PROPOSED/DRAFT
FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
DL33688

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09101 - Florida
09201 – PR/USVI
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part A/ B

LCD Title
Psychological and Neuropsychological Tests

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Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:


CMS Manual System, Pub. 100-08, Medicare Program Integrity, Chapter 3, Section 3.3.2.6 – Psychotherapy Notes


National Correct Coding Initiative Policy Manual for Medicare Services (NCCI), Chap 11, section M – Central Nervous System Assessments/Tests
Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

MM/DD/YYYY

Original Determination Ending Date

N/A

Revision Effective Date

N/A

Revision Ending Date

N/A

Indications of Coverage and/or Medical Necessity

Central Nervous System Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech testing) are services provided during testing of the cognitive function of the central nervous system. These diagnostic tests are used when mental illness is suspected, and clarification is essential for the diagnosis and the treatment plan.

Psychological testing Codes (96101, 96102, and 96103) include the administration, interpretation, and scoring of the tests mentioned in the CPT descriptors and other medically accepted tests for the evaluation of intellectual strengths, psychopathology, psychodynamics, mental health risks, insight, motivation, and other factors influencing treatment and prognosis.

Psychological tests are used to address a variety of questions about people’s functioning, diagnostic classification, co-morbidity, and choice of treatment approach. For example, personality tests and inventories evaluate the thoughts, emotions, attitudes, and behavioral traits that contribute to an individual’s interpersonal functioning. The results of these tests determine an individual's personality strengths and weaknesses, and may identify certain disturbances in personality, or psychopathology. One type of personality test is the projective personality assessment, which asks a subject to interpret some ambiguous stimuli, such as a series of inkblots. The subject's responses can provide insight into his or her thought processes and personality traits.

Examples of problems that might require psychological testing include:

1. Assessment of mental functioning for individuals with suspected or known mental disorders for purposes of differential diagnosis and/or treatment planning.
2. Assessment of patient strengths and disabilities for use in treatment planning or management when signs or symptoms of a mental disorder are present.
3. Assessment of patient capacity for decision-making when impairment is suspected that would affect patient care or management.

Changes in mental illness may require psychological testing to determine new diagnoses or the need for changes in therapeutic measures. Repeat testing not required for diagnosis or continued treatment would be considered medically unnecessary. Nonspecific behaviors that do not indicate the presence of, or change in, a mental illness would not be an acceptable indication for testing. Psychological or psychiatric evaluations that can be accomplished through the clinical interview alone (e.g., response to medication).
Draft Psychological and Neuropsychological Tests would not require psychological testing, and such testing might be considered as medically unnecessary. Adjustment reactions or dysphoria associated with moving to a nursing facility do not constitute medical necessity for psychological testing.

Neuropsychological testing is a sub classification of psychological testing and a method for evaluating patients who demonstrate cognitive or behavioral abnormalities. Neuropsychological testing is used when a differentiation between organic versus functional disorders is needed to direct proper therapy (e.g., occupational, physical, or speech and language therapy), predict neuropsychological recovery, or monitor progress. Neuropsychological tests include: Halsted-Reitan neuropsychological battery or its components; Luria-Nebraska; Wechsler Adult Intelligence Scale (WAIS); Wechsler Intelligence Scales for Children - Revised (WISC-R); Wechsler Memory Scale; and the Reitan-Indiana neuropsychological test.

Neuropsychological testing may be necessary for persons with documented neurologic disease or injury (e.g., traumatic brain injury, stroke) when there is uncertainty about the degree of impairment, or when an organic deficit is present but information on anatomic location and extent of dysfunction is required. An organic deficit is defined as a symptomatic manifestation of structural cerebral or systemic medical pathology, as opposed to being considered psychological or emotional in nature (functional). Such testing can also be used to systematically track progress in rehabilitation after brain injury or other neurological disease.

Neuropsychological testing is used in persons with documented changes in cognitive function to differentiate neurologic diseases (i.e., one of the types of dementia) or injuries (e.g., traumatic brain injury, stroke) when there is uncertainty about the degree of impairment, or when an organic deficit is present but information on anatomic location and extent of dysfunction is required. An organic deficit is defined as a symptomatic manifestation of structural cerebral or systemic medical pathology, as opposed to being considered psychological or emotional in nature (functional). Such testing can also be used to systematically track progress in rehabilitation after brain injury or other neurological disease.

