



NAN Position Paper

The use, education, training and supervision of neuropsychological
test technicians (psychometrists) in clinical practice
Official Statement of the National Academy of Neuropsychology

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In common with the practice of physicians and other health care providers, clinical neuropsychologists often employ clinical extenders. The use of technicians in neuropsychology has been reported as far back as the late 1930s (De Luca, 1989). By 1989 (Division 40, 1989 and 1991), there was clear evidence that a large percentage of North American clinical neuropsychologists involved technicians in their assessments. Consequently, the Division of Clinical Neuropsychology of the American Psychological Association developed recommendations for the education, training and supervision of non-doctoral personnel to be used in this capacity. In keeping with evolving national standards of clinical practice, the National Academy of Neuropsychology proposed, on May 15, 1999, that “technicians, psychometrists, psychometricians and psychological assistants” can, in a supervised setting, administer neuropsychological tests as well as related psychological and behavioral instruments (NAN Policy and Planning Committee, 2000). Further, the Veterans Administration (DM & S Supplement, MP-5, Part I, Authority: 38 US U.S.C. 4105, Appendix 17A, change 43) outlined the qualifications, supervision and duties of a “psychology technician” (GS 181-5/7/9). Thus, the two major organizations representing clinical neuropsychologists in the United States and the largest single organization employing technicians have acknowledged the use of and published standards involving technicians.

By 2000, a majority of neuropsychologists were employing non-doctoral and/or non-licensed technical personnel. An empirical survey of neuropsychological practice standards in North America published in 2002 revealed that 51.2% of the over 1300 respondents indicated that they employed technicians (Sweet, Peck, Abramowitz, & Etzweiler, 2002). In 2006, the American Medical Association in conjunction with the United States’ Center for Medicare and Medicaid Services (CMS) published a series of new professional codes that more explicitly describe the administration, scoring and interpretation of neuropsychological instruments. One code (96118) is devoted strictly to the administration, scoring and/or interpretation of neuropsychological tests by an independently licensed psychologist (and, if insurance is filed, that psychologist must have a contractual arrangement with the respective reimbursement company or agency).

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Another code (96119) is devoted strictly to the administration and/or scoring of neuropsychological tests by a supervised technician (for further information on the use of these codes, see the *AMA's CPT manual, 2006* and *CPT Assistant, 2006*).

The present document provides an updated statement based on this history and evolution and the current national standards of clinical neuropsychological practice. The following list of recommendations represents the position of the National Academy of Neuropsychology:

1. Neuropsychological technicians are trained and supervised for the administration and scoring of neuropsychological tests and the observation of examinee behavior and receive appropriate supervision from the employing neuropsychologist when engaged in these activities.
2. Technician training and supervision, test selection, data interpretation and analysis, report writing and consultation are the responsibility of the neuropsychologist who is independently licensed or otherwise authorized by state, national, provincial, or other local laws to practice psychology and/or neuropsychology. (*Note*: According to the CMS, “a clinical psychologist must hold a doctoral degree in psychology and be licensed or certified . . . by the state which he or she practices, at the independent level of psychology to furnish diagnostic, assessment, preventative and therapeutic services directly to individuals” CMS; 80 – Requirements for Diagnostic Tests; Implementation: 09.21.2006).
3. The technician should have a minimum of a bachelor’s degree from a regionally accredited college or university.
4. Training and supervision of a technician should include but not be limited to ethics, neuropsychology, psychopathology, and test administration and scoring.
5. Confidentiality, including HIPAA guidelines and the APA Ethics Code, should be included in the training and supervision of neuropsychological technicians.
6. Training and plans should be made for the unlikely event of a patient’s medical and/or psychological emergency. The supervising neuropsychologist should be available during the administration of the tests by the technician.
7. Technicians must be able to deal effectively with a variety of people and, among other things, be understanding of and sensitive to cultural and demographic differences and their impact on test performance and behavior.
8. Supervision should be, at a minimum, of a “general” nature as defined by Medicare guidelines. Technically speaking, according to Medicare (June 23, 2006; Change Request 4400), “The procedure is furnished under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure.” Thus, supervision would involve specific directions as to the tests to be administered, scoring system to be used (e.g., norms), and eventual outcome of the testing.
9. A contractual relationship between the technician and the neuropsychologist should exist and be documented. This relationship may involve finances and/or the exchange of the technician’s testing services for the experience and education provided by the neuropsychologist.
10. Where administratively possible, the supervising and/or employing neuropsychologist maintains appropriate liability insurance that includes the professional acts and omissions of the neuropsychological technician or related service extender and acknowledges responsibility for the professional conduct of the technician.

The use of technicians contributes to the standardized and accurate assessment of neurocognitive functions. Neuropsychologists are directly responsible for the training and supervision of technicians as well as for all other clinical services including the interpretation of the tests administered and the report writing. Psychometric standards are uniformly applied and all tests are administered in a standardized manner. Therefore, the administration of the tests does not vary between technicians and licensed neuropsychologists.

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