

Cognivue Reimbursement Guide



Permanent cognitive impairment

is a rising concern for people of all ages

What many people don't realize is that many symptoms related to memory, reasoning, language, attention and other thought processes can be caused by underlying conditions that can be optimally treated or managed.

Cognivue® was intuitively designed to eliminate testing variables. It protects from distractions and light interference and provides the same testing environment between testing sites.

Personalized

Assesses all cognitive domains with a highly sensitive test that is supported by the science of adaptive psychophysics.

Reliable

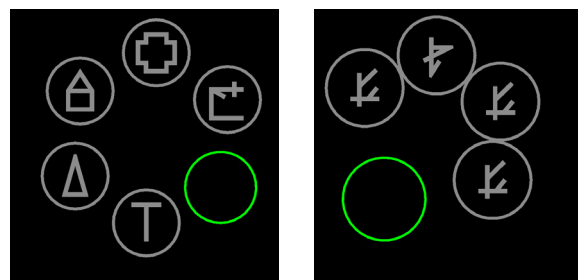
Patient administered and reimbursable, producing a battery of testing that's easy to understand and communicate with clinically meaningful correlations within key cognitive domains.

Consistent

Calibrated the same across all devices, ensuring consistency and retest reliability while eliminating human error in administering and scoring the test.

CogniSystem™

Cognivue's software algorithm uniquely calibrates each individual's motor and visual abilities and continuously adapts to the individual's performance providing a customized test specifically for them.



Test Sample

Introduction to billing & coding for neurocognitive testing

Billing codes for Central Nervous System Assessments changed in January 2019

The following codes have been eliminated:

- 96101, 96102, 96103, 96118, 96119
and 96120

New codes were created to more clearly separate
evaluation services from testing and administration
services only

Insurance companies reimburse providers for two aspects of Cognivue use:

Use of the Cognivue test itself³

- In 2019 the American Medical Association
created a distinct procedural code to
reimburse providers for administration of
neuropsychological testing.
- This replaces multiple codes previously used
for different testing methods⁴

Time spent integrating Cognivue test results into
patient care³

- Evaluation and interpretation of test results
- Clinical decision making
- Treatment planning
- Giving feedback to patients, family members
and caregivers



Documenting the medical necessity of testing

Though payers differ in their documentation requirements, most require that providers show medical necessity to cover the use of Cognivue.

Payers may determine medical necessity based on indication⁵

Examples include:

- Deficits on standard mental status testing that require assessment to establish abnormalities
- When assessment can clarify other test results to establish a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning
- When assessment is needed to quantify deficits related to CNS impairment for treatment planning purposes
- When assessment is needed prior to surgery or treatment to evaluate safety of the treatment approach
- When assessment can determine potential impact of adverse effects of therapies that may cause cognitive impairment

