



# **EVH Clinical Guideline 2725.CC for Cognitive Performance Testing**

Guideline Number: EVH_CG_2725.CC	Applicable Codes		
Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc.			
Original Date: July 1, 2020	Last Revised Date: November 20, 2025	Implementation Date: December 1, 2025	

# **TABLE OF CONTENTS**

GENERAL INFORMATION.  NDICATIONS  LIMITATIONS  CODING AND STANDARDS  CODES  APPLICABLE LINES OF BUSINESS  BACKGROUND  POLICY HISTORY  LEGAL AND COMPLIANCE  GUIDELINE APPROVAL  Committee  DISCLAIMER	STATEMENT
NDICATIONS LIMITATIONS CODING AND STANDARDS CODES APPLICABLE LINES OF BUSINESS BACKGROUND POLICY HISTORY LEGAL AND COMPLIANCE GUIDELINE APPROVAL Committee DISCLAIMER	GENERAL INFORMATION
LIMITATIONS  CODING AND STANDARDS  CODES.  APPLICABLE LINES OF BUSINESS  BACKGROUND  POLICY HISTORY  LEGAL AND COMPLIANCE  GUIDELINE APPROVAL  Committee  DISCLAIMER	
CODING AND STANDARDS  CODES  APPLICABLE LINES OF BUSINESS  BACKGROUND  POLICY HISTORY  LEGAL AND COMPLIANCE  GUIDELINE APPROVAL  Committee  DISCLAIMER	
CODES	LIMITATIONS
CODES	CODING AND STANDARDS
APPLICABLE LINES OF BUSINESS  BACKGROUND  POLICY HISTORY  LEGAL AND COMPLIANCE  GUIDELINE APPROVAL  Committee  DISCLAIMER	CODES
POLICY HISTORY	APPLICABLE LINES OF BUSINESS
POLICY HISTORY	BACKGROUND
GUIDELINE APPROVAL Committee DISCLAIMER	
GUIDELINE APPROVAL  Committee  DISCLAIMER	
Committee	GUIDELINE ADDROVAL
DISCLAIMER	Committee
	DISCLAIMER
	DEEEDENCES





## **STATEMENT**

#### **General Information**

- It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.
- Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.
- The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.

## **INDICATIONS**

CountyCare considers **Cognitive Performance Testing** medically necessary for **ALL** the following indications <sup>(1)</sup>:

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

#### **AND**

- Testing regarding member's abnormality is appropriate based on the suspected or confirmed diagnosis of one or more of the following:
  - o Multiple sclerosis (2)
  - Dementia or other cognitive impairment **AND** one or more of the following (3):
    - Initial evaluation needed when diagnosis or severity of disease is unclear
    - Evaluation of other Risk Factors for Cognitive Decline when differentiation from organic worsening cannot be determined by other means, including any of the following:
      - Obstructive sleep apnea
      - Mood disorder





- Medication effect that may impair cognition
- High alcohol consumption
- Infection-associated cognitive disorders with need for evaluation of significant cognitive deterioration to determine extent of organic cause and direct therapy for any of the following:
  - HIV (4,5)
  - Lyme disease
  - Herpes Simplex Encephalitis (6)
  - Global common infections (non-exclusive) (7)
    - □ Cytomegalovirus (CSV)
    - □ Herpes Simplex virus type 1 (HSV-1)
    - □ Epstein-Barr virus (EBV)
- Primary progressive aphasia (8)
- o Cerebrovascular disease (9)
- Huntington disease (prodromal or active disease) (10)
- o Traumatic or anoxic brain injury (11)
- Parkinson's disease (12)
- Hydrocephalus (13)
- o Epilepsy (14)
- Cerebral dysfunction due to lead or other known chemical toxins exposure (15)
- o Cerebral mass (16)
- Toxic effects of specific cancer treatment (17)
- Other diagnosis with strong evidence of, or known high risk for, cognitive impairment for which test results will help provide guidance regarding specific member care needs

#### **AND**

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

#### **AND**

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

## **CODING AND STANDARDS**

#### Codes

Code	Description
96125	Standardized cognitive performance testing (e.g., Ross Information ProcessingAssessment) 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

# **Applicable Lines of Business**

	CHIP (Children's Health Insurance Program)
	Commercial
	Exchange/Marketplace
$\boxtimes$	Medicaid
	Medicare Advantage

## **BACKGROUND**

A qualified health care professional administers standardized cognitive performance testing to evaluate the member'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.

