke
  (c) Brain tumor
  (d) Cerebral anoxic or hypoxic episode
  (e) Central nervous system (CNS) infection (herpes encephalitis, HIV encephalitis)
  (f) Neoplasm or vascular injury to the CNS
  (g) Neurodegenerative disorders (AIDS dementia)
  (h) Demyelinating disease (multiple sclerosis)
  (i) Extrapyramidal disease (e.g., Parkinson's or Huntington's disease)
  (j) Metabolic encephalopathy, when associated with hepatic or renal disease after stabilization of condition
  (k) Exposure to agents known to be associated with cerebral dysfunction (i.e., lead poisoning, heavy metals, intrathecal methotrexate, cranial irradiation)
  (l) Communicating or obstructive hydrocephalus

Exclusion Criteria

NPT is not covered for:
- Psychiatric or neuropsychological assessments that can be obtained through clinical evaluation alone;
- Members previously diagnosed with a brain dysfunction without a reasonable suspicion of a new problem or deterioration;
- Evaluation of a medical diagnosis (may be considered under the Members' medical benefits);
- Evaluation for ADHD;
- Evaluation for Mental Retardation;
- Evaluation for Autism;
- Evaluation for Developmental Disabilities;
- Evaluation for Learning Disabilities;
- Evaluation for the severity of dementia in persons over the age of 75;
- Determination of employment related Vocational Rehabilitation or Testing;
- Evaluation of the impact of chronic solvent or heavy metal exposure (may be considered by the worker's compensation carrier);
- Educational Reasons (may be covered by school system) or Intelligence (IQ) testing;

- Members with a substance abuse background that have either of the following conditions:
  - ✓ Continued use that would render neuropsychological test results accurate
  - ✓ Have less than 10 days post-detoxification.
- Members who have **not** undergone a course of appropriate pharmacotherapy, and neuropsychological testing is requested to determine a differential diagnosis of a psychogenic syndrome versus a neurogenic syndrome, affecting neuro-cognitive functioning; for example, to determine a differential diagnosis of depression and dementia for a Member that has not been tried on pharmacotherapy for the current episode of depression;
- The use of daily medications such as mood-altering substances or beta-blockers that may confound the interpretation of the results; particularly if the medication(s) effects have not been ruled out.

References:

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4. Lovell MR, Iverson GL, Collins MW, et al. Does loss of consciousness predict neuropsychological decrements after concussion? Clin J Sport Med. 1999;9(4):193-198.

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6. Blostein PA, Jones SJ, Buechler CM, et al. Cognitive screening in mild traumatic brain injuries: Analysis of the neurobehavioral cognitive status examination when utilized during initial trauma hospitalization. J Neurotrauma. 1997;14(3):171-177.

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8. Assessment: Neuropsychological Testing of Adults. Considerations for Neurologists. Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. American academy of Neurology. Pages 1-9. 1996. St. Paul, MN.

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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.