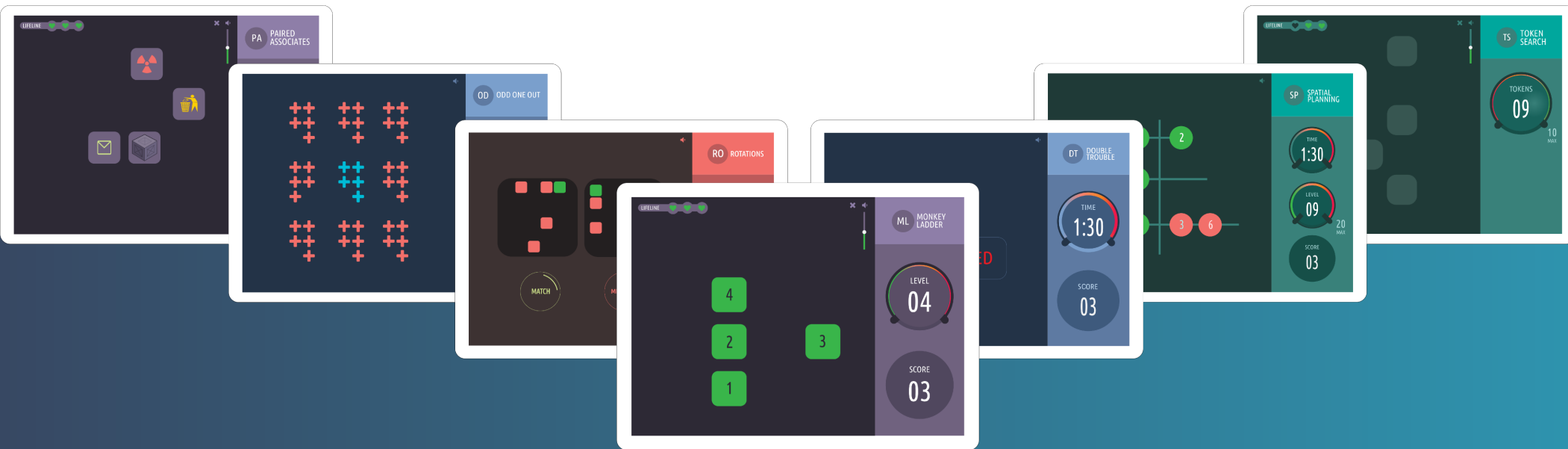


# CBS Health Reimbursement Guide



A leading provider of simple and powerful **online cognitive assessment solutions** built for healthcare clinics and practitioners.

The table below illustrates several CPT codes that are applicable to CBS Health. The selection of a CPT code below to report the services provided will depend on other procedures performed, associated CCI edits, and other factors. Please contact your local payer to determine if any additional coding and coverage guidelines exist, such as which providers can perform the service, limits on billable time, or if the use of a modifier is required or allowed.

## Testing

| CPT® Code         | Provider   | Approximate Reimbursement | Description   | Limits  |
|-------------------|--|---------------------------|---|---|
| 96136             | Physician or otherwise qualified health professional   | \$48                      | Psychological or neuropsychological test administration and scoring by a physician or otherwise qualified health professional, two or more tests, any method; first 30 minutes (minimum of 16 minutes).   | As long as more than two tests are used and tests are administered by a physician, this CPT code is applicable. |
| 96137<br>(Add-on) | Physician or otherwise qualified health professional   | -                         | Add on code to 96136 for each additional hour (minimum of 31 minutes).  | -   |
| 96138             | Technician   | \$39                      | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes (minimum of 16 minutes).   | As long as more than two tests are used and tests are administered by a physician, this CPT code is applicable. |
| 96139<br>(Add-on) | Technician   | -                         | Add on code to 96138 for each additional hour (minimum of 31 minutes).  | -   |
| 96146             | Test administration by computer generating an automated result   | \$2.16 per test           | A single automated or neuropsychological instrument that is administered via electronic platform (e.g., computer) and formulates an automated result.   | -   |
| 96125             | Qualified health professional (particularly OTs and SLPs)  | \$117                     | Testing and interpretation - standardized cognitive performance testing per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.   | Cannot be billed by social workers.   |
| 96127             | Broad range of healthcare professionals (e.g. OBs as part of mental health screen), though varies by payor | \$5.75 per assessment     | Since 2015 - brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument. Can be billed on the same date of service as psychiatry or therapy appointments and is appropriate when used as part of a standard clinical intake. | Up to 4 different assessments (e.g. CBS and PHQ9, etc.) per visit when medically necessary.                     |

## Test Interpretation (After Testing)

| CPT® Code            | Provider  | Approximate Reimbursement | Description   | Limits  |
|----------------------|---|---------------------------|---|---|
| 96132 <sup>(1)</sup> | Physician or other qualified health professional  | \$134                     | Neuropsychological testing services by physician or other qualified healthcare 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 (minimum of 31 minutes). | -   |
| 96133 <sup>(1)</sup> | Physician or other qualified health professional  | -                         | Add on code to 96132 for each additional hour (minimum of 31 minutes).  | -   |
| 99483                | Physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives | \$263                     | Planning services for individuals with cognitive impairment that results in a written care plan. Detailed list of steps that must be followed <sup>(2)</sup> . Expected time is about 50 minutes.   | Require a proper history from a corroborating or independent source (such as a family member or caregiver) and must be provided face-to-face with the beneficiary in a physician's office, outpatient setting, home, domiciliary, or rest home. Can bill once every 180 days. |

(1) Note - 96132 and 96133 should be used instead of 96130 and 96131 which are applicable to psychological testing as opposed to neuropsychological testing.