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Neuropsychological testing may be indicated in persons with epilepsy or hydrocephalus. Neuropsychological testing is used in these patients to monitor the efficacy and possible cognitive side effects of drug therapy (e.g., new anti-convulsant drug therapy) by comparing baseline performance with subsequent testing performance. Neuropsychological testing is also used to assess post-surgical changes in cognitive functioning to guide further treatment services. Preferably, these tests should be administered by a certified psychologist trained to conceptualize the neuro-anatomical and the neuro-behavioral implications of the diagnostic entities under consideration and who is capable of interpreting patterns of test scores in view of principles of lateralization and localization of cerebral function.

Codes 96105, 96111, 96116, 96118, 96119, 96120, 96125, and G0451 are defined by their CPT/HCPCS descriptors. Code 96105 represents the formal evaluation of aphasia using a psychometric instrument such as the Boston Diagnostic Aphasia Examination. This testing is typically performed once during treatment, and the medical necessity for such testing should be documented. Repeat testing should only be done if there is a significant change in the patient’s aphasic condition.

Codes 96118, 96119, 96120, 96125 describe testing which is intended to diagnose and characterize the neurocognitive effects of medical disorders that impinge directly or indirectly on the brain. Examples of problems that might lead to neuropsychological testing are:

1. Detection of neurologic diseases based on quantitative assessment of neurocognitive abilities (e.g., mild head injury, anoxic injuries, Acquired Immune Deficiency Syndrome (AIDS), dementia);
2. Differential diagnosis between psychogenic and neurogenic syndromes (e.g., depression versus dementia);
3. Delineation of the neurocognitive effects of central nervous system disorders;
4. Neuropsychological monitoring of recovery or progression of central nervous system disorders;
5. Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders.

The content of neuropsychological testing procedures (96118, 96119, 96120, 96125) differs from that of psychological testing (96101-96111and G0451) in that neuropsychological testing consists primarily of individually administered ability tests that comprehensively sample cognitive and performance domains that are known to be sensitive to the functional integrity of the brain (e.g., abstraction, memory and learning, attention, language, problem solving, sensorimotor functions, constructional praxis, etc.). These procedures are objective and quantitative in nature and require the patient to directly demonstrate his/her level of competence in a particular cognitive domain. Neuropsychological testing does not rely on self-report questionnaires such as the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), rating scales such as the Hamilton Depression Rating Scale, or projective techniques such as the Rorschach or Thematic Apperception Test (TAT).
Draft Psychological and Neuropsychological Tests

When a psychiatric condition or the presence of dementia has already been diagnosed, there is value to the testing only if the information derived from the testing would be expected to have significant impact on the understanding and treatment of the patient. Examples include a significant change in the patient’s condition, the need to evaluate a patient’s capacity to function in a given situation or environment, and/or the need to specifically tailor therapeutic and or compensatory techniques to particular aspects of the patient’s pattern of strengths and disabilities.

Limitations

Psychological and Neuropsychological testing is not considered reasonable and necessary when:

- the patient is not neurologically and cognitively able to participate in a meaningful way in the testing process;
- administered for educational or vocational purposes that do not establish medical management;
- performed when abnormalities of brain function are not suspected;
- used for self-administered or self-scored inventories, or screening tests of cognitive function (paper-and-pencil or computerized), e.g., AIMS, Folstein Mini-Mental Status Examination;
- Repeated when not required for medical decision-making (i.e., making a diagnosis or deciding whether to start or continue a particular rehabilitative or pharmacologic therapy);
- Administered when the patient has a substance abuse background, and any of the following apply:
  a. the patient has ongoing substance abuse such that test results would be inaccurate, or
  b. the patient is currently intoxicated;
- The patient has been diagnosed previously with brain dysfunction, e.g., Alzheimer’s disease, and there is no expectation that the testing would impact the patient's medical management;
- The test is being given solely as a screening test for Alzheimer's disease. Medicare does not cover this screening for this diagnosis.

Testing conducted when no mental illness/disability is suspected would be considered screening and would not be covered by Medicare. Non-specific behaviors that do not suggest the possibility of mental illness or disability are not an acceptable indication for testing.

