

## Neuropsychological and Psychological Testing and Assessment

Effective: January 1, 2026

<p><b>Prior Authorization Required</b> If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Notification Required</b> IF <u>REQUIRED</u>, concurrent review may apply</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**Applies to:**

**Commercial Products**

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409

**Public Plans Products**

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RItogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health One Care Plan – A dual-eligible product; 857-304-6304

**Senior Products**

- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

**Note:** While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

### Overview

Neuropsychological testing and assessment provide objective, valid, and reliable measurement of brain function. This information may directly impact treatment and medical management by providing information about diagnosis, progression/course of conditions, prognosis, and treatment of conditions that are known to impact central nervous system (CNS) functioning. Testing involves a comprehensive evaluation that integrates data from the clinical interview, record review, medical history, and behavioral observations. A neuropsychological examination consists of detailed measurement of brain function through standardized testing of multiple domains. These domains may include general intellect, abstract reasoning, attention, language, problem-solving, memory, visual-spatial abilities, motivation and performance validity, adaptive skills, and mood.

Neuropsychological testing involves administration of standardized tests by a qualified health care professional (QHP) or clinically-trained technician under the direction and supervision of the QHP. Technician training and supervision, test selection, data interpretation and analysis, report writing, and consultation are the responsibility of the QHP who is independently licensed at the doctoral level. Interpretation of neuropsychological tests and integration of testing results with other relevant clinical data must be conducted by a QHP, such as a neuropsychologist/clinical psychologist, or a physician with appropriate training and expertise in neuropsychological assessment and cognitive functioning.

Psychological assessment involves the use of reliable and research-validated methods that may include clinical interviewing and standardized tests to evaluate cognitive, behavioral, and emotional functioning, as well as intellectual abilities and personality. Psychological testing assesses a broad range of mental abilities and attributes including mood, mental status, achievement, and ability, as well as personality traits, and emotional functioning in a variety of settings. Domains assessed in a psychological assessment may consist of mood/emotional conditions and symptoms, cognitive status, adaptive functioning, and behavioral and interpersonal adjustment.

Psychological testing requires a QHP or clinically trained technician under the direction and supervision of the QHP for test administration and scoring. Psychological test interpretation and integration of test results with other relevant clinical data must be performed only by a QHP, such as a clinical psychologist, with training and expertise in psycho-diagnostic assessment. <sup>1</sup>

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## Clinical Guideline Coverage Criteria for Neuropsychological Testing

The Plan may authorize coverage of Neuropsychological Testing when **BOTH** of the following are met:

1. The Member must meet criteria for **ALL** the following:

- a. Cognitive impairment(s) are suspected or have been identified that cannot be attributed clearly to normal aging or to the expected progression of an already diagnosed medical condition, **and**
- b. Appropriate treatment or clinical decision-making cannot begin or progress without quantifying changes in cognitive functioning, or cognitive/behavioral deficits related to possible CNS impairment, **and**
- c. The questions to be addressed through neuropsychological testing cannot be answered through the conventional clinical interview and collateral data collection, or an adequate trial of evidence-based treatment (or those steps have been attempted and were unsuccessful)

**AND**

2. Neuropsychological Testing is requested for **ONE** of the following<sup>1</sup>:

- a. To measure cognitive, behavioral, or other deficits consistent with known or suspected CNS impairment, trauma, or neuropsychiatric disorders, when the information will be used in the diagnosis, assessment of prognosis, or treatment planning; **or**
- b. To establish a treatment plan by measuring functional abilities/impairments in individuals with known or suspected CNS and neuropsychiatric disorders; **or**
- c. To determine the potential impact of prior or, if appropriate, current substances that may cause cognitive impairment (e.g., radiation, chemotherapy, prescribed or illicit drugs, toxins) or that may result in measurable improvement in cognitive function, including when this information is used for treatment planning; **or**
- d. Pre-surgical or treatment-related measurement of cognitive function to determine whether one might safely proceed with a medical or surgical procedure; **or**
- e. To determine if a medical condition impairs the Member's ability to comprehend and effectively participate in a treatment program or to function independently following treatment; **or**
- f. To assist in the design or administration of, and/or to monitor the outcome of cognitive rehabilitation procedures; **or**
- g. To measure cognitive functional deficits in children and adolescents when there has been an inability to develop expected knowledge, skills, or abilities that are required to adapt to cognitive, social, emotional, or physical demands (5); **or**
- h. Evaluation of symptoms of impaired attention and concentration after routine/standard evaluation and treatment have failed.

## Clinical Guideline Coverage Criteria for Psychological Testing

The Plan may authorize coverage of **Psychological Testing** when **BOTH** of following are met:

1. The Member must meet criteria for **ALL** of the following:
  - a. A current medical or behavioral health evaluation has been completed and there is a specific diagnostic or treatment question that cannot be answered through conventional clinical interviewing, history-taking, or adequate trial of evidence-based treatment; **and**
  - b. A diagnostic formulation and adequate trial of an evidence-based treatment has been attempted but has failed or has not resulted in expected progress.

