



Cognitrax

Measure and Monitor Brain Performance

Reimbursement Guide NEW 2019 Billing Codes

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[Additional information please refer to the 2019 CPT® Current Procedural Terminology Professional Edition, American Medical Association](#)

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NEW Testing Codes for 2019: Central Nervous System Assessments / Tests

On Jan. 1, 2019, billing codes 96101, 96102, 96103, 96118, 96119 and 96120; the codes historically used to report Central Nervous System Assessments / Tests like computerized neurocognitive, psychological and neuropsychological testing procedures will be eliminated.

NEW Billing codes have been developed and approved to replace the former testing procedure codes. *The new billing codes can be found on pages 5 – 10 in this document.* The new testing codes, were designed to more accurately describe the technical and professional services work performed.

The new billing codes provide a clearer definition of professional *“test evaluation services”* and the *“test administration and scoring”* work performed by a technician or qualified health professional.

For additional information from our practice development experts:

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Central Nervous System Assessments / Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing): *“The following codes are used to report the services provided during testing of the central nervous system functions. The central nervous system include, but are not limited to, memory, language, visual motor responses, and abstract reasoning / problem-solving abilities. It is accomplished by the combination of several types of testing procedures. Testing procedures include the assessment of aphasia & **cognitive performance testing, developmental screening and behavioral assessments and testing, and neuropsychological and psychological testing.** The administration of these tests will generate material that will be formulated into a **report or an automated result.**”*

Source: 2019 AMA's CPT® | Changes an Insiders View <https://commerce.ama-assn.org/store/>

Overview: NEW 2019 Billing Codes

Cognitrax Billing, Coding & Reimbursement

Cognitrax assessment platform technologies (web-based app) enables reimbursable clinic services. Generally, there are...

3 common widely reimbursed procedure coding events...

1

Defined Billing Code: 99483 - Cognitive Impairment Assessment and Care Planning

Cognitrax capability allows each practice to set-up the neurocognitive testing and necessary rating instruments into an assessment that will most efficiently meet the Nine Billing Code Requirements. See pages 7 & 8 of this guide.

OR

1

Test Administration Services

NEW 'Test Administration' codes provides reimbursement of a technician or qualified healthcare provider administration of the Cognitrax test battery. *"Testing: administered by a physician, qualified health professional and technician or completed by the patient. The mode of completion can be manual (e.g., paper and pencil) or via **automated means**. The results of these tests will generate material that will be formulated into a report or an **automated result**."*¹ Cognitrax administers Neuropsychological tests, Psychological tests, and Neurobehavioral Status tests. Cognitrax has custom configured test panels supporting complete test administration according to coding, clinical and quality measure guidelines e.g., Cognitive Impairment Assessment and Care Planning, Annual Wellness Visit, Etc.

2

Test Evaluation Services

NEW 'Test Evaluation' codes enables practices to bill professional activities e.g., Neurocognitive / Neuropsychological, Neurobehavioral, Developmental / Behavioral Testing Procedure(s). The auto-scored results are used in the Evaluation and Management of patient care. Cognitrax computerized neuropsychological tests measures millisecond brain or cognitive function under challenge (cognitive performance test). The reports provide a standardized and objective central nervous system assessment. Cognitrax 4 normed neurocognitive tests for ages 8 to 89 and guideline recommended coding, clinical and quality rating instruments.

(1) Source: 2019 AMA's CPT® | Changes an Insiders View <https://commerce.ama-assn.org/store/>

1

Billing Code 99483 - Cognitive Impairment Assessment and Care Planning - RVU 2019: 7.32# or \$263#

Category I: Evaluation and Management ▶ Cognitive Assessment and Care Plan Services ◀

99483 Code Description: *Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian e.g., spouse, informant. etc. in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: ***

99483 Clinic Procedure: Required Assessment Elements

- 1. Cognition-focused evaluation** including a pertinent history and exam. Use of standardized instruments to stage dementia.
2. Medical decision making of moderate or high complexity. (defined by the E/M guidelines).
- 3. Functional assessment** including decision-making capacity.
4. Medication reconciliation and review for high-risk medications, if applicable.
- 5. Evaluation for neuropsychiatric and behavioral symptoms**, including depression, including use of standardized instrument(s).
6. Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and willingness of caregiver to take on caregiving tasks.
- 7. Evaluation of safety**, including motor vehicle operation, if applicable.
8. Address palliative care needs, if applicable and consistent with beneficiary preference.
9. Creation of a care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed; care plan shared with the patient and /or caregiver with initial education and support.**