Evaluations of the mental status that can be performed within the clinical interview (e.g., codes 90791, 90792), (e.g., a list of questions concerning symptoms of depression or organic brain syndrome, corresponding to brief questionnaires or screening measures such as the Folstein Mini Mental Status Examination or the Beck Depression Scale, or use of other mental status exams in isolation ) should not be classified separately as psychological or neuropsychological testing (codes 96101-96125, G0451) since they are typically part of a more general clinical exam or interview.

Psychological/neuropsychological testing to evaluate adjustment reactions or dysphoria associated with placement in a nursing home does not automatically constitute medical necessity for testing. Testing of every patient upon entry to a nursing home would be considered a routine service and would not be covered by Medicare. However, some individuals enter a nursing home at a time of physical and cognitive decline and may require psychological testing to arrive at a diagnosis and plan of care. Decisions to test individuals who have recently entered a nursing home need to be made judiciously, on a case-by-case basis.

Each psychological/neuropsychological test administered must be individually medically necessary. A standard battery of tests is only medically necessary if each individual test in the battery is medically necessary.

The psychological/neuropsychological testing codes should not be reported by the treating physician for only reading the testing report or explaining the results to the patient or family. Payment for these services is included in the payment for other services rendered to the patient, such as evaluation and management services.

Type of Bill Code
Draft Psychological and Neuropsychological Tests

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
071x Clinic - Rural Health
075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
076x Clinic - Community Mental Health Center
077x Clinic - Federally Qualified Health Center (FQHC)
085x Critical Access Hospital

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0918 Behavioral Health Treatment/Services - Testing

CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>96101</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist’s or physician’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
</tr>
<tr>
<td>96102</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</td>
</tr>
<tr>
<td>96103</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report</td>
</tr>
<tr>
<td>96105</td>
<td>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour</td>
</tr>
<tr>
<td>96111</td>
<td>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</td>
</tr>
<tr>
<td>96116</td>
<td>Neuropsychological status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist’s or physician’s time, both face-to-face time with the patient and time interpreting test results and preparing the report</td>
</tr>
<tr>
<td>96118</td>
<td>Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales And Wisconsin Card Sorting Test), per hour of the psychologist’s or physician’s time, both face-to-face</td>
</tr>
</tbody>
</table>
### Draft Psychological and Neuropsychological Tests

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96119</td>
<td>Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales And Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</td>
</tr>
<tr>
<td>96120</td>
<td>Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report</td>
</tr>
<tr>
<td>96125</td>
<td>Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
</tr>
<tr>
<td>G0451</td>
<td>Development testing, with interpretation and report, per standardized instrument form</td>
</tr>
</tbody>
</table>