Payers may require documentation of the following to show medical necessity⁶

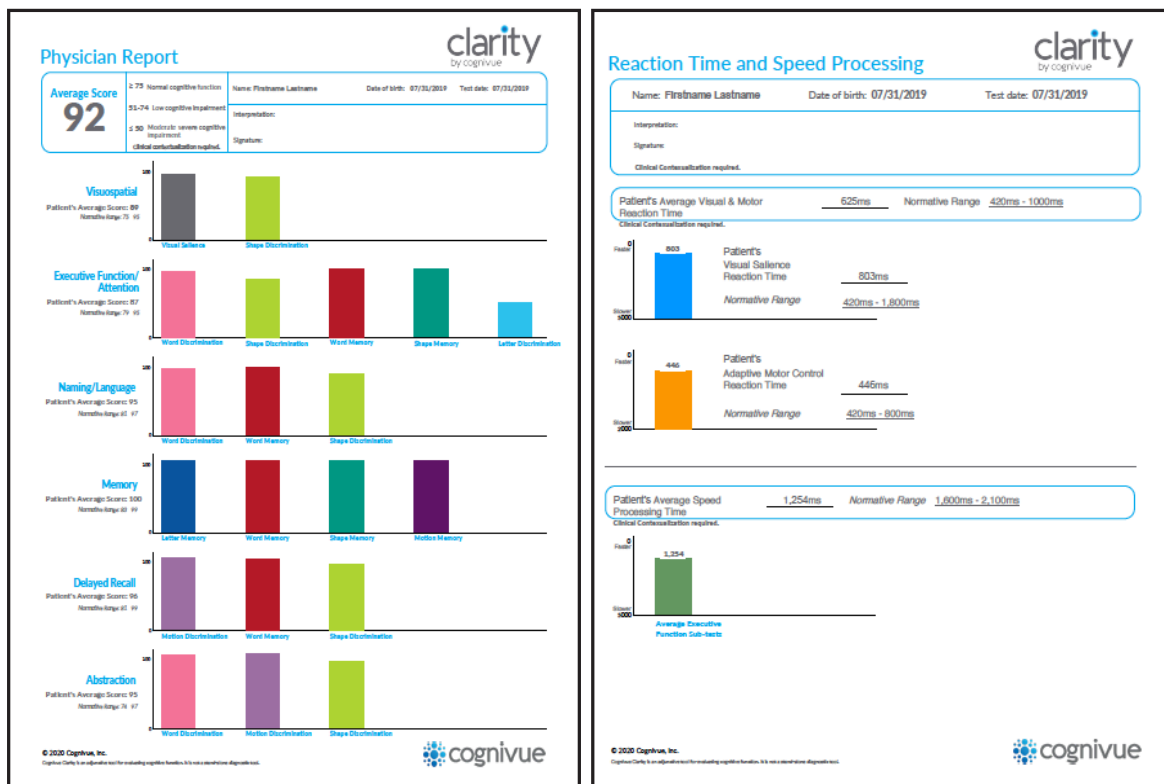
- Cognitive impairment is suspected or has been identified
- Appropriate treatment or other clinical decision-making cannot commence or continue without quantifying cognitive functioning
- The questions to be addressed through neuropsychological testing cannot be answered through other means
- The selected assessment procedures have been established as valid and are likely to be effective
- The results of testing are likely to have a direct and significant impact on the clinical management of the patient
- Reasonable effort has been made to obtain and review reports of relevant previous assessments

Payers may reject claims in the following circumstances, which they may not deem medically necessary⁶

- Use of testing as a screening instrument when cognitive impairment is not suspected
- Multiple uses of testing within a certain timeframe
- Use of testing to diagnose certain cognitive conditions (e.g. learning disabilities, mental retardation, ADHD)

Cognivue documentation

Cognivue benefits offices by automatically tracking and documenting elements required for new report formats.



Billing for test interpretation

- Though Cognivue automatically tracks and documents these elements, physicians should evaluate the report itself and add their interpretation
- Offices may bill for this interpretation of test results

Relevant CPT codes used for Cognivue testing and results interpretation

CPT Code	Description	Relative Value Units (RVU)
Test administration ³		
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional <ul style="list-style-type: none"> Two or more tests, any method, first 30 minutes 	1.33
Add-on code: * 96137	Each additional 30 minutes <ul style="list-style-type: none"> (List separately in addition to code for primary procedure) 	1.23
96138	Psychological or neuropsychological test administration and scoring by technician <ul style="list-style-type: none"> Two or more tests, any method, first 30 minutes <p>Note: The -59 modifier should be added to 96138. This takes the place of adding the -25 modifier on the evaluation and management (E/M) service code 99214 for reporting an unrelated E/M</p>	1.08
Add-on code: * 96139	Each additional 30 minutes <ul style="list-style-type: none"> (List separately in addition to code for primary procedure) 	1.08
Interpretation and evaluation of test results ³		
96130	Psychological testing evaluation services by physician or other qualified health care professional <ul style="list-style-type: none"> Includes the following: <ul style="list-style-type: none"> Integration of patient data Interpretation of standardized test results and clinical data Clinical decision making Treatment planning Report and interactive feedback to the patient, family member(s) or caregiver(s), when performed First hour 	3.30
Add-on code: * 96131	Each additional hour <ul style="list-style-type: none"> (List separately in addition to code for primary procedure) 	2.51
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional <ul style="list-style-type: none"> Includes the following: <ul style="list-style-type: none"> Integration of patient data Interpretation of standardized test results and clinical data Clinical decision making Treatment planning Report and interactive feedback to the patient, family member(s) or caregiver(s), when performed First hour <p>Note: The -59 modifier should be added to 96132. This takes the place of adding the -25 modifier on the E/M service code 99214 for reporting an unrelated E/M service.</p>	3.71
Add-on code: * 96133	Each additional hour <ul style="list-style-type: none"> (List separately in addition to code for primary procedure) 	2.83

