BrainCheck

Guidelines for submitting claims

Billing codes

A minimum of 16-minutes is required for a 30 minute credit, and a minimum of 31 minutes is required for a 1 hour credit.

96138 | Neurocognitive test administered by a technician
First 30 minutes

96136 | Neurocognitive test administered by a medical professional
First 30 minutes

96132 | Test interpretation, medical decision-making
First hour

99483 | Cognitive care planning
Separate visit

Modifiers and ICD codes

When billing for 96138 or 96136 and 96132, follow these guidelines:

Date	Charge Code	Modifer	ICD Code
03/31/2024	96138	—	G31.84

Date	Charge Code	Modifer	ICD Code
03/31/2024	96132	—	G31.84

1. Billed separately

- No modifiers are needed

Date	Charge Code	Modifer	ICD Code
03/31/2024	96138	—	G31.84
03/31/2024	96132	—	G31.84

2. Billed on the same day

- No modifiers are needed
- The same ICD-10 code can be used for both CPT codes

Date	Charge Code	Modifer	ICD Code
03/31/2024	99203	—	XXX.XX
03/31/2024	96138	59	G31.84
03/31/2024	96132	59	G31.84

3. Billed on the same day as an E&M visit

- A 59 modifier must be appended to both 96138 or 96136 and 96132
- The E&M code must have a separately indentifiable ICD-10 code from 96138 or 96136 and 96132

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Meeting time requirements

CMS designates a wide range of non-face-to-face activities that do not need to be continuous or occur all in the same day to meet time requirements.

96138

Neurocognitive test administered by a technician

- Minimum time spent — 16 minutes
- Adding test taker into the BrainCheck platform
- Confirming existing patient in the BrainCheck platform
- Discussing BrainCheck with patient (introduction, explanation, answering questions speci c to BrainCheck)
- Reviewing best practices with patient
- Patient actively testing
- Assistance provided to patient during active testing period
- Completing documentation on test administration

96132

Test interpretation, medical decision-making

- Minimum time spent—31 minutes
- Reviewing relevant medical history and records including recent Medicare Annual Wellness Visit (AWV)
- Reviewing test results
- Interpretation of test results
- Medical decision-making and changes in treatment plan
- Reporting/documentation time
- Communication of test results/interpretation to patient, family member(s) and/or caregiver(s)

Meeting documentation requirements

96138

Neurocognitive test administered by a technician

96136

Neurocognitive test administered by a medical professional

- Document medical reason for testing
- ICD-10 code
- Document total time spent with patient

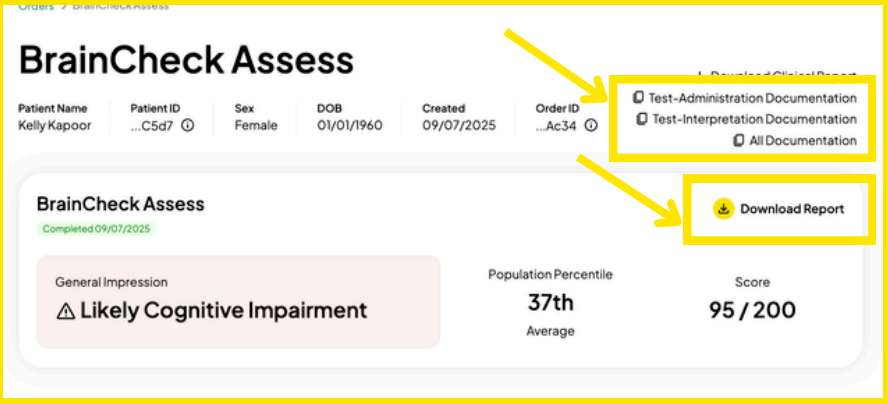
96132

Test interpretation, medical decision-making

- Reason for testing
- Tests administered (trails A/B, Stroop, etc.)
- Test results
- Test interpretation
- Recommendations for interventions
- Diagnosis (or rule out of suspected diagnosis)
- Summary of feedback to patient and/or family and/or caregiver
- Document total time spent with patient

Helpful Documentation Tips

- Use the one-click copy buttons on the Assess report to copy billing documentation directly to your clipboard, then paste it into your patient chart note.
- If using BrainCheck directly in your EHR via an integration, open the PDF report and copy the Billing Documentation page (last page) to cover points 1–4 and time requirements. Note that you may also use templates and smart phrases in your EHR to meet all billing requirements.



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Additional information

Recommended items to send if insurance company requests documentation

- A copy of the Assess report
- The text from the "Copy Summary" button should be pasted into the chart note for that date of service
  - (See "Helpful Tip" at the bottom of page 2)
- Your chart note for that date of service

BrainCheck and Medicare Annual Wellness Visits

You can be reimbursed for BrainCheck administration (96136 or 96138) on the same day as AWV. It is recommended to perform test interpretation/MDM (96132) at a separate visit and not on the same day as an AWV.

Key ICD-10 code recommendation

To prevent claim denials, use specific ICD-10 codes. Avoid using general or unspecified codes.

Important points to remember about 99483

This code cannot be billed in conjunction with any other CPT codes. It must be billed at a separate visit and can only be billed every 6 months (180 days).

Who can bill for 96132

- Physicians
- Doctoral level clinical psychologists
- Clinical nurse specialists
- Nurse practitioners
- Physicians assistants

Special circumstances

Hospice patients

If administering BrainCheck to a hospice patient with their hospice diagnosis, modifier GV is required.

If administering BrainCheck to a hospice patient using a different diagnosis from their hospice diagnosis, modifier GW is required.

Telehealth and BrainCheck

Modifier 93 audio only for 96136/96138 and 96132.
Modifier 95 audio and video for 96136/96138, 96132, and 99483.

Claims denials

For questions regarding claims denials or billing issues, please contact support@braincheck.com.

A member of our billing support team will then send you instructions on how to upload this documentation to our HIPAA secure document center, eBridge. Once documents are uploaded, we will review and contact the insurance company if necessary.

Comments will be added to the uploaded documents providing further instructions on how to correct the claim for resubmission or indicate if further information is required. If needed, a Zoom call can be scheduled to discuss issues further.

Be prepared to provide the following information

- EOB(s)
- HCFA Claim Form(s)
- Documentation accompanying each claim

Do not send these documents to your Customer Support Representative.

Disclaimer: Each payer has their own rules set forth for claims submissions, and they vary by state and region. It is recommended to always have your biller reach out to each payer to determine what their specific guidelines and requirements are for submitting claims with these codes and if prior authorization is required.

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