Coverage Summary

Neuropsychological Testing

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<tbody>
<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 08/18/2020</td>
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</tr>
</tbody>
</table>

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Neuropsychological testing is covered when Medicare coverage criteria are met.

Guidelines/Notes:

- Medicare does not have a National Coverage Determination (NCD) for neuropsychological testing.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCD/LCA, see the LCD/LCA Availability Grid (Attachment A).
- For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy for Neuropsychological Testing Under the Medical Benefit. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: August 18, 2020
- Accessed December 7, 2020
II. DEFINITIONS

Neuropsychological Tests: Evaluations designed to determine the functional consequences of known or suspected brain injury through testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis.

These evaluations are requested for patients with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning. The evaluations include a history of medical or neurological disorders compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations.

III. REFERENCES

IV. REVISION HISTORY

08/18/2020 Guidelines/Notes

• Revised language pertaining to Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate:
  o LCDs/LCAs exist [for some states/territories] and compliance with these policies is required where applicable
  o For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Neuropsychological Testing Under the Medical Benefit

V. ATTACHMENT

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States/Territories</th>
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<tbody>
<tr>
<td>L34353</td>
<td>Outpatient Psychiatry and Psychology Services</td>
<td>MAC Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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<td>L34520</td>
<td>Psychological and Neuropsychological Tests</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L36332</td>
<td>Psychiatry and Psychology Services</td>
<td>MAC Part A and B</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>L35101</td>
<td>Psychiatric Codes</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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</tbody>
</table>
(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)

<table>
<thead>
<tr>
<th>L34646 (A57481)</th>
<th>Psychological and Neuropsychological Testing</th>
<th>MAC Part B</th>
<th>Wisconsin Physicians Service Insurance Corporation</th>
<th>IA, IN, KS, MI, MO, NE</th>
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End of Attachment A