Testing is for members with significant cognitive deficits, mental status abnormality, behavioral change, complex psychiatric conditions or memory loss that requires quantification, monitoring of change, or differentiation of cause (eg, organic cognitive vs psychiatric disease). These symptoms must be accompanied by a diagnosis listed below.

**Conditions that qualify for testing:**

1. Stroke
2. Brain tumor
3. Radiation therapy to the central nervous system
4. Inherited metabolic disorders (including PKU, galactosemia, etc.)
5. Neurological diagnoses which have resulted in change in function, e.g., epilepsy
6. Brain surgery candidates, prior to surgery and 9-12 months post surgery
7. Traumatic brain injury
8. Anoxic brain injury
9. Bone marrow/transplant patients- pre and post transplant
10. Cystic fibrosis with behavioral hypoxia
11. Concussive syndrome/multiple concussions with symptoms
12. Congenital brain abnormalities
13. Diabetes with documented episodes of DKA or hypoglycemia
14. Genetic disorders with known neuropsych sequelae, e.g., Turners, Klinefelters, Williams, etc
15. Heart transplant patients pre and post transplant
16. Huntington's Chorea
17. Hydrocephalus (including children who have required shunts)
18. Leukemia (ALL, AML)
19. Lupus
20. Muscle disease with known associated neuropsych dysfunction e.g. muscular dystrophy, merosin deficiency, movement disorders, ataxia-telangiectasia, etc.
21. Multiple sclerosis
22. Neurofibromatosis
23. PANDA
24. Sickle cell disease
25. Sydenham’s Chorea
26. Toxin exposure - carbon monoxide poisoning, Fetal Alcohol Syndrome, documented prenatal exposure to cocaine or methamphetamine as evidenced by withdrawal symptoms at birth
27. Tuberous Sclerosis
28. History of prematurity: < 28 weeks gestation, weight < 1500gm, or complications such as intraventricular hemorrhage (Grade III or higher) / stroke/seizures/asphyxia, etc.
29. Small for gestational age/Intrauterine growth restriction (SGA/IUGR)
30. Other diagnosis with strong evidence of, or known high-risk for cognitive impairment
   • Neuropsych testing for autism is not routinely indicated in the absence of other indications for this type of testing.
   • Neuropsych testing for educational planning purposes in the absence of a qualifying medical diagnosis is not a covered benefit.

Referrals

Kaiser Permanente contracts with a number of providers for neuropsych testing.
   • Request a referral through your normal referral process (either fax or electronically).
   • Indicate your request is for neuropsych testing and include clinical indications to support the request.
   • For questions about pediatric neuropsych testing, contact developmental pediatrician Dr. Wendy Zerin (303) 657-6528.

References:

1. Neurocognitive Dysfunction in Children with Neurofibromatosis Type 1 Tena L. Rosser, MD, and Roger J. Packer, MD Current Neurology and Neuroscience Reports 2003, 3:129-136 Current Science Inc. ISSN 1528-4042
2. Neuropsychological Assessment: A Valuable Tool in the Diagnosis and Management of Neurological, AQ2 Neurodevelopmental, Medical, and Psychiatric Disorders Michelle Braun, PhD, ABPP-CN,* David Tupper, PhD, ABPP-CN,w Paul Kaufmann, JD, PhD, ABPP-CN,z Michael McCrea, PhD, ABPP-CN,y Karen Postal, PhD, ABPP-CN,8 Michael Westerveld, PhD, ABPP-CN,z Karen Wills, PhD, ABPP-CN,# and Teresa Deer, PhD** Abstract: For both children and adults with neurological, neurodevelopmental, medical, or psychiatric disorders, neuropsychological assessment can be a valuable tool in determining diagnosis, prognosis, and functional abilities as well as informing clinical management. This study summarizes the contributions of neuropsychological assessment to clinical care across diagnostic categories, with the goal of helping clinicians determine its utility for individual patients. Key Words: neuropsychological assessment, diagnosis, neurological disorders, neurodevelopmental disorders, clinical management (Cog Behav Neurol 2011;00:000-000)
3. Intellectual and Functional Outcome of Children 3 Years Old or Younger Who Have CNS Malignancies Maryam Fouladi, Elizabeth Gilger, Mehmet Kocak, Dana Wallace, Gray Buchanan, Cara Reeves, Nicole Robbins, Thomas Merchant, Larry E. Kun, Raja Khan, Amar Gajjar, and Raymond Mulhern Journal of Clinical Oncology VOLUME 23 NUMBER 28 OCTOBER 1 2005
4. Neuropsychological and Behavioral Aspects of Noonan Syndrome Ellen Wingberg a Jos Egger a, b Ineke van der Burg c Willem Verhoeven Horm Res 2009;72(suppl 2):15-23 DOI: 10.1159/000243774


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