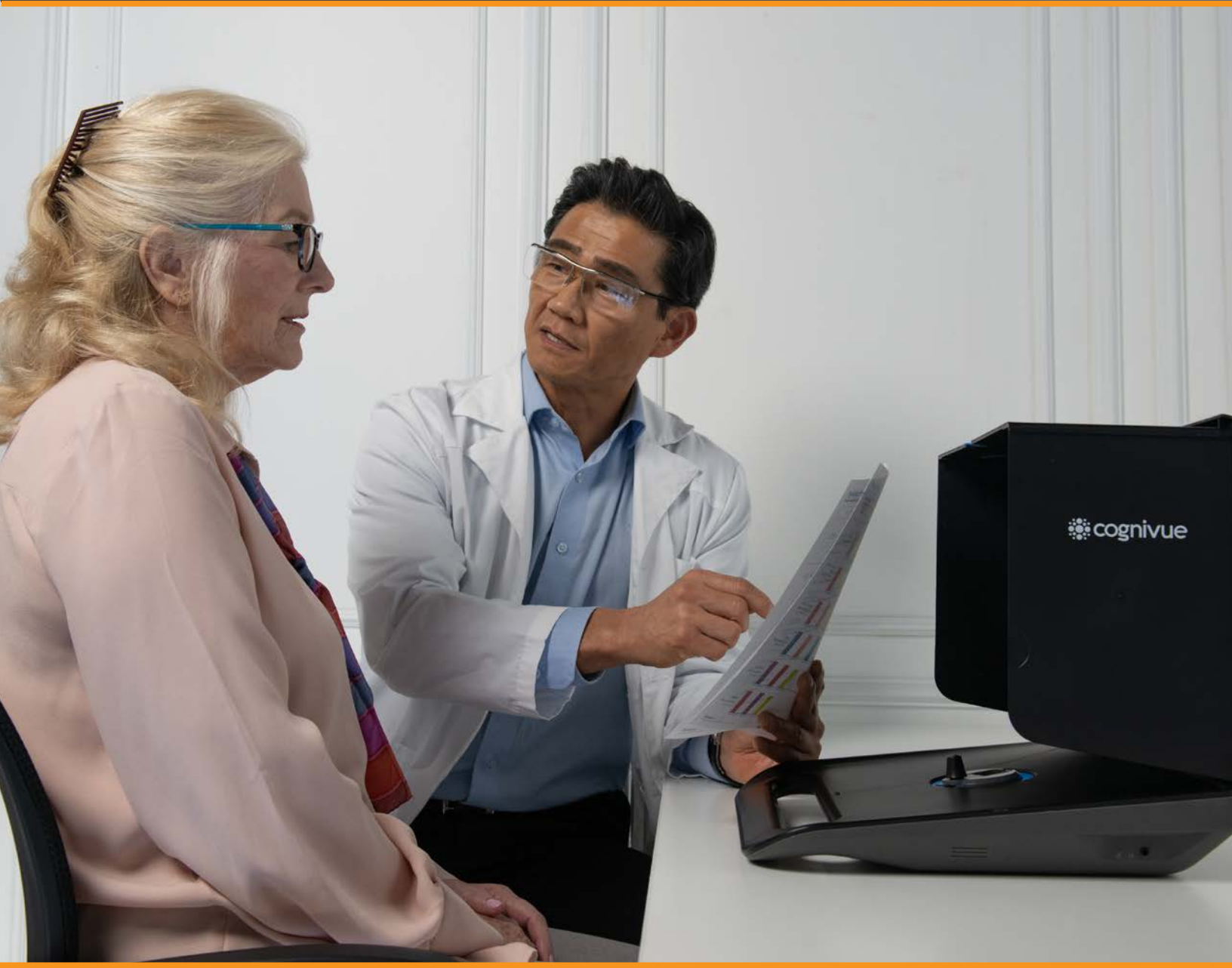
Reimbursement Guide



cognivue®

Introduction to billing & coding for neurocognitive testing

Insurance companies reimburse providers for two aspects of Cognivue use:

Use of the Cognivue test itself[1]

- 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 methods[2]

Time spent integrating Cognivue test results into patient care[3]

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

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 indication[3]

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 necessity[4]

- 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 necessary[4]

- 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)

Relevant CPT codes used for Cognivue testing and results interpretation

Test administration[3]

CPT Code	Description	Relative Value Units (RVU)
96138	**Psychological or neuropsychological test administration and scoring by technician** • Two or more tests, any method, first 30 minutes 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	**1.01**
Add-on code:* **96139**	**Each additional 30 minutes** • (List separately in addition to code for primary procedure)	**1.01**

Interpretation and evaluation of test results[3]

CPT Code	Description	Relative Value Units (RVU)
96132	**Neuropsychological testing evaluation services by physician or other qualified health care professional** • Includes the following: – Integration of patient data – Interpretation of standardized test results and clinical data – Clinical decision making • First hour – Treatment planning – Report and interactive feedback to the patient, family member(s) or caregiver(s), when performed 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.	**3.71**
Add-on code:* **96133**	**Each additional 30 minutes** • (List separately in addition to code for primary procedure)	**2.83**

Relevant CPT codes used for cognitive care planning

Cognitive care planning[7]

CPT Code	Description	Relative Value Units (RVU)
99483	**Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment** • 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: – 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	8.05

https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/billing-and-coding/medicare-fee-for-service/medicare-2023-physician-fee-schedule.pdf

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 codes[5]

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

Other commonly used diagnosis codes and modifiers[5]

ICD-10-CM	Description	Modifiers
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: 1.01
- 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; 99213/99125 may be considered based upon physician's decision making.
- RVU: 3.84
- 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)
- If diagnosis establishes cognitive impairment then an additional visit may be needed to create a Cognitive Care Plan (CPT 99483)

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 neuropsychological testing 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.

Frequently asked questions about reimbursement for Cognivue

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 differ

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. 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.
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3. 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.
4. 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.
5. 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.

Cognivue Clarity® is indicated for use as an adjunctive tool for evaluating cognitive function. It is not a stand-alone diagnostic tool and does not identify the presence or absence of clinical diagnoses. The device results are to be assessed and interpreted by a licensed clinician.

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