Cognitrax Test Panel Solutions: Custom Configure to Your Needs

Computerized Neurocognitive Testing (Guideline Recommended Brain Domains)

Functional Health Assessment Questionnaire (HAQ-8) (Functional Health, Select Necessary Scales)

PHQ-9 Depression, GAD-7 Anxiety, Epworth Sleepiness Scale, (Select Necessary Scales)

Fall Risk Scale, Computerized Neurocognitive Testing (Related to Safety Issues)

Blue lettered items are elements Cognitrax helps assess, auto-score and systematically document.

* Estimated national average payment amount for 99483 at \$238.30

** Adapted from: Federal Register /Vol. 81, No. 220 /Tuesday, November 15, 2016 /Rules and Regulations 80227

*** Adapted from: Medicare's Cognitive Impairment Assessment and Care Planning Code: Alzheimer's Association Expert Task Force Recommendations and Tools for Implementation <http://www.alz.org/careplanning/downloads/cms-consensus.pdf>

"#" Estimated National Average Practice Reimbursement

1

Billing Code 99483 - Cognitive Impairment Assessment and Care Planning

Confirm Test Settings

https://cognitrax.cnsvs.com

Cognitrax

Please confirm these settings

Patient ID: jadams122356 Birth Date: 1956 Dec 23

Test Language: English

Test Selection

- Finger Tapping Test
- Verbal Memory Test
- Continuous Performance Test
- Symbol Digit Coding Test
- Patient Health Questionnaire (PHQ-9)
- Health Assessment Questionnaire (HAQ) Disability Scale
- Generalized Anxiety Disorder 7-item (GAD-7) Scale
- Fall Risk Questionnaire (FRQ)
- Epworth Sleepiness Scale (ESS)

Annual Wellness Visit

Assessment & Care Plannir

Cancel OK

Selecting the 'Assessment and Care Planning' button will assist the practice in the collection of the necessary clinical data requirements for billing code 99483...

1

Billing Code 99483 - Cognitive Impairment Assessment and Care Planning - RVU 2019: 7.32# or \$263#

Category I: Evaluation and Management ▶ Cognitive Assessment and Care Plan Services ◀

Additional Guidelines:

- 99483 can only be used twice in one year¹
- Eligible providers include physicians, nurse practitioners, clinical nurse specialists, and physician assistants.***
- Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.
- Many of the required assessment elements can be completed by appropriately trained members of the clinical team working with the eligible provider.***
- ▶ (Do not report 99483 in conjunction with E/M services [99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99366, 99367, 99368, 99497, 99498]; psychiatric diagnostic procedures [90785, 90791, 90792]; brief emotional / behavioral assessment [96127]; health risk assessment administration [96160, 96161]; medication therapy management services [99605, 99606, 99607]) ◀**
- Do not report Cognitive Assessment and Care Plan services if anyone of the required elements are not performed or are deemed unnecessary for the patients conditions. For these services, see the appropriate Evaluation and Management code.¹

* Estimated national average payment amount for 99483 at \$238.30

** Adapted from: Federal Register /Vol. 81, No. 220 /Tuesday, November 15, 2016 /Rules and Regulations 80227

*** Adapted from: Medicare's Cognitive Impairment Assessment and Care Planning Code: Alzheimer's Association Expert Task Force Recommendations and Tools for Implementation <http://www.alz.org/careplanning/downloads/cms-consensus.pdf>

(1) Source: 2019 AMA's CPT® | Changes an Insiders View <https://commerce.ama-assn.org/store/>

"4" Indicates an Add-On Code to be reported with another code

"#" Estimated National Average Practice Reimbursement

Central Nervous System Assessments / Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing)

1

Test Administration Services

		RVU*	\$*
96136	Psychological or Neuropsychological test administration and scoring <i>by physician or other qualified health care professional</i> , two or more tests, any method, first 30 minutes	1.33	\$47.88
+96137	Each additional 30 minutes (List separately in addition to code for primary procedure)	1.23	\$44.28
96138	Psychological or neuropsychological test administration and scoring <i>by technician</i> , two or more tests, any method; first 30 minutes	1.08	\$38.88
+96139	Each additional 30 minutes (List separately in addition to code for primary procedure)	1.08	\$38.88

