



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

Effective Date 12/15/2008
Next Review Date.....7/15/2009
Coverage Policy Number 0258

Subject Neuropsychological Testing

Table of Contents

Coverage Policy	1
General Background	2
Coding/Billing Information	6
References	7
Policy History.....	9

Hyperlink to Related Coverage Policies

Attention-Deficit/Hyperactivity Disorder:
Assessment and Treatment

Autism Spectrum Disorder/Pervasive
Developmental Disorders: Assessment
and Treatment

Chronic Fatigue Syndrome: Diagnostic and
Treatment Services

Cognitive Rehabilitation

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2008 CIGNA

Coverage Policy

Please refer to the applicable benefit plan to determine terms and conditions of coverage. Coverage of neuropsychological testing for the evaluation of behavioral health diagnoses is subject to the provisions of the applicable behavioral health benefit. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit are specifically excluded under many benefit plans. Therefore, treatment for metal toxicity that occurs as a result of occupational exposure is generally not covered.

CIGNA covers neuropsychological testing as medically necessary when there has been either: (1) a significant mental status change not due to a metabolic disorder that has not responded to treatment; or (2) a significant behavioral change, memory loss or organic brain injury and ANY of the following:

- traumatic brain injury
- stroke
- brain tumor
- cerebral anoxic or hypoxic episode
- central nervous system (CNS) infection
- neoplasms or vascular injury of the CNS
- neurodegenerative disorders

- demyelinating disease
- extrapyramidal disease
- exposure to intrathecal agents or cranial radiation known to be associated with cerebral dysfunction
- difficulty distinguishing between the neurocognitive effects of a neurogenic syndrome such as dementia vs. a Major Depressive Disorder when adequate treatment for Major Depressive Disorder has not resulted in improvement in neurocognitive function

CIGNA does not cover neuropsychological testing for EITHER of the following because it is considered experimental, investigational or unproven for these indications (this list may not be all-inclusive):

- autism spectrum disorder (ASD)/pervasive developmental disorder (PDD)
- chronic fatigue syndrome

CIGNA does not cover neuropsychological testing for ANY of the following because such testing is considered educational in nature and not medically necessary. Services that are considered primarily educational or training in nature or related to improving academic or work performance are not covered under most CIGNA HealthCare benefit plans (this list may not be all-inclusive):

- attention-deficit/hyperactivity disorder (ADHD)
- developmental disability, developmental delay
- learning disability
- mental retardation
- Tourette's syndrome
- when performed primarily for educational purposes
- when performed in association with vocational counseling or training

CIGNA does not cover neuropsychological testing that is ordered strictly as a result of court-ordered services unless medical necessity criteria are met (see medical necessity criteria above).

General Background

Neuropsychological testing consists of the administration of a series of standardized assessments designed to objectively measure cognitive function. This testing provides the basis for the conclusions regarding the neurocognitive effects of various medical disorders and aids in diagnosis. Neuropsychological testing is also used to assist in the differentiation of psychiatric from neurological disorders. Making an assessment of preserved and compromised cognitive functions can also help to predict the effects of remediation. Neuropsychological testing is indicated when notable behavioral and/or cognitive changes have been associated with a history of severe head trauma or organic brain disease. The testing results assist the clinician determine the scope and severity of cognitive impairments through a comparison of patient responses to established normative test values. This comparison then assists the clinician in developing a program or plan of care that is specific to the patient's needs. Neuropsychological testing should be delayed until reversible medical or metabolic conditions that are adversely affecting the central nervous system (CNS) are corrected, when possible. Formal neuropsychological testing should also be delayed until any acute changes have stabilized following trauma, infections, or metabolic or vascular insults to the CNS. Neuropsychological testing should only be performed by practitioners who are appropriately trained.

The components of neuropsychological assessment include all of the following:

- assessment of higher cortical functions, which includes thought process and organization, reasoning and judgment
- assessment of attention, language, memory and problem-solving
- obtaining a developmental history, the history of medical disease, trauma and psychiatric illness, and the history of the person's cognitive decline and/or premorbid level of function

Neuropsychological testing differs from psychological testing in that neuropsychological testing measures higher cerebral functioning, which focuses on cognitive skills and abilities (i.e., language, memory and problem-solving), whereas psychological testing is designed to provide information about a patient's personality and emotional functioning. Types of psychological testing include self-reported questionnaires, rating scales (e.g., the Hamilton Depression Rating Scale), projective techniques (e.g., the Rorschach or Thematic Apperception Test [TAT]), and screening tests of cognitive function.