Relevant CPT codes used for cognitive care planning

CPT Code	Description	Relative Value Units (RVU)
Cognitive care planning ⁷		
99483	<p>Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment</p> <ul style="list-style-type: none"> • Can be used in office, other outpatient setting, or home or domiciliary or rest home • Can be billed once every 180 days • The following is required for use of 99483: <ul style="list-style-type: none"> – Cognition-focused evaluation including a pertinent history and exam MEM of moderate or high complexity – Functional assessment including decision-making capacity – Use of standardized instruments to stage dementia – Medication reconciliation and review for high-risk medications, if applicable – Evaluation for neuropsychiatric and behavioral symptoms – Evaluation of safety, including motor vehicle operation, if applicable – Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and willingness of caregiver to take on caregiving tasks – Address palliative care needs, if applicable and consistent with beneficiary preference – Creation of a care plan, including initial plans to address any neuropsychiatric symptoms and referral to community resources as needed; care plan shared with the patient and/or caregiver with initial education and support 	7.32

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Relevant codes may vary from plan to plan, and some payers may require additional modifiers to determine reimbursement. Consult individual payers and carriers for definitive guidance on their policies.

The information in this document is shared for educational and strategic planning purposes only. While Cognivue, Inc. believes this information to be correct, this document is offered for illustrative or convenience purposes only and does not constitute reimbursement or legal advice. This document does not replace seeking guidance from payers or providers' coding staff, nor is it a promise or guarantee of payment.

Diagnosis codes for Cognivue testing

Most common diagnosis codes⁹

ICD-10-CM	Description	Modifiers
R41.81	Age-related cognitive decline	
R41.82	Altered mental status, unspecified	

Other commonly used diagnosis codes and modifiers⁹

F01.51	Vascular dementia with behavioral disturbance	
F03.9	Unspecified dementia	F03.90 – Without behavioral disturbance F03.91 – With behavioral disturbance
G30.0	Alzheimer's disease	G30.0 – With early onset G30.1 – With late onset G30.8 – Other Alzheimer's disease G30.9 – Alzheimer's disease, unspecified
G31.84	Mild cognitive impairment, so stated	
R41.84	Other specified cognitive deficit	R41.840 – Attention and concentration deficit R41.841 – Cognitive communication deficit R41.842 – Visuospatial deficit R41.843 – Psychomotor deficit R41.844 – Frontal lobe and executive function deficit
R41.89	Other symptoms and signs involving cognitive functions and awareness	
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness	

Relevant codes may vary from plan to plan, and some payers may require additional modifiers to determine reimbursement. Consult individual payers and carriers for definitive guidance on their policies.