## **POLICY HISTORY**

Date	Summary	
November 20, 2025	This guideline replaces PA.228.CC Cognitive Performance Testing	





Date	Summary	
	<ul> <li>Editorial changes to match the formatting and layout of the new template, no changes to clinical content</li> </ul>	

### LEGAL AND COMPLIANCE

## **Guideline Approval**

#### Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

#### **Disclaimer**

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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





## **REFERENCES**

- Schroeder RW, Martin PK, Walling A. Neuropsychological Evaluations in Adults. Am Fam Physician. 2019;99(2):101-108.
  - http://www.ncbi.nlm.nih.gov/pubmed/30633479
- 2. Kalb R, Beier M, Benedict RHB, et al. Recommendations for cognitive screening and management in multiple sclerosis care. Multiple Sclerosis Journal. 2018;24(13):1665-1680. doi:10.1177/1352458518803785
- Atri A, Dickerson BC, Clevenger C, et al. Alzheimer's Association clinical practice guideline for the Diagnostic Evaluation, Testing, Counseling, and Disclosure of Suspected Alzheimer's Disease and Related Disorders (DETeCD-ADRD): Executive summary of recommendations for primary care. Alzheimer's and Dementia. Published online June 1, 2024. doi:10.1002/alz.14333
- Horberg M, Thompson M, Agwu A, et al. Primary Care Guidance for Providers Who Care for Persons With Human Immunodeficiency Virus: 2024 Update by the HIV Medicine Association of the Infectious Diseases Society of America. Clinical Infectious Diseases. Published online October 12, 2024. doi:10.1093/cid/ciae479
- 5. Underwood J, Winston A. Guidelines for Evaluation and Management of Cognitive Disorders in HIV-Positive Individuals. Curr HIV/AIDS Rep. 2016;13(5):235-240. doi:10.1007/s11904-016-0324-x
- 6. MK M, Bhutta B, Mendez M. Herpes Simplex Encephalitis. StatPearls. January 19, 2024. <a href="https://www.ncbi.nlm.nih.gov/books/NBK557643/">https://www.ncbi.nlm.nih.gov/books/NBK557643/</a>
- 7. Wennberg AM, Maher BS, Rabinowitz JA, et al. Association of common infections with cognitive performance in the Baltimore Epidemiologic Catchment Area study follow-up. Alzheimer's and Dementia. 2023;19(11):4841-4851. doi:10.1002/alz.13070
- 8. Henry ML, Grasso SM. Assessment of Individuals with Primary Progressive Aphasia. Semin Speech Lang. 2018;39(3):231-241. doi:10.1055/s-0038-1660782
- 9. El Husseini N, Katzan IL, Rost NS, et al. Cognitive Impairment After Ischemic and Hemorrhagic Stroke: A Scientific Statement From the American Heart Association/American Stroke Association. Stroke. 2023;54(6):E272-E291. doi:10.1161/STR.000000000000000430
- 10. Paulsen JS. Cognitive impairment in Huntington disease: Diagnosis and treatment. Curr Neurol Neurosci Rep. 2011;11(5):474-483. doi:10.1007/s11910-011-0215-x
- 11. Torregrossa W, Torrisi M, De Luca R, et al. Neuropsychological Assessment in Patients with Traumatic Brain Injury: A Comprehensive Review with Clinical Recommendations. Biomedicines. 2023;11(7). doi:10.3390/biomedicines11071991
- 12. Goldman JG, Volpe D, Ellis TD, et al. Delivering Multidisciplinary Rehabilitation Care in Parkinson's Disease: An International Consensus Statement. J Parkinsons Dis. 2024;14(1):135-166. doi:10.3233/JPD-230117
- 13. Nakajima M, Yamada S, Miyajima M, et al. Guidelines for management of idiopathic normal pressure hydrocephalus (Third edition): Endorsed by the Japanese society of normal pressure hydrocephalus. Neurol Med Chir (Tokyo). 2021;61(2):63-97. doi:10.2176/nmc.st.2020-0292
- 14. Kladi A, Campbell I, Evans J, Moraitou D. COGNITIVE SCREENING TESTS FOR PATIENTS WITH EPILEPSY: A SYSTEMATIC REVIEW FOCUSING ON TEST VALIDITY AND DIAGNOSTIC ACCURACY. Hellenic Journal of Psychology. 2021;18(3):329-352. doi:10.26262/hjp.v18i3.7969
- 15. Mason LH, Harp JP, Han DY. Pb neurotoxicity: Neuropsychological effects of lead toxicity. Biomed Res Int. 2014;2014. doi:10.1155/2014/840547





- Parsons MW, Org Dietrich J¨. CENTRAL NERVOUS SYSTEM TUMORS Assessment and Management of Cognitive Symptoms in Patients With Brain Tumors. In: 2025. doi:10.1200/EDBK\_
- 17. Fleming B, Edison P, Kenny L. Cognitive impairment after cancer treatment: mechanisms, clinical characterization, and management. BMJ. Published online 2023. doi:10.1136/bmj-2022-071726