Testing Methods

A wide variety of neuropsychological tests are available. These tests have been validated, are reliable and sensitive, and have been standardized to a normative sample. The fundamental core neuropsychological assessment typically includes tests designed to measure attention, concentration, learning, memory, problem-solving, language function, and visual-spatial function.

The two basic approaches to testing include a fixed vs. flexible battery. The fixed battery applies the same set of tests to all disorders requiring assessment. On the other hand, the flexible battery is more individualized to the specific aspects of cognitive function that are in question. The decision as to what type of battery to apply is typically made by the neuropsychologist after a history and preliminary assessment. Fixed neuropsychological testing batteries provide a standardized and broad approach to the assessment of cognitive function. Consequently, a large amount of information is collected, but not all is pertinent, and the time required to apply the assessment is often excessive. The flexible battery on the other hand is able to be customized, requires less time, but is not as inclusive.

The most commonly used neuropsychological assessment battery is the Halstead-Reitan Battery. It includes six tests that measure multiple neurocognitive factors, such as abstract reasoning, memory and tactile/visual-spatial memory. The entire battery can take up to 12–15 hours to administer, without scoring and interpretation. Most qualified neuropsychologists, however, will apply the Halstead-Reitan in a flexible application, choosing specific tests based on the clinical questions to be addressed.

The average flexible neuropsychological testing battery requires approximately 5–10 hours to complete (including administration, scoring and interpretation). Other standardized fixed assessment batteries exist and are used as assessment tools in various circumstances. The following is a list of typical fixed batteries:

- Wechsler Adult Intelligence Scale-Revised (WAIS-R)
- Boston Diagnostic Aphasia Examination (BDAE)
- Rey Auditory Verbal Learning Test (RAVLT)
- Wisconsin Card Sorting Test (WCST)
- Rey Complex Figure Test

Literature Review

A review of the published, peer-reviewed literature indicates that neuropsychological testing is beneficial in diagnosing the neurocognitive effects of various medical disorders that directly or indirectly affect the neurocognitive abilities of the brain (Boake, et al., 2001; Stebbins, 2007). Boake et al. (2001) conducted a cohort prediction study to evaluate whether early neuropsychological testing is useful in predicting long-term productivity outcome after traumatic brain injury (TBI). The study was based on the Traumatic Brain Injury Model Systems (TBIMS), a longitudinal, multicenter study of outcomes after TBI. The participants included 293 adult rehabilitation inpatients with nonpenetrating TBI who were enrolled in the TBIMS. Fifteen neuropsychological tests were administered during the first six months post-injury to patients who emerged from post-traumatic amnesia before rehabilitation discharge. Test scores were classified by objective criteria as in either the normal range or the impaired range. The outcome was defined as productive if the patient was competitively employed or enrolled full-time in regular education.

Each patient's functional outcome at follow-up was classified as productive or nonproductive.

The initial post-injury follow-up occurred at one year for 214 patients (73%), two years for 60 patients (20%), three years for 15 patients (5%), and four years for four patients (2%). Attrition was not directly measured. Rather, data was only included for a single year of follow-up data per patient, with decreasing data points over time, as patients were lost to the follow-up arm. Results of the study showed that 91 patients (31%) were classified as productive at their initial follow-up. Of those classified as productive, 82 (90%) were competitively employed, and nine (10%) were in full-time regular education. Of the 202 patients classified as nonproductive,

169 (84%) were unemployed, 12 (6%) were enrolled part-time in regular education, and the remainder were in categories smaller than 5%. The results also showed that the relative risk ratios for all 15 tests were above 1.0, indicating that normal range scores correlated with better productivity outcomes. Ten of the 15 tests were statistically significant predictors of productivity outcome at the 0.05 significance level. The relative risk ratios for these 10 tests ranged from 1.43 to 2.27, indicating that normal range scores on these tests were associated with a 40–130% increase in the probability of a productive outcome, relative to the outcome associated with impaired range scores. The researchers concluded that the results of this study showed that early neuropsychological testing of TBI patients can help predict long-term productivity outcome.

