“Diseases of the brain commonly produce changes in behavior, including impairment of cognitive abilities and production of neuropsychiatric symptoms. Knowledge of the presence and characteristics of these changes can aid in the evaluation, management, and longitudinal care of patients with neurologic and psychiatric diseases.” Adapted from: Neurology 1996;47:592-599.

A Product of CNS Vital Signs
As you map the future strategic direction of your practice with Medicare quality initiatives and the Affordable Care Act takes effect over the next few years, 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.

*The CPT codes primarily used for Cognitrax neurocognitive testing and the PRO psychological PQH-9 scale are CPT 96103 and 96120 when a cognitive test and psychiatric assessment is deemed medically necessary e.g. following the Medicare Annual Wellness Visit when clinicians observe concerns, a patient or caregiver report concerns, or in response to patient in-take, etc. Use Cognitrax to perform a needed COGNITIVE TEST and collect data or clinical endpoints for your PQRS needs.*

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

Central Nervous System Assessments / Tests (e.g. Neuro-Cognitive)

Cognitrax provides an OBJECTIVE, PRECISE, STANDARDIZED, and CORE set of neurocognitive or brain function performance endpoints with a brief psychological PRO scale which supports the evaluation and management of neurocognitive or neurodegenerative disorders and enables current clinical guidelines. Generally, there may be three possible procedure coding events... (1) neuropsychological testing event, (2) a Psychological PRO – Patient Reported Outcome scale and (3) the time a clinician takes INTEGRATING the test results into other sources of clinical data.

### NeuroPsych and Neurological Conditions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>96118</td>
<td>Neuropsychological testing (e.g., Halstead - Reitan Neuropsychological Battery, Wechsler Memory Scales, Cognitrax and Wisconsin Card Sorting Test), per hour of the qualified healthcare professional time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.</td>
<td>$99</td>
</tr>
<tr>
<td>96118</td>
<td>96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests. ► (Do not report 96118 for the interpretation and report of 96119 or 96120) ◄</td>
<td>$99</td>
</tr>
<tr>
<td>96119</td>
<td>Neuropsychological testing (e.g. Halstead - Reitan Neuropsychological Battery, Wechsler Memory Scales, Cognitrax and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.</td>
<td>$81</td>
</tr>
<tr>
<td>96120</td>
<td>Neuropsychological testing (e.g. Wisconsin Card Sorting Test, Cognitrax), administered by a computer, with qualified health care professional interpretation and report.</td>
<td>$48</td>
</tr>
</tbody>
</table>

### Psychological and Psychiatric Conditions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>96101</td>
<td>Psychological testing (includes psych assessment of emotionality, intellectual abilities, cognition, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the qualified healthcare professional time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.</td>
<td>$81</td>
</tr>
<tr>
<td>96102</td>
<td>Psychological testing (includes psych assessment of emotionality, intellectual abilities, cognition, personality and psychopathology, e.g., MMPI, and WAISI), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.</td>
<td>$66</td>
</tr>
<tr>
<td>96103</td>
<td>Psychological testing (includes psych assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, PRO Patient Reported Outcome PHQ-9 Scale), administered by a computer, with qualified health care professional interpretation and report.</td>
<td>$28</td>
</tr>
</tbody>
</table>

Reimbursement, Billing & Coding

How are Cognitrax testing services typically coded and reimbursed?
The Cognitrax Test has been reimbursed as a psychological e.g., 96103 or G0444 and neuropsychological testing e.g., 96120 using the CPT codes in the table above. If you are performing Medicare AWVs (Annual Wellness Visits), then you already know that one of the six components your nurse does when she or he sees a patient is to detect Cognitive Impairment. If after a health risk assessment you deem it necessary to further evaluate a patient’s cognitive function then Cognitrax may be indicated and helpful. Refer to Healthy Aging / Memory Care Guide http://www.cognitrax.com/Manuals/CognitraxHealthyAgingMemoryCareGuide.pdf.

Some insurers require the use of Modifier 59 to report test administration as a distinct procedural service from the integration process. In such an instance, the modifier 59 would be attached to the Test Code only. Please consult individual insurers for definitive guidance on their policies.

About 96118 and 96101... These Codes are reported for psychological and neuropsychological test administration by the qualified health care professional with subsequent interpretation and report. It is also reported for the integration of information obtained from other sources which is then incorporated in the more comprehensive interpretation of the meaning the tests results in the context of all testing and assessments. The administration of the tests is completed for the purposes of a physical health evaluation and management. The potentially confusing aspect of this code is that when the qualified health care professional performs the tests personally, the test specific scoring and interpretation is counted as part of the time of 96101 and 96118. Adapted from: AMA CPT Assistant, November, 2006

About 96103 and 96120... These Codes are reported for the computer-administered psychological and neuropsychological testing, with subsequent interpretation and report of the specific tests by a qualified health care professional. This should be reserved for situations where the computerized testing is unassisted by a provider or technician other than the installation of programs/test and checking to be sure that the patient is able to complete the tests. If greater levels of interaction are required, though the test may be computerized administered, then the appropriate physician / psychologist (96101/96118) or technician code (96102/96119) should be used. Adapted from: AMA CPT Assistant, November, 2006

Code 96118 was revised in 2008 to clarify and differentiate appropriate reporting of services by the psychologist or physician from those testing services performed by the technician or computer administered tests (96119 and 96120). The revisions emphasize that the services reported with the time-based code (96118) are reported for clinician administered testing, interpretation of the results, report preparation, AND any additional necessary time for the integration of the test data acquired from the computer, technician testing or other data (paper & pencil) into the report.
Billing & Coding

Modifier is not applicable if the professional provides the service. If the technician provides the service, it is advisable (pending MAC guidelines) to use the 59 modifier. The modifier should be applied to any of the testing codes though probably best to attach to technician and/or computer codes (CMS, September, 2006). Simultaneous Use of Professional and Technical Codes Allowed by Medicare MLN Matters: MM5204 Revised, Effective December 28, 2006

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.

Disclaimer:
The information provided in this document was obtained from third-party sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, and policies. All content on this document is informational only, general in nature, and does not cover all situations or all payers’ rules and policies. This content is not intended to instruct medical providers on how to use or bill for healthcare procedures, including new technologies outside of Medicare national guidelines. A determination of medical necessity is a prerequisite that Cognitrax / CNS Vital Signs assumes will have been made prior to assigning codes or requesting payments. Medical providers should consult with appropriate payers, including Medicare fiscal intermediaries and carriers, for specific information on proper coding, billing, and payment levels for healthcare procedures. This information represents no promise or guarantee by Cognitrax or CNS Vital Signs concerning coverage, coding, billing, and payment levels. Cognitrax and CNS Vital Signs specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on this information.