2020 Reimbursement Guide

Common Procedural Technology (CPT) Codes for Neurocognitive Testing

Overview of CPT Codes

The Centers for Medicare and Medicaid Services (CMS) has mandated coverage of the codes recommended in this document to bill for use of Savonix Mobile. In 2019, CMS overhauled the CPT code structure to reflect the evolution in scientific and technological advancements. Savonix created this guide to support the medical community in navigating these changes. To better reflect the time-based billing, some 2019 cognitive testing codes now have add-on codes to register additional work associated with the primary service.

Suggested CPT Codes

Code	+ Add-on Code
96116 **Neurobehavioral status exam** Pre-test evaluation in-person by a healthcare professional	**96121** **Each additional hour**
96146 **Psychological or neuropsychological test – automated** Automated test NOT administered in the presence of a healthcare professional	
96136 **Psychological or neuropsychological test – healthcare professional** In-person test administered by a qualified healthcare professional	**96137** **Each additional 30 minutes**
96138 **Psychological or neuropsychological test – technician** In person test administered by a technician	**96139** **Each additional 30 minutes**
96132 **Neuropsychological testing evaluation** Includes integration of patient data, interpretation of results and clinical data, clinical decision making, treatment planning and report by a healthcare professional	**96133** **Each additional 30 minutes**
99483 **Cognitive assessment and care planning services**	

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Best Practices for Billing with Savonix

Billing for Savonix Mobile assessments may include time spent administering the test, reviewing the results, interpretation, report writing, and discussing the results with the patient and/or family. If this process occurs over several days, the time should be combined and reported on the last day of service.

Expected Medicare Reimbursement

Code*	RVU x CF	$
96116	RVU 2.70 X $36.04	**$97.31**
+96121	RVU 2.32 X $36.04	**$83.61**
96146	RVU 0.06 X $36.04	**$2.16**
96136	RVU 1.33 X $36.04	**$47.93**
+96137	RVU 1.23 X $36.04	**$44.33**
96138	RVU 1.08 X $36.04	**$38.92**
+96139	RVU 1.08X $36.04	**$38.92**
96132	RVU 3.71 X $36.04	**$133.71**
+96133	RVU 2.83 X $36.04	**$101.99**
99483	RVU 7.32 X $36.04	**$263.81**

Billing Tips

- For most cases, use code **96132** for the first half hour and **96133** for each additional half hour.
- If the physician has to be with the patient during testing, code **96116** is probably most appropriate for the **first hour** of the interaction.
- If testing in a hospital, be aware that reimbursements for facility fees (mainly hospitals) will be reduced due to the 2019 CMS payment policy decision to not pay a facility fee for test administration services.
- If a patient is directed to take the test at home or remotely without a clinical professional present, we suggest using **96146** for automated testing.

*Cognitive Testing and Evaluation CPT codes cannot be used in conjunction with regular Evaluation and Management (E&M) codes for the same encounter (i.e. 99308 or 99483)

Note

- The Conversion Factor (CF) = $36.04 will vary by geographic location.
- For the specific dollar amount, **multiply Total RVU value by the CF.**

How to Meet the Required Elements for Code 99483

Assessment of and care planning for a patient with cognitive impairment requires an independent historian in the office or other outpatient, home, domiciliary or rest home setting with all of the following required elements:

- Cognition-focused evaluation including a pertinent history and examination.
- Medical decision making of moderate or high complexity.
- Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity i.e. 3-level rating: able to make own decisions, not able, uncertain/needs more evaluation.
- Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]).
- Medication reconciliation and review for high-risk medications.
- Evaluation for neuropsychiatric and behavioral symptoms, including depression and use of standardized screening instrument(s).
- Evaluation of safety (e.g., home) and motor vehicle operation (i.e. Safety Assessment Guide).
- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks (i.e. Caregiver Profile Checklist).
- Development, updating or revision of an Advance Care Plan (i.e. End-of-Life Checklist).
- Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support.

A single physician or other qualified health care professional should not report 99483 more than once every 180 days.

CPT code **99490** is an appropriate service to use for **monthly care management** of a patient with dementia plus at least one other chronic condition, after a cognitive impairment care plan has been developed and documented.

CPT codes that cannot be reported in conjunction with 99483: Because many 99483 elements overlap with other CPT codes, CMS provides specific guidelines on which CPT codes cannot be reported together with 99483 **on the same date of service**: 90785, 90791, 90792, 96103, 96120, 96127, 99201-99215, 99241-99245, 99324-99337, 99341-99350, 99366-99368, 99497, 99498, 96161, 99605-99607, G0506. It is important to note that **Medicare Advantage plans may have different reimbursement criteria so the payer policy should be consulted.**

CPT codes that can be reported with 99483: 99358, 99359, 99487, 99489, 99490, 99495, 99496.

For more information on reimbursement, visit Savonix.com