



## POLICY AND PROCEDURE MANUAL

Policy Number: PA.232.CC  
Last Review Date: 11/16/2023  
Effective Date: 12/01/2023

### PA.232.CC Neurobehavioral Status Exam

CountyCare considers **Neurobehavioral Status Exam** medically necessary when all of the following criteria are met:

1. The member presents active, significant dysfunction in behavior, activities of daily living, and/or role performance within their living environment and their relationships without an identified physiological or psychological cause.  
AND
2. The member's known etiologies (eg. existing diagnosis, substance use) have been adequately stabilized,  
AND
3. The member is not currently undergoing chronic substance use withdrawal or chronic substance use recovery, and does not have active substance use disorder,  
AND
4. The requested neurobehavioral status exam is able to diagnose a condition that has not been identified by previous diagnostic testing,  
AND
5. The suspected condition is unable to be diagnosed through psychiatric evaluation, observation in therapy, or any other assessments.  
AND
6. The results of the requested neurobehavioral status exam are likely to impact the member's care and treatment plan  
AND
7. The member is able and willing to actively participate in the neurobehavioral status exam as needed  
AND
8. The member's medical record contains the following documentation:
  - a. Clear explanation of the member's symptoms and necessity for a neurobehavioral status exam

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- b. All previous psychological, neurological, and medical diagnostic testing conducted as indicated, including the scoring and interpretation.
- c. The provider's current evaluation of the member and suspected diagnosis for which the test is requested

### Limitations

1. Neurobehavioral Testing is not covered for the following indications:
  - a. Asymptomatic persons
  - b. Educational assessment or training
  - c. Screening for any condition
  - d. Members with chronic fatigue syndrome and evaluation of migraines
2. Face-to-face examination is required
3. Neurobehavioral Testing must be conducted by a physician or licensed psychologist.

### Background

Neurobehavioral status exams are conducted by a physician or psychologist in order to evaluate aspects of a patient's thinking, reasoning, and judgment. Testing is used to identify a suspected neurocognitive impairment that cannot be identified through other diagnostic testing, and may impact the member's current diagnosis, treatment plan, prognosis, and quality of life.

### Codes

Code	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 face-to-face time with the patient and time interpreting test results and preparing the report

*Note: This code is not covered by Medicare*

### References

1. American Academy of Clinical Neuropsychology. American Academy of Clinical Neuropsychology (AACN) practice guidelines for neuropsychological assessment

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10.1080/13825580601025932.

<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.  
<https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426760>
3. [Internet] American Psychiatric Association. American Psychiatric Association Practice Guidelines.  
<http://psychiatryonline.org/guidelines.aspx>
4. MCG 21<sup>st</sup> Edition. Behavioral Health Care > Therapeutic Services and Testing Procedures >Neuropsychological Testing (B-805-T)
5. MCG 21<sup>st</sup> Edition. Behavioral Health Care > Therapeutic Services and Testing Procedures >Applied Behavioral Analysis (B-806-T)
6. Optum 360. HCPCS Code Detail – 96116

### 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.

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