



POLICY AND PROCEDURE MANUAL

Policy Number: PA.228.CC
Last Review Date: 08/15/2024
Effective Date: 09/01/2024

PA.228.CC Cognitive Performance Testing

CountyCare considers **Cognitive Performance Testing** medically necessary for ALL of the following indications:

1. The member currently experiences one or more of the following:
 - a. Significant cognitive deficit
 - b. Mental status abnormality
 - c. Behavioral change
 - d. Memory loss that requires quantification, monitoring of change, or differentiation of cause,

AND

2. Testing regarding member's abnormality is appropriate based on the suspected or confirmed diagnosis of one or more of the following:
 - a. Multiple sclerosis
 - b. Dementia or other cognitive impairment AND one or more of the following:
 - i. Initial evaluation needed when diagnosis or severity of disease is unclear
 - ii. Evaluation of significant deterioration needed when medication effect is suspected (eg, delirium due to medications) and differentiation from organic worsening cannot be determined by other means
 - c. HIV, Lyme disease, herpes encephalitis, or other infection-associated cognitive disorders with need for evaluation of significant cognitive deterioration to determine extent of organic cause and direct therapy
 - d. Primary progressive aphasia
 - e. Cerebrovascular disease
 - f. Huntington disease that is either prodromal or active disease
 - g. Traumatic or anoxic brain injury
 - h. Parkinson disease
 - i. Hydrocephalus
 - j. Epilepsy
 - k. Cerebral dysfunction from toxic exposure

PA.228.CC Cognitive Performance Testing

Policy Number: PA.228.CC
Last Review Date: 08/15/2024
Effective Date: 09/01/2024

- l. Cerebral mass
- m. Toxic effects of specific cancer treatment
- n. Other diagnosis with strong evidence of, or known high risk for, cognitive impairment for which test results will help provide guidance regarding specific patient care needs,

AND

- 3. The results of Cognitive Performance Testing are likely to impact the member's care or treatment plan,

AND

- 4. The member is able and willing to actively participate in Cognitive Performance Testing,

AND

- 5. The member is not currently undergoing chronic substance use withdrawal or chronic substance use recovery, and does not have active substance use disorder.

Limitations

Face-to-face administration of the test is required.

Background

A qualified health care professional administers standardized cognitive performance testing to evaluate the patient's immediate, recent, and remote memory; temporal and spatial orientation; general information recall; problem-solving and abstract reasoning abilities; organizational skills; and auditory processing and retention.

Codes

Code	Description
96125	Standardized cognitive performance testing (eg, 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

PA.228.CC Cognitive Performance Testing

Policy Number: PA.228.CC
Last Review Date: 08/15/2024
Effective Date: 09/01/2024

References

1. American Academy of Clinical Neuropsychology. American Academy of Clinical Neuropsychology (AACN) practice guidelines for neuropsychological assessment and consultation. *Clinical Neuropsychologist* 2007;21(2):209-31. DOI: 10.1080/13825580601025932. (Reaffirmed 2016 Sep).
<https://pubmed.ncbi.nlm.nih.gov/17455014/>
2. APA Work Group on Psychiatric Evaluation. The American Psychiatric Association practice guidelines for the psychiatric evaluation of adults. 3rd edition [Internet] American Psychiatric Association. 2015 Aug.
<https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426760>
3. MCG 21st Edition. Behavioral Health Care > Therapeutic Services and Testing Procedures > Neuropsychological Testing (B-805-T)
4. Optum 360. HCPCS Code Detail – 96125.

Disclaimer

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent. Any sale, copying, or dissemination of said policies is prohibited.