



Review Criteria
Georgia Region

Title:	NEUROPSYCHOLOGICAL EVALUATIONS		
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Section:	UTILIZATION MANAGEMENT	Policy Number:	01-14
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Purpose

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

DIAGNOSIS ICD-9 CODE AND DESCRIPTION: ICD-10 GZ13ZZZ

DIAGNOSIS/CONDITION: Neuropsychological Evaluation

CPT-4/ HCPCS CODE AND DESCRIPTION: 96118, 96119, 96120

All requests for Adult and Child & Adolescent outside neuropsych evaluations require review by the KP Neuropsychology department, (Dr. Rebecca McCartney) to determine whether it can be done internally. If services can be provided internally, then does not meet criteria for outside evaluation.

For Urgent or stat reviews: Please contact the QRM Medical Reviewer: criteria for outside evaluation.

1.0 CLINICAL SUMMARY:

Definition: Neuropsychological evaluations are a specialty subset of psychological evaluations which are designed to address questions regarding patients with neurological, neurodevelopmental disorders and acquired disorders of the brain. Such evaluations are helpful adjunct to a comprehensive medical evaluation, adding specific information regarding the cognitive, behavioral and emotional functioning of a patient.

Psychological evaluations may focus on assessment of personality, behavior, mood or intellect. Developmental evaluations and Psychoeducational evaluations are subtypes of psychological evaluations. There is some overlap in the assessment tools used in these evaluations and in a Neuropsychological evaluation, depending on the diagnostic question. The bulk of Neuropsychological testing however, employs tests that have been developed to discriminate between brain disorder clinical populations and control groups.

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Neuropsychological evaluations are time intensive, requiring up to 8-10 hours for the most comprehensive evaluation, and 5-6 hours for a less comprehensive work-up. It is important that referrals be both medically necessary and a covered benefit. Requests for these evaluations are subject to Targeted Review in QRM in consultation with the psychology department of KPGA.

2.0 Medical Indications:

Presence of diagnosed or suspected neurological disorder with behavioral, emotional, or cognitive changes which require specific evaluation for purposes of medical treatment planning.

Differential diagnosis of neurological and psychological conditions

Measurement of change in condition (given enough time and change has occurred to be detectable), when a change in condition will have an impact on medical treatment.

3.0 Contraindications:

Pediatric patients with suspected developmental delay **do not** meet the criteria for Neuropsychological assessment, as the detail of the level of impairment offered by Neuropsychological evaluation is not necessary for medical treatment planning. Delays are treated through life-long educational approaches, not provided through Kaiser Permanente. Physical, occupational and speech evaluations are most helpful in documenting delays, which may be eligible for brief treatment. The exception to this may occur in cases with evidence of prenatal stroke, seizure disorder or other acute neurological condition, where evaluation may be helpful with differential diagnoses for medically treatable conditions.

Patients with documented developmental disorders **do not** meet medical necessity criteria for evaluation of change in condition, **except** in the case of newly imaged brain lesions or other new, medically treatable conditions (e.g., tumors, encephalitis, and seizure disorder). Decline in learning or attention skills **do not** meet these criteria, as there are multiple social and emotional reasons for these changes independent of acute neurological changes.

Psychological/emotional conditions may be established through interview or other assessment, and do not require specific testing per se. Phrase your request for psychological or behavioral assessment, rather than specifying neuropsychological evaluation. The reviewers will direct the assessment to the neuropsychologist if this is appropriate.

Not all with neurological components require neuropsychological evaluation. Traditional behavioral assessment is appropriate in some situations, and Psychoeducational evaluations are more appropriate in others. Phrase your request for psychological or behavioral assessment, rather than specifying neuropsychological evaluation. The reviewers will direct the assessment to the neuropsychologist if this is appropriate.

Patients who present with complaints of dizziness, disorientation, confusion, and acute mental status changes should receive a medical and/or neurological work-up prior to consideration for testing.

