

Guidelines for: Neuropsychological Testing

Neuropsychological testing is indicated for acute brain insults or injuries, autistic spectrum disorder and other neurological conditions such as epilepsy, cerebral palsy, hydrocephalus with shunt, suspected language disorder, multiple sclerosis, structural malformation of the brain and prematurity with low birth weight. It is used to establish baseline functioning for treatment and to periodically monitor the impact of treatment.

This type of testing is not indicated for ADHD or those having difficulties with learning in the educational setting only.

A referral for neuropsychological testing should include:

1. Presenting problems.
2. A clear and specific rationale for the testing that is linked to specific evidenced-based treatment.
3. A list of the tests that will be used to answer the diagnostic questions and the amount of time needed for each test. The tests chosen should be appropriate, reliable and valid for answering the diagnostic questions. Standard batteries are not recommended as the tests selected should be individualized to the symptom presentation.
4. How treatment planning will be affected by the results.
5. If previous testing has been completed, have those results been obtained, reviewed, and utilized to determine what additional information is needed to answer the diagnostic questions.
6. Who made the referral and what evaluations and interventions have been completed thus far.

The CPT code typically used for this type of testing is 96118.

Neuropsychological testing is to be conducted by a doctoral level, licensed psychologist who has specific training and experience in administering and interpreting standardized tests.

REQUIREMENTS FOR AUTHORIZATION

1. Tests requested must be reliable and valid for answering the diagnostic questions under consideration. The tests must be the most recent editions, be age-appropriate and meet the developmental and cultural requirements of the patient.
2. A mental health assessment must be completed by a behavioral health provider prior to testing. Occasionally, initial evaluations may have been completed by other specialties. Those documents should be included.
3. A clear and specific rationale for testing must be provided. Additionally, it should address the impact on treatment planning.
4. A Neuropsychological Testing Authorization Request Form must be completed. The psychologist must complete the section that covers the tests to be given and the amount of time needed for each. The referring clinician can complete the sections that cover clinical information and the diagnostic questions to be answered.

MEDICAL NECESSITY

These three guidelines need to be met for testing to be authorized:

1. The tests selected must be appropriate for providing the answers to the diagnostic questions/diagnosis or guide in providing the answer/diagnosis.
2. The referral question cannot be answered by means of a diagnostic interview, self-report scales and behavior ratings scales.
3. The test results will have a meaningful impact on treatment.

REASONS FOR NON-AUTHORIZATION

1. Testing primarily for educational or vocational purposes.
2. Testing for legal purposes.
3. Testing that exceeds established standards for administration time.
4. Routine entrance into a treatment program.

Disclaimer: Recommendation of treatment does not guarantee coverage of services.