Neuropsychological Testing in Other Settings

Neuropsychological testing is of limited value in any of the following conditions:

- when the patient has a substance abuse background and either of the following conditions applies:
 - The patient continues to use to an extent that would render test results inaccurate.
 - The patient is not yet 10 or more days post-detoxification.
- when the patient is on certain daily medications (e.g., mood-altering substances or beta-blockers) that may confound interpretation of results, and the drug effects have not been ruled out

Generally, neuropsychological testing is performed for the initial assessment of an acute change. Neuropsychological testing is not proven in the literature to be beneficial in assessing and monitoring chronic conditions of the brain, including but not limited to Alzheimer's disease and acquired immunodeficiency syndrome (AIDS). Chronic conditions of the brain can result in impaired comprehension and cognitive domains over time (Stebbins, 2007).

Neuropsychological Testing in the Educational Setting: Neuropsychological testing is also used in educational settings to provide information regarding educational planning and determine appropriate classroom placement (Stebbins, 2007). The testing may be used to identify specific learning disabilities and developmental disabilities. These tests may aid in the identification of children with severe intellectual deficits, such as mental retardation.

Tourette's syndrome is a chronic tic disorder, with the onset in childhood and characterized by motor and vocal tics. This disorder is frequently accompanied by other conditions. The three most common are attention deficit/hyperactivity disorder (ADHD), learning disabilities, and obsessive-compulsive disorder (Bagheri, et al., 1999). Neuropsychological testing may be utilized to identify the patient's strengths and weaknesses and allow the patient to reach his or her maximum academic potential (Jankovic, 2007). Neuropsychological testing is considered primarily educational in nature and not medically necessary when performed for the assessment and management of Tourette's syndrome.

Neuropsychological testing is generally performed primarily for educational reasons when done in association with the management of ADHD. Educational testing is usually provided by school systems under applicable state and federal rules. Neuropsychological testing may be useful in patients in whom diagnosis is difficult, or when cognitive impairment secondary to another disorder is suspected (e.g., those with previous head injury, alcohol-related cognitive deficits, early dementias or seizures) (Troller, 1999). There is insufficient evidence to recommend neuropsychological evaluation for ADHD to be performed on a routine basis in the management of ADHD.

The use of neuropsychological testing in these settings is primarily used for educational purposes and is not medically necessary for the treatment of the condition.

Autistic Spectrum Disorders/Pervasive Developmental Disorders: The autism spectrum disorders (ASD) are a range of complex behavioral disorders that are also referred to as pervasive developmental disorders (PDD). There is no specific test that can confirm a diagnosis of ASD. The evaluation must include clinical history which incorporates parental report, family history, pregnancy, neonatal and developmental history of the child and a clinical examination (Volkmar, et al., 1999; Tuchman, 2003; Filipek, et al., 2000). It has been proposed that neuropsychological testing be used in the assessment of ASD and to assist with the educational planning

process. There is insufficient evidence in the published, peer-reviewed medical literature to support the standard use of neuropsychological testing in the assessment and/or management of ASD.

Chronic Fatigue Syndrome: Chronic fatigue syndrome (CFS) can be a disabling illness characterized by persistent fatigue and associated myalgias, tender lymph nodes, arthralgias, chills, feverish feelings and postexertional malaise. Diagnosis of this syndrome is by exclusion with no definitive laboratory test or physical findings. Evaluation for this condition should include a detailed medical history, complete physical examination, including a mental status examination and a standard series of urine and blood laboratory tests to identify other possible causes of illness. Review of the evidence-based, peer-reviewed medical literature does not support the use of neuropsychological testing in the assessment or management of this condition.

Professional Societies/Organizations

American Academy of Neurology (AAN): The Quality Standards Subcommittee of the AAN published an evidence-based review: Practice parameter: early detection of dementia: mild cognitive impairment. The recommendations include (Petersen, et al., 2001):

- Neuropsychologic batteries are useful instruments in identifying patients with dementia, particularly when administered to an increased-risk (by virtue of memory impairment) population. Those neuropsychologic instruments that emphasize memory function are most useful.
- Interview-based techniques may be considered in identifying patients with dementia, particularly when administered to a population at increased risk of cognitive impairment.