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Cognivue coding example

Use of Cognivue to evaluate a 72-year-old patient

Diagnosis code

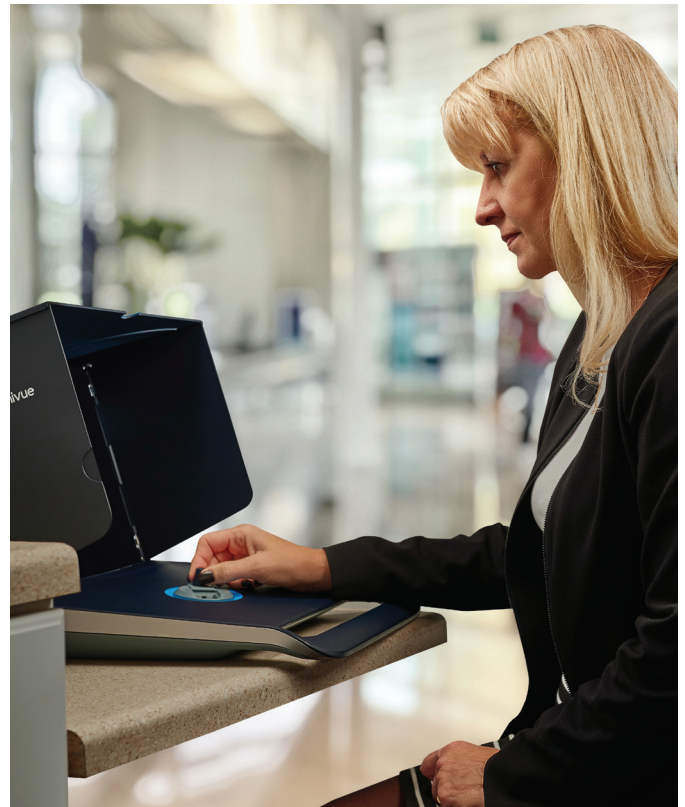
- R41.81 Age-related cognitive decline

Test administration

- CPT code: 96138 Psychological or neuropsychological test administration and scoring by technician
- RVU: 1.08
- Requirements:
 - Cognivue test results serve as part of the documentation of:
- Two or more tests, any method, first 30 minutes

Interpretation and evaluation of test results

- CPT code: 96132 Neuropsychological testing evaluation services by physician or other qualified health care professional
 - If requirements are not met for use of code 96132, an E/M code such as; 99213 or 99214 may be considered based upon physician's decision making.
- RVU: 3.30
- Requirements:
 - Document that:
 - Results of Cognivue test are integrated with existing patient data
 - Results of Cognivue test are interpreted
 - Clinical decisions made and treatment planned based on Cognivue test results
 - Results of Cognivue test are shared with the patient, family member(s) or caregiver(s)
- CPT code: 96131 Each additional hour
- RVU: 2.51
- Requirements:
 - Documentation requirements of CPT code 96132 apply
 - Code listed separately in addition to code for primary procedure



Handling denials and appeals

As the prevalence of cognitive impairment conditions increase, most payers recognize the role cognitive evaluation plays in patient care. However, if a claim for reimbursement is denied, practices can take steps to rectify the situation.

Review the denial

- Review the payer's explanation of benefits (EOB) to understand why the claim was denied
 - The denial may be the result of a simple coding error or missing information
- Correct any errors identified and resubmit the claim

Provide documentation

- If the denial was not the result of coding errors or omissions, a letter of medical necessity should be submitted to explain the use of Cognivue for the patient
- The patient's medical history, with emphasis on any cognition-related conditions, should be included as supporting documentation

Submit an appeal

- If the claim is denied again after errors are corrected and further documentation is provided, you may request an appeal
- Appeals should be submitted in a timely fashion to avoid timeframe limitations

If you have questions about handling denials and appeals for the use of Cognivue, please contact your representative directly, call our main office at (585) 203-1969, or email reimbursements@cognivue.com.

Sample letter of appeal

The sample letter of appeal below can be customized with your practice's information and information specific to the denied claim.

[Address]
[City, State, Zip Code]
Re: [Patient Name]
[Patient ID Number]
[Claim Number]

Dear Dr. [Name of Medical Director]:

I am writing to formally appeal a denied claim for services provided to [insert patient's name, ID number, and claim number]. Based on a clinical assessment of my patient, the patient's diagnosis, and medical history, a neuropsychological test was deemed medically necessary. This letter provides my clinical rationale for use of the [INSERT CODE] CPT code in this case. It includes information about this patient's medical condition and explains why use of this code is appropriate for this patient.

[Insert patient's case history. Include elements relevant to patient's cognitive function.]

Based on the clinical evidence for this case, neuropsychological testing is medically necessary and [INSERT CODE] is the appropriate billing code. This claim should have been approved for payment.

