

Neuropsychological Testing

Policy Number: MCS063.01
Approval Date: February 16, 2021

[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
Supporting Information	1
Policy History/Revision Information	2
Instructions for Use	2

Related Policies
None

Coverage Guidelines

Neuropsychological testing is covered when Medicare coverage criteria are met.

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, refer to the table for [Neuropsychological Testing](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Neuropsychological Testing Under the Medical Benefit](#).

Note: After checking the [Neuropsychological Testing](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

For additional benefit, billing and coding information, refer to the [Medicare Benefit Policy Manual Chapter 15, Section 80.2 – Psychological Tests and Neuropsychological Tests](#). (Accessed November 3, 2020)

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Neuropsychological Testing				
Accessed June 7, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34353 (A57065)	Outpatient Psychiatry and Psychology Services	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34520 (A57780)	Psychological and Neuropsychological Tests	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33632 (A56937)	Psychiatry and Psychology Services	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

Neuropsychological Testing

Accessed June 7, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35101 (A57130)	Psychiatric Codes	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34646 (A57481)	Psychological and Neuropsychological Testing	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL, AR*, AZ, CA, CO*, CT*, DE*, FL*, GA, HI, IA, ID, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT, NC, ND, NE, NH*, NJ*, NM*, NV, OH*, OK*, OR, PA*, RI*, SC, SD, TN, TX*, UT, VA, VT*, WA, WI*, WV, WY Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L34646 (A57481)	Psychological and Neuropsychological Testing	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

[Back to Guidelines](#)

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
02/16/2021	Definitions <ul style="list-style-type: none"> Removed definition of “Neuropsychological Tests”

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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 are 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](#)).

CPT® is a registered trademark of the American Medical Association.