

Neuropsychological Testing Under the Medical Benefit (for Indiana Only)

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[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
U.S. Food and Drug Administration	2
Policy History/Revision Information	2
Instructions for Use	2

Related Policies
None

Application

This Medical Policy only applies to the state of Indiana.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Indiana Office of Medicaid Policy & Planning Medical Policy Manual](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
96121	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]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

CPT Code	Description
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

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U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

In June 2015, the FDA cleared Cognivue through the de novo classification pathway. The de novo pathway is used for low-to moderate-risk medical devices that are not equivalent to an already legally marketed device. FDA identifies Cognivue as a “Computerized Cognitive Assessment Aid.” According to the FDA, this test is indicated as an adjunctive tool for evaluating perceptual and memory function in individuals aged 55 to 95 years old. See the following website for more information: https://www.accessdata.fda.gov/cdrh_docs/pdf13/DEN130033.pdf. (Accessed November 3, 2020)

On August 22, 2016, the FDA began to allow the marketing of two computerized neurocognitive tests for assessing individuals immediately following a suspected brain injury or concussion: ImPACT and ImPACT Pediatric (ImPACT Applications). Both tests were reviewed via the agency’s de novo classification process, a pathway to market for certain “first-of-a-kind” and low-to-moderate-risk medical devices. ImPACT and ImPACT Pediatric are computerized cognitive assessment aids intended for use in conjunction with standard medical evaluation for signs and symptoms of a head injury. ImPACT is designed to assess people 12 to 59 years of age, while ImPACT Pediatric is designed for children aged 5 to 11 years. The FDA states that these tests should not be used to “rule out a concussion or determine whether an injured player should return to a game.” See the following websites for more information:

- http://www.accessdata.fda.gov/cdrh_docs/pdf15/DEN150037.pdf
- <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm517526.htm>

(Accessed November 3, 2020)

Policy History/Revision Information

Date	Summary of Changes
04/01/2021	<ul style="list-style-type: none"> • New Medical Policy

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal,

state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.