4.0 Conditions appropriate for Behavioral Health/Pediatric/Developmental Pediatrics evaluation, but not Neuropsychological Evaluation

- Attention Deficit Hyperactivity Disorder

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- Depression or other psychiatric disorder (Note: Evaluation and treatment of depression prior to evaluation for dementia is preferred) **BH**
- Autism and other Pervasive Developmental Disorders (Note: Behavioral Health Evaluation will establish diagnosis without specific testing. Neuropsychological testing **is not** the most appropriate tool for this assessment). **Developmental pediatrics**
- Prior to request for evaluation, pediatricians may wish to refer for speech, physical therapy and occupational therapy assessments, which provide information on developmental level and observations regarding attention, behavioral, emotional concerns and problematic social interactions. When this information is provided a Behavioral Health professional, interview and observation can establish the diagnosis. Referral to a neurologist is helpful when there is suspicion of seizure activity.
- Parents may present with requests for documentation to continue Medicaid waivers. An interview with a child psychiatrist may be completed, but the psychological tests requested on these documents (WISC-IV, Stanford Binet, and Bailey) are not provided by Kaiser. They may be obtained through the public schools for students ages 3-21.

Advise the patient or parent to make an appointment with Behavioral Health for these assessments. No referral is necessary, but communication from the pediatrician clarifying the reason for assessment and providing the speech and occupational therapy evaluations is helpful.

5.0 Kaiser Permanente’s covered benefit for psychological and Neuropsychological testing does not cover the following referral questions:

5.1 Assessment of learning disabilities or for educational issues, including evaluations for “processing” problems and life-long problems with memory in adults (Note: Provided by public schools for school-age patients)

- Assessment to determine disability funding (Note: The Department of Disability Determination provides psychological evaluations for this purpose)
- Assessment to document need for educational services, as is required to become qualified for modifications for ADHD (Note: Provided by public schools for school-aged patients)
- Assessment for application to an outside agency’s services
- Assessment directed by the courts or a patient’s attorney (Note: Some court-ordered evaluations are provided by the courts)
- Assessment to determine IQ (Note: May be provided by public schools for school-aged patients)
- Developmental Delay assessment (Note: Provided by various community agencies and the public schools)
- Evaluations requested by parents or therapists (e.g., occupational, physical or speech therapists), the results of which would not have an impact on medical treatment.
- Evaluations for conditions not requiring medical treatment (e.g., learning disorders)
- Updated evaluations for conditions previously assessed, when a change in the condition would not alter treatment.

6.0 The Request and Review Process:

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- **Note:** Neuropsychological evaluations to be completed for inpatients at Children’s Hospital or for ambulatory rehabilitation patients at Children’s or Shepherd’s Center **does not require review.** These evaluations are included in their comprehensive service packages.

Process:

- Physician completes the *Neuropsychological Evaluation Request and Review Form** and supplies additional documentation.
- The completed request form and additional documentation is sent to the ordering physician’s Referral Department. The Referral Coordinator ensures the form is complete and all necessary documentation is attached. The member is given or mailed the handout entitled “Medical and Benefit Review Process”.

The request and additional documentation are faxed to the covering psychologist.

- The psychologist reviews the request and approves and arranges for scheduling; requests additional information; **or** forwards the request with comments (recorded on the Neuropsychological Evaluation Request and Review Form) to QRM for review.
- QRM reviews denials and generates a letter to the patient and referring physicians.
- **Note:** *. Documentation of diagnosis, differential and/or reason for the request must be attached. If a neurologist or other practitioner is requesting the evaluation, the original clinic note must be attached to the form, indicating the working diagnosis and reason for the neuropsychological assessment request. Results of imaging studies and EEGs are helpful to the evaluator. Any previous psychological or Neuropsychological evaluations should also be included with the request to allow the examiner to address any questions about changes in functioning level related to a medical condition.

7.0 REFERENCES:

- Finset, Arnstein Phd et al: Cognitive Performance in Multiple Trauma Patients 3 years After Injury. *Psychosomatic Medicine*: 61(4) July/August 1999, p576-583
- Christoph J. Lauer et al: Neuropsychological assessments before and after treatment in-patients with anorexia nervosa and bulimia nervosa. *Journal of Psychiatric Research* 33(1999) 129-138.
- Carol Gregory MRCP et al: Early Diagnosis of the Frontal Variant of Frontotemporal Dementia: How Sensitive Are Standard neuroimaging and Neuropsychologic Tests? *Neuropsychiatry, Neuropsychology and Behavioral Neurology* 12. #2 p128-135, 1999.
- Barbara Trommer MD et al: Pitfalls in the Use of a Continuous Performance Test as a Diagnostic Tool in Attention Deficit Disorder. *Developmental and Behavioral Pediatrics* 9 #6 Dec 1988.

Approval

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Physician Program Director, Quality Resource
Management

2/15/23_____

Date

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