(2) For example, see <https://www.alz.org/careplanning/downloads/care-planning-toolkit.pdf>

## Pre-Assessment (Prior to Testing)

| CPT® Code         | Provider                  | Approximate Reimbursement | Description  | Limits   |
|-------------------|---------------------------|---------------------------|--|--|
| 96116             | Psychologists, physicians | \$97                      | Neurobehavioral status exam prior to neuropsychological testing.       | 5 hours / units per patient per year, minimum of 31 minutes to report an hour. Bill in one hour increments. Cannot be billed on the same day as psychotherapy. |
| 96121<br>(Add-on) | Psychologists, physicians | -                         | Add on code to 96116 for each additional hour (minimum of 31 minutes). | -  |

## Most Common Modifiers

| Modifier | Description   |
|----------|---|
| 25       | Another service provided simultaneously.  |
| 59       | Similar to 25. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. |
| 52       | Reduced service (e.g. only one side completed for bilateral procedure).   |

The table below illustrates ICD-10-CM Codes applicable to the CBS Health. Please note: the list of codes below is in no way provided as coding direction or recommendation. The list is not exhaustive. The appropriate code should be determined through consultation with appropriate payers, including Medicare fiscal intermediaries and carriers.

| ICD-10-CM | Descriptor  |
|-----------|---|
| F01 - F09 | Mental disorders due to known physiological conditions (ex. F01 - vascular dementia; F02 - dementia in other diseases classified elsewhere; F03 - unspecified dementia; F07.81 - postconcussional syndrome) |
| F90 - F98 | Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (ex. F90.0 - ADHD, predominantly inattentive type; F90.1 - ADHD, predominantly hyperactive type)               |
| F99       | Unspecified mental disorder   |
| G20       | Parkinson's Disease   |

Continuation of ICD-10-CM Codes from the previous page.

| ICD-10-CM | Descriptor  |
|-----------|---|
| G30-G32   | Other degenerative diseases of the nervous system (ex. G30 - Alzheimer's disease; G31.84 - mild cognitive impairment, so stated)  |
| G35-G37   | Demyelinating diseases of the central nervous system (ex. G35 - multiple sclerosis)   |
| F01 - F09 | Mental disorders due to known physiological conditions (ex. F01 - vascular dementia; F02 - dementia in other diseases classified elsewhere; F03 - unspecified dementia; F07.81 - postconcussional syndrome) |
| F90 - F98 | Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (ex. F90.0 - ADHD, predominantly inattentive type; F90.1 - ADHD, predominantly hyperactive type)               |
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| G20       | Parkinson's Disease   |
| G30-G32   | Other degenerative diseases of the nervous system (ex. G30 - Alzheimer's disease; G31.84 - mild cognitive impairment, so stated)  |
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Below is a list of circumstances that may indicate a neuropsychological assessment is medically necessary.

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- When there are mild or questionable deficits on standard mental status testing or clinical interview, and a neuropsychological assessment is needed to establish the presence of abnormalities or distinguish them from changes that may occur with normal aging, or the expected progression of other disease processes; or
- When neuropsychological data can be combined with clinical, laboratory, and neuroimaging data to assist in establishing a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning; or
- When there is a need to quantify cognitive or behavioral deficits related to CNS impairment, especially when the information will be useful in determining a prognosis or informing treatment planning by determining the rate of disease progression; or
- When there is a need for a pre-surgical or treatment-related cognitive evaluation to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell transplant) or significantly alter a patient's functional status; or
- When there is a need to assess the potential impact of adverse effects of therapeutic substances that may cause cognitive impairment (e.g., radiation, chemotherapy, antiepileptic medications), especially when this information is utilized to determine treatment planning; or
- When there is a need to monitor progression, recovery, and response to changing treatments, in patients with CNS disorders, in order to establish the most effective plan of care; or
- When there is a need for objective measurement of the patient's subjective complaints about memory, attention, or other cognitive dysfunction, which serves to determine treatment by differentiating psychogenic from neurogenic syndromes (e.g., dementia vs. depression); or
- When there is a need to establish a treatment plan by determining functional abilities/impairments in individuals with known or suspected CNS disorders; or
- When there is a need to determine whether a patient can comprehend and participate effectively in complex treatment regimens (e.g., surgeries to modify facial appearance, hearing, or tongue debulking in craniofacial or Down syndrome patients; transplant or bariatric surgeries in patients with diminished capacity), and to determine functional capacity for health care decision-making, work, independent living, managing financial affairs, etc.; or
- When there is a need to design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients; or
- When there is a need to establish treatment planning through identification and assessment of the neurocognitive sequelae of systemic disease (e.g., hepatic encephalopathy; anoxic/hypoxic injury associated with cardiac procedures); or
- Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders; or
- When there is a need to diagnose cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

## Legal

The information contained in this document is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that providers consult their payer organizations with regard to local reimbursement policies.

The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Cambridge Brain Sciences concerning levels of reimbursement, payment or charge. Similarly, all CPT®, HCPCS Level II® and ICD-10-CM codes are supplied for informational purposes only and represent no statement, promise or guarantee by CBS that these codes will be appropriate or that reimbursement will be made.