BrainCheck

BrainCheck Billing Audit Checklist - 96136 / 96138

Designed to ensure compliance with documentation for neurocognitive testing under CPT codes 96136 / 96138

- [ ] **Medical Reason:**
  Ensure medical reason for testing aligns with the patient's symptoms or clinical condition and is well-documented

- [ ] **ICD-10 Codes:**
  Verify the correct ICD-10 code(s) are used, reflecting the condition being tested for (e.g., cognitive impairment, dementia)

- [ ] **Time Documentation:**
  Confirm that documented time spent administering the test is at least 16 minutes for either code, and is clearly detailed as the time spent on activities

- [ ] **CPT Code Appropriateness:**
  Ensure that the correct code (96136 or 96138) is used based on whether the test is administered by a medical professional (96136) or a technician (96138)

Template for Time Requirements

96136 (Physician/NPP) example: (30 minute code that requires a minimum of 16 minutes)

<___> minutes were spent administering cognitive testing by a medical professional. This includes discussing cognitive testing with the patient, going over patient questions, making sure the patient can read the test, the environment is free of distractions, practice tests, and active testing time.

96138 (Technician) example: (30 minute code that requires a minimum of 16 minutes)

<___> minutes were spent administering cognitive testing by a technician. This includes discussing cognitive testing with the patient, going over patient questions, making sure the patient can read the test, the environment is free of distractions, practice tests, and active testing time.

BrainCheck

BrainCheck Billing Audit Checklist - 96132

Designed to ensure that all necessary documentation for CPT 96132 is captured, supporting the billing process for neurocognitive test interpretation and medical decision-making

- [ ] **Reason for Testing**
  Ensure medical necessity for the test is clearly documented, supporting the need for neurocognitive testing
- [ ] **Tests Administered:**
  Verify that all tests performed (e.g., Trails A/B, Stroop Test) are clearly listed and match the reason for testing.
- [ ] **Test Results:**
  Confirm that results are documented and that the clinician provides an interpretation of those results
- [ ] **Test Interpretation:**
  Detailed interpretation of the test results documented
- [ ] **Recommendations for Interventions:**
  Ensure clear recommendations are made, such as referrals or specific interventions, based on the test results
- [ ] **Diagnosis:**
  Check that a diagnosis or rule-out diagnosis is clearly stated, including any plans for follow-up or further evaluation
- [ ] **Feedback:**
  Confirm that the feedback provided to the patient, family, and/or caregiver is documented and includes relevant details
- [ ] **Time Documentation:**
  Ensure that at least 31 minutes of direct patient interaction and test result interpretation is documented to justify the 1-hour CPT code

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Template for Time Requirements

96132 example: (1 hour code that requires a minimum of 31 minutes)

<___> minutes were spent reviewing and interpreting the cognitive testing results, integrating patient data, discussing the results with the patient, family, and or caregiver, and developing the treatment/assessment plan.

A helpful tip for customers not using EHR integration:

Use the "Download Report" feature on the Assess report to cover bullet points 1-4. This ensures you are meeting most of the documentation requirements and saves you documentation time.