American Academy of child and Adolescent Psychiatry (AACAP): The AACAP published practice parameters for the assessment and treatment of children and adolescents with ADHD (Pliszka, et al., 2007). Regarding neuropsychological testing the parameters note that this testing is not required as part of a routine assessment for ADHD, but may be indicated by the findings of the standard psychological assessment.

American Psychiatric Association: The American Psychiatric Association published practice guidelines for the psychiatric evaluation of adults. The following notations were made in the guidelines regarding neuropsychological testing (American Psychiatric Association, 2006):

- The testing has a broad range of application, but the decision to order neuropsychological testing for an individual patient remains a matter of clinical judgment.
- The testing may be requested when cognitive deficits are suspected or there is a need to grade for severity or progression of deficits over time.
- The testing can be helpful in distinguishing between cognitive disorders and malingering or factitious disorders. When patients present later in life with the new onset of psychosis or mood disorder accompanied by cognitive deficits, neuropsychological testing may also be helpful in distinguishing dementia from other psychiatric syndromes.

The American Psychiatric Association's position statement on HIV-related neuropsychiatric findings and associated impairments (American Psychiatric Association, 2003), notes that, "Psychiatrists should be aware of the neuropsychological manifestations of HIV and the importance of providing patients with or referring patients for further assessment and treatment when patients show signs of clinically significant neuropsychological impairment."

American Psychological Association: The American Psychological Association, Presidential Task Force on the Assessment of Age-Consistent Memory Decline and Dementia published guidelines for the evaluation of dementia and age-related cognitive decline (American Psychological Association, 1998). They note in the guidelines that, "Comprehensive neuropsychological evaluations for dementia and age-related cognitive decline include: tests or assessments of a range of multiple cognitive domains, typically including memory, attention, perceptual and motor skills, language, visuospatial abilities, problem solving, and executive functions. It is recognized, however, that detection of profound dementia may not require a comprehensive neuropsychological test battery."

Summary

Neuropsychological testing is used to assess cognitive function and to quantify the neurocognitive effects of various medical disorders and/or head trauma-related conditions. Neuropsychological testing is a tool to assist in the diagnosis of certain conditions, such as dementia, but is not a diagnostic tool in itself. Although testing may help to predict the level of potential remediation, it has not been determined to be beneficial in either guiding treatment or monitoring treatment progress.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

CPT®* Codes	Description
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both the face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (eg, 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 time administering tests to the patient and time interpreting test results and preparing the report
96119	Neuropsychological testing (eg, 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
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

ICD-9-CM Diagnosis Codes	Description
191.0-191.9	Malignant neoplasm of brain
192.0-192.9	Malignant neoplasm of other and unspecified parts of nervous system
239.6	Neoplasm of unspecified nature of brain
332.0-332.1	Parkinson's disease
333.90	Unspecified extrapyramidal disease and abnormal movement disorder
340	Multiple sclerosis
341.9	Other demyelinating diseases of central nervous system
348.1	Anoxic brain damage
348.9	Unspecified condition of the brain
348.31	Metabolic encephalopathy
434.01	Cerebral thrombosis with cerebral infarction
434.11	Cerebral embolism with cerebral infarction
434.91	Cerebral artery occlusion, unspecified with cerebral infarction
780.93	Memory loss
799.0	Asphyxia and hypoxemia
850.0-850.9	Concussion
854.0-854.1	Intracranial injury
959.01	Head injury, unspecified
984.0-984.9	Toxic effect of lead and its compounds

Experimental/ Investigational/ Unproven or Educational in Nature and Not Medically Necessary and Not Covered for the following diagnoses:

ICD-9-CM Diagnosis Codes	Description
299.00- 299.91	Pervasive development disorders/autistic disorder
307.23	Tourette's disorder
314.00	Attention deficit disorder of childhood without mention of hyperactivity
314.01	Attention deficit disorder of childhood with hyperactivity
315.00-315.9	Specific delays in development
317	Mild mental retardation
318.0	Moderate mental retardation
318.1	Severe mental retardation
318.2	Profound mental retardation
319	Unspecified mental retardation
780.71	Chronic fatigue syndrome
	Multiple/varied codes

***Current Procedural Terminology (CPT®) © 2007 American Medical Association: Chicago, IL.**

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Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	7/15/2008	0258	Neuropsychological Testing

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA's subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.