I have enclosed the following documents to assist you in your reconsideration of this claim:

- A copy of the denied claim
- [Any additional, relevant information to support the appeal, such as medical notes or payer policy]

Thank you for your reconsideration of coverage for this assessment. Please call me at [insert phone number] if additional information is required.

Sincerely,
[Physician's name]

Frequently asked questions about reimbursement for Cognivue

Why did CPT codes change in 2019?

The AMA updated CPT codes to separate evaluation services, which includes all aspects of testing, from testing and administration services only. This was done to more accurately reflect the services that providers perform.⁴

Where can I learn more about the 2019 CPT codes?

The AMA updates CPT codes. Further information can be found on its website at www.ama-assn.org. The American Psychological Association also provides frequent updates regarding billing for cognitive assessment on its website at www.apaservices.org.

What modifiers should be used?

When using code 96138 (neurocognitive test administration) or 96132 (test interpretation, decision-making), providers should apply the -59 modifier. This replaces adding the -25 modifier on the evaluation and management (E/M) service code 99214 for reporting an unrelated E/M service. This change occurred when National Correct Coding Initiative (NCCI) edits were updated. NCCI edits placed 96138 and 96132 into Column One and E/M services into Column Two in a previous version. Column Two codes are considered to be bundled if they are performed for the same condition. The Centers for Medicare and Medicaid Services (CMS) have recently swapped the designation of these codes, which resulted in this modifier change.

How do reimbursement payments and requirements for use of Cognivue® differ between payers?

Depending on the payer, reimbursement payments and requirements may differ:

Medicare: Because Cognivue is administered by a healthcare provider, it is reimbursed under Medicare Part B (physician fee-for-service)

Medicaid: Medicaid is administered by individual states, and requirements for reimbursement may differ¹⁰

Commercial payers: Relevant codes may vary from plan to plan, and some payers may require additional modifiers to determine reimbursement

Relevant codes may vary from plan to plan, and some payers may require additional modifiers to determine reimbursement. Consult individual payers and carriers for definitive guidance on their policies.

References: 1. US Food and Drug Administration. De Novo Summary (DEN130033). Available at: www.accessdata.fda.gov/cdrh_docs/reviews/DEN130033.pdf. Accessed Oct 16, 2018. 2. Alzheimer's Association. Alzheimers Dement. 2018;14:367-429. 3. American Psychological Association. 2019 Psychological and Neuropsychological Testing CPT® Codes, Descriptions & Total RVUs. Available: <https://www.apaservices.org/practice/reimbursement/health-codes/psychological-neuropsychological-codes.pdf>. Accessed May 16, 2019. 4. Magellan Health, Inc. 2019 CPT® Coding Changes for Psychological and Neuropsychological Testing Background and Frequently Asked Questions. Available: <https://www.magellanprovider.com/media/95403/psych-testing-coding-changes-faq.pdf>. Accessed December 21, 2018. 5. MediCal Psychological Services. Allied Health - Psychological Services 519. December 2018. Available: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/psychol_a07.doc. Accessed June 27, 2019. 6. Tufts Health Plan. Medical Necessity Guidelines: Neuropsychological Testing and Assessment. January 2019. Available: <https://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/neuropsych-testing>. Accessed June 27, 2019. 7. American Academy of Neurology. Care Management Service Codes. 2018. Available: https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/billing-and-coding/cpt--em/17ccmcodingtable_tr.pdf. Accessed June 27, 2019. 8. American Academy of Pediatrics. Using Time as the Key Factor for Evaluation and Management Visits. 2015. Available: https://www.aap.org/en-us/Documents/time_as_key_factor.pdf. Accessed June 27, 2019. 9. Centers for Medicare & Medicaid Services. 2018 ICD-10 CM and GEMs. Available: <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-ICD-10-Code-Descriptions.zip>. Accessed July 31, 2018. 10. US Department of Health & Human Services. Centers for Medicare & Medicaid Services. Glossary. Available: <https://www.cms.gov/apps/glossary/default.asp?Letter=ALL&Language=English>. Accessed December 20, 2018.

Cognivue is an adjunctive tool for evaluating cognitive function. It is not a stand-alone diagnostic tool.



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