**AND**
2. Psychological Testing is requested for **ONE** of the following<sup>1</sup>:
  - a. To measure a psychological disorder (and its severity) and functional impairment in order to establish a psychiatric diagnosis when mental illness is suspected, or to identify a differential diagnosis separate from medical/psychological disorders that present with similar symptoms; **or**
  - b. To measure behavioral factors that impact disease management for situations including but not limited to the following:
    - i. pre-surgical evaluation to identify psychological factors that may potentially impact the outcome of surgical procedures and/or aftercare; **or**
    - ii. assessment of emotional/personality factors impacting physical disease management and ability to comply with medical interventions and treatment plan; **or**
    - iii. assessment of psychological factors in chronic pain; **or**
    - iv. assessment of factors related to adherence to treatment regimens.
  - c. To measure functional capacity, to define specific cognitive, emotional, or behavioral bases of functional complaints and/or disability, and/or to measure capacity for decision-making that would affect patient care, case management or independent living; **or**
  - d. To measure psychological barriers and strengths in order to assist in treatment planning which may include the selection of treatment options when numerous options exist, to determine treatment prognosis and outcomes, or to identify reasons for poor response; **or**
  - e. To determine risk factors for risk of harm to self or others; **or**
  - f. Symptom measurement in order to determine treatment effectiveness and/or the need to refer for other medical/pharmacological evaluation; **or**
  - g. To confirm or refute clinical impressions obtained from interactions with patients, when malingering or denial of psychological difficulty is suspected; **or**
  - h. To evaluate symptoms of impaired attention and concentration that can occur in many neurological and psychiatric conditions when routine/standard evaluation and treatment has failed; **or**
  - i. To measure cognitive functional deficits in children and adolescents when there has been an inability to develop expected knowledge, skills, or abilities that are required to adapt to cognitive, social, emotional, or physical demands.

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### Limitations

Neuropsychological and/or Psychological Testing is not considered reasonable or necessary for any of the following:

1. The testing is being conducted primarily to make or confirm a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) that can reasonably be made or confirmed via conventional interviewing, history, and collateral contact/data collection <sup>8</sup>.
2. The time requested for the testing exceeds the time that has been indicated by industry standard (plus ancillary time covered by the procedure code, if any), and the clinical information submitted does not support a need for

the requested amount of time. In such circumstances the Plan may approve less time than requested<sup>1</sup>.

3. The Member is neurologically, cognitively, or psychologically unable to participate in a meaningful way in the testing process.
4. Testing is carried out via or consists of a routine screening tool given to the individual or to the general population.
5. Testing is administered for educational or vocational purposes that do not inform medical or health management, unless otherwise covered by your plan (e.g., Medicaid Plans).
6. Testing is comprised exclusively of self-administered or self-scored inventories, or screening tests of cognitive function or neurological disease.
7. When repeat testing is not required for medical decision-making.
8. Testing is administered when the patient is currently under the influence of or impaired by alcohol, drugs (prescription or illicit), or other substances.
9. There is no expectation that the testing would impact the patient's medical, functional, or behavioral management or outcome.
10. Psychological/Neuropsychological testing is being used as a primary approach to evaluation for member with no standard behavioral health assessment, no current behavioral health treatment, or no documentation of history of failed prior behavioral health treatment.

## Codes

The following code(s) require prior authorization:

**Table 1: CPT/HCPCS Codes**

Code	Description
96130	Psychological 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
96131	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
96133	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	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	Each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only

## References:

- 1) American Psychological Association, APA Task Force on Psychological Assessment and Evaluation Guidelines. (2020). APA guidelines for psychological assessment and evaluation. Retrieved from <https://www.apa.org/about/policy/guidelines-psychological-assessment-evaluation.pdf>
- 2) American Psychological Association. "Psychological and Neuropsychological Testing: Billing and Coding Guide." 2024. Available at: <https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding.pdf>.
- 3) American Psychological Association. (2024). Billing and Coding Addendum for Psychological Testing and Assessment. Retrieved from <https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding-addendum.pdf>
- 4) Board of Directors. (2007). American Academy of Clinical Neuropsychology (AACN) Practice Guidelines for Neuropsychological Assessment and Consultation. *The Clinical Neuropsychologist*, 21(2), 209–231. <https://doi.org/10.1080/13825580601025932>

- 5) Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition. The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults. October 2024.  
<https://psychiatryonline.org/doi/10.1176/appi.books.9780890426760.pe02>
- 6) Antshel KM, Barkley R. Attention deficit hyperactivity disorder. *Handb Clin Neurol*. 2020;174:37-45. doi:10.1016/B978-0-444-64148-9.00003-X
- 7) Heilbronner, R. L., Sweet, J. J., Attix, D. K., Krull, K. R., Henry, G. K., & Hart, R. P. (2010). Official position of the American Academy of Clinical Neuropsychology on serial neuropsychological assessments: the utility and challenges of repeat test administrations in clinical and forensic contexts. *The Clinical Neuropsychologist*, 24(8), 1267–1278. <https://doi.org/10.1080/13854046.2010.526785>
- 8) Russell EW, Neuringer C, Goldstein G. The fundamental psychometric status of neuropsychology batteries. *Arch Clin Neuropsychol*. 2005;20(6):785-794
- 9) Wolraich ML, Hagan JF, Allan C, et al; Subcommittee on Children and Adolescents with Attention-Deficit/Hyperactive Disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2019;144(4):e20192528. *Pediatrics*. 2020;145(3):e20193997. doi: [10.1542/peds.2019-3997](https://doi.org/10.1542/peds.2019-3997)

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## Approval And Revision History

October 17, 2024: Reviewed by the Medical Policy Approval Committee (MPAC), effective December 1, 2024.

Subsequent endorsement dates and changes made:

- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026

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## Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and 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 our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.