2

Test Evaluation Services

96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	3.30	\$118.80
+96131	Each additional hour (List separately in addition to code for primary procedure)	2.51	\$90.00
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	3.71	\$133.56
+96133	Each additional hour (List separately in addition to code for primary procedure)	2.83	\$101.88

“+” Indicates an Add-On Code to be reported with another code

“*” Estimated National Average Practice Reimbursement

Billing & Coding

As you map the future strategic direction of your there will be an increased emphasis on outcomes rather than procedures. How will your practice navigate and to respond to the challenge of optimizing care by efficiently providing the necessary in-office procedures while preparing your practice for collecting and documenting outcomes?

Cognitrax provides an objective assessment of Neurocognition and collects additional important neuropsychiatric patient reported clinical endpoints. The Cognitrax assessment platform technologies are straightforward to implement and intuitive to use making for simple adoption into your clinical practice operations.

Procedure Codes for Neurocognitive Testing

The AMA and the Center for Medical Services, or CMS, is the governing agency's that generally sets the procedure codes and how they are used. Regional or local insurance companies such as Medicare third party administrators, Blue Cross/Shield or large national carriers generally follow these rules but there can be regional differences or variances (see billing rate differences below). Even though the patient may not qualify for Medicare most payers design their coverage rules according to CMS criteria. The value of Neurocognitive testing is well recognized as CMS has sent out several memos mandating coverage for these codes. Generally, there is widespread reimbursement or coverage for these procedure codes used for Cognitrax assessments.

Many patients that are not covered for cognitive testing e.g. Medicare, Private Carriers will pay out-of-pocket to have their neurocognitive function measured. Patients that have a family history of cognitive impairment e.g., dementia, Alzheimer's, etc. will be candidates for this clinical service.

Matching CPT Codes with ICD or DSM Codes

Coverage for neurocognitive procedures can vary by payer. The CPT procedure code and ICD -DSM codes need to "match" according to each payers requirements. Contacting the payers provider representative(s) can assist in the appropriate or correct coding. ICD and DSM Code coverage can vary from plan to plan. Clinicians should consult with their office's coding and billing staff to determine the combination of codes that will work best for testing services.

Reimbursement

Reimbursement is determined at a "local or regional plan" determination and often without a consistent pattern. Federal law states that all carriers must acknowledge these codes. Whether an insurance company includes the billing code in their policy/benefit is a different matter. **CMS has mandated the coverage of the codes generally used to bill for the Cognitrax procedure.** Commercial payments are generally higher than Medicare and Medicaid is generally lower.

Billing & Coding

Documentation:

CMS (Recovery Audit Program) and other payers have active and ongoing audit programs to recover fraudulent claims. Coding experts have expressed the following tips to help a practice be prepared for an audit. KEY ADVANTAGE: Cognitrax has an audit tracking and testing history function for the account administrator.

Technical Component –Label which Tech or Admin, Computer admin, Number of Tests, etc. KEY ADVANTAGE: Cognitrax Admin stamps all assessments.

Professional Component – Label Activities: Testing by Professional, Interpretation, Report, or Integration of findings which may include history, prior records, interview(s), and compilation of tests.

Testing Time – Minimum documentation should be: Date(s) & Total Time Elapsed, Maximum: Date(s) Start and Stop Times; Testing Time Backup - Scheduling System (e.g., schedule book; agenda, etc.), Testing Sheet with Lists of Tests with Start/Stop Times, Keep Time Information as long as records are kept. *Medical Necessity can vary by Payer. KEY ADVANTAGE: Cognitrax Time and Date stamps all assessments.

Denial of Coverage:

Most payers consider computerized neurocognitive assessment procedures medically necessary because the assessment procedure aids in the assessment of neurocognitive impairment due to medical or psychiatric conditions. Neurocognitive testing such as Cognitrax helps clinicians better understand the nature of their patient's illness, in making recommendations regarding coping with and compensating for their neurocognitive difficulties, and encourages treatment adherence. If for some reason the carrier or plan denies coverage it is important to EDUCATE and INFORM the carrier or plan's personnel about the importance of covering the procedure.