

BrainCheck | 2024 Reimbursement Guide

BILLING FOR BRAINCHECK IN YOUR CLINICAL PRACTICE

CPT CODE	DESCRIPTION	ESTIMATED REIMBURSEMENT ¹
96138	Neurocognitive test administration, <i>first 30 minutes</i> (<i>Minimum time requirement 16 minutes</i>)	\$33.73
96132	Test interpretation, decision-making, <i>first hour</i> (<i>Minimum time requirement 31 minutes</i>)	\$126.07
SUBTOTAL		\$159.80
99483	Cognitive care planning ² (separate visit)	\$268.18
GRAND TOTAL		\$427.98

¹The figures presented above are based on the Medicare Physician Fee Schedule before geographic adjustment.

²If neurocognitive testing identifies cognitive impairment, then 99483 is an option.

Modifiers for Testing Codes

- A -59 modifier should be used on 96138 and 96132 for neurocognitive test administration and interpretation when billing with an E&M code.
- In the case where other procedures are billed in addition to BrainCheck, a -25 modifier would be required on the E/M code, as well as a -59 modifier on 96138 and 96132.

MODIFIER EXAMPLES

99214 96138-59 and/or 96132-59	{Diagnosis 1} {Diagnosis 2}
99214-25 96138-59 and/or 96132-59 [Other Procedure(s)]	{Diagnosis 1} {Diagnosis 2} {Diagnosis 3}

ICD-10 codes with a Cognitive Component

BrainCheck can aid clinicians in testing for cognitive deficiencies caused by a variety of conditions, including:

MENTAL & BEHAVIORAL DISORDERS

- Dementia (F02)
- Amnesic disorder (F04)
- Postconcussional syndrome (F07.81)
- Alcohol dependence with alcohol-induced persisting dementia (F10.27)
- Major depressive disorder, recurrent (F33)
- Altered mental status (R41.82)

DISEASES OF THE NERVOUS SYSTEM & HEAD INJURIES

- Huntington's disease (G10)
- Parkinson's disease (G20)
- Alzheimer's disease (G30)
- Mild cognitive impairment (G31.84)
- Injuries to the head (S00-S09)
- Concussion (S06.0)
- Adverse effect of drugs, medications (e.g., chemo brain) (T50.905)

For a full list of ICD-10 codes, please reference your Medicare MAC LCD/Billing Article.

Coding guidelines

Psychological and neuropsychological testing are diagnostic procedures that assist the physician in making specific diagnostic decisions. Tests aid in treatment planning and to address questions regarding goals, efficacy, prognosis, course of illness and patient disposition. Coverage for neurocognitive procedures are subject to documentation of medical necessity and can vary by payer. Eligible providers include physicians, clinical psychologists, nurse practitioners, clinical nurse specialists and physician assistants.

Limitations on use

- BrainCheck is not intended to, nor does it, identify the presence or absence of a clinical diagnoses. Rather, it is a cognitive assessment tool designed to aid qualified clinicians in making or ruling out appropriate diagnoses.
- BrainCheck is not a stand-alone diagnostic.

CPT codes for neuropsychological testing and test interpretation

PRE-TEST EVALUATION

96116 | Neurobehavioral status exam

\$90.37 | 2.76 Total RVU

Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visuospatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

Additional guidelines: CPT 96121 (add-on code) can be billed with 96116 for each additional hour. List separately in addition to code for primary procedure.

96127 | Brief emotional/behavioral assessment

\$4.58 / 0.14 Total RVU

Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Additional guidelines: May be used for screening (e.g., Annual Wellness Exam) and diagnostic purposes.

TEST ADMINISTRATION & SCORING

96138 | Neuropsychological test administration by technician

\$33.73 / 1.03 Total RVU

Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes

Additional guidelines: CPT 96139 (add-on code) can be billed with 96138 for each additional 30 minutes. List separately in addition to code for primary procedure.

96136 | Neuropsychological test administration by professional

\$40.93 / 1.25 Total RVU

Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes

Additional guidelines: CPT 96137 (add-on code) can be billed with 96136 for each additional 30 minutes. List separately in addition to code for primary procedure.

POST-TEST INTERPRETATION & INTEGRATION OF RESULTS

96132 | Neuropsychological testing evaluation services by professional

\$126.07 / 3.85 Total RVU

Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment plan, report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Additional guidelines: Code 96133 (add-on code) can be billed with 96132 for each additional hour. List separately in addition to code for primary procedure.

COGNITIVE CARE PLANNING

99483 | Cognitive assessment and care plan services

\$268.18 / 8.19 Total RVU

In January 2018, CMS introduced CPT code 99483 (previously G0505) for cognitive assessment and care plan services for patients with cognitive impairment. Clinicians billing for 99483 must document a comprehensive patient visit and deliver a detailed care plan that meets the required service elements of 99483.

Additional guidelines: Service elements of 99483 include a cognitive-focused evaluation, medical decision-making of moderate or high complexity, functional assessment, use of standardized instruments to stage dementia, medication reconciliation and review if applicable, evaluation for neuropsychiatric and behavioral symptoms, evaluation for safety, identification of caregiver, and development and review of advance care plan.

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