### ICD-9 Codes that Support Medical Necessity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>290.0 - 299.91</td>
<td>Senile dementia uncomplicated - unspecified pervasive developmental disorder, residual state</td>
</tr>
<tr>
<td>300.00 - 316</td>
<td>Anxiety state unspecified - psychic factors associated with diseases classified elsewhere</td>
</tr>
<tr>
<td>317</td>
<td>Mild intellectual disabilities</td>
</tr>
<tr>
<td>318.0 - 318.2</td>
<td>Moderate intellectual disabilities - profound intellectual disabilities</td>
</tr>
<tr>
<td>319</td>
<td>Unspecified intellectual disabilities</td>
</tr>
<tr>
<td>327.02</td>
<td>Insomnia due to mental disorder</td>
</tr>
<tr>
<td>327.15</td>
<td>Hypersomnia due to mental disorder</td>
</tr>
<tr>
<td>327.42 - 327.43</td>
<td>Rem sleep behavior disorder - recurrent isolated sleep paralysis</td>
</tr>
<tr>
<td>331.0</td>
<td>Alzheimer's disease</td>
</tr>
<tr>
<td>331.2</td>
<td>Senile degeneration of brain</td>
</tr>
<tr>
<td>332.1</td>
<td>Secondary parkinsonism</td>
</tr>
<tr>
<td>333.1</td>
<td>Essential and other specified forms of tremor</td>
</tr>
<tr>
<td>333.71 - 333.72</td>
<td>Athetoid cerebral palsy - acute dystonia due to drugs</td>
</tr>
<tr>
<td>333.79</td>
<td>Other acquired torsion dystonia</td>
</tr>
<tr>
<td>333.82</td>
<td>Orofacial dyskinesia</td>
</tr>
<tr>
<td>333.85</td>
<td>Subacute dyskinesia due to drugs</td>
</tr>
<tr>
<td>333.90</td>
<td>Unspecified extrapyramidal disease and abnormal movement disorder</td>
</tr>
<tr>
<td>333.92</td>
<td>Neuroleptic malignant syndrome</td>
</tr>
<tr>
<td>333.99</td>
<td>Other extrapyramidal diseases and abnormal movement disorders</td>
</tr>
<tr>
<td>389.7</td>
<td>Deaf, nonspeaking, not elsewhere classifiable</td>
</tr>
<tr>
<td>780.09</td>
<td>Alteration of consciousness other</td>
</tr>
<tr>
<td>780.95</td>
<td>Excessive crying of child, adolescent, or adult</td>
</tr>
<tr>
<td>780.97</td>
<td>Altered mental status</td>
</tr>
<tr>
<td>784.3</td>
<td>Aphasia</td>
</tr>
<tr>
<td>784.51</td>
<td>Dysarthria</td>
</tr>
<tr>
<td>784.59</td>
<td>Other speech disturbance</td>
</tr>
<tr>
<td>784.60 - 784.61</td>
<td>Symbolic dysfunction unspecified - alexia and dyslexia</td>
</tr>
<tr>
<td>784.69</td>
<td>Other symbolic dysfunction</td>
</tr>
<tr>
<td>995.20</td>
<td>Unspecified adverse effect of unspecified drug, medicinal and biological substance</td>
</tr>
<tr>
<td>995.50 - 995.55</td>
<td>Unspecified child abuse - shaken baby syndrome</td>
</tr>
<tr>
<td>995.59</td>
<td>Other child abuse and neglect</td>
</tr>
<tr>
<td>995.80 - 995.85</td>
<td>Unspecified adult maltreatment - other adult abuse and neglect</td>
</tr>
</tbody>
</table>
Draft Psychological and Neuropsychological Tests
N/A

ICD-9 Codes that DO NOT Support Medical Necessity
N/A

Diagnoses that DO NOT Support Medical Necessity
N/A

Associated Information

Documentation Requirements

The medical record must indicate testing is necessary as an aid in the diagnosis and therapeutic planning. The record must show the tests performed, scoring and interpretation, as well as the time involved for services that are time-based.

The medical record should include all of the following information:

- Reason for referral.
- Tests administered, scoring/interpretation, and time involved.
- Present evaluation.
- Diagnosis (or suspected diagnosis that was the basis for the testing if no mental illness was found).
- Recommendations for interventions, if necessary.
- Identity of person performing service.

Utilization Guidelines

Typically, psychological testing/neuropsychological testing may require four (4) to six (6) hours to perform (including administration, scoring, and interpretation.) If the testing is done over several days, the testing time should be combined and reported all on the last date of service. If the testing time exceeds eight (8) hours, a report may be requested to indicate the medical necessity for extended testing.

Use of such tests when mental illness is not suspected would be a screening procedure not covered by Medicare. Each test performed must be medically necessary. Therefore, standardized batteries of tests are not acceptable unless each test in the battery is medically necessary.

Routine re-evaluation of chronically disabled patients that is not required for a diagnosis or continued treatment is not medically necessary.

Sources of Information and Basis for Decision


American Medical Association (2013) CPT® Professional Edition

CGS Administrators, LLC LCD (L31887)

Code of Federal Regulations (CFR) § 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.


LCDs and policies from other Medicare contractors and private insurers
Draft Psychological and Neuropsychological Tests

National Government Services, Inc. LCD (L26895)

Novitas Solutions, Inc. LCD (L32766)

Wisconsin Physicians Service Insurance Corporation LCD (L31990)

Start Date of Comment Period

06/07/2013

End Date of Comment Period

07/22/2013

Start Date of Notice Period

MM/DD/YYYY

Revision History

Revision Number: Original
Publication: MMMMM YYYY Connection
LCR 2013-XXX

Related Documents

LCD Attachments

Coding Guidelines

Document formatted: 05/31/2013 (RA/et)