

## Insurance Billing Standards and Guidelines

### The Basics

Since the elimination of the old psychological/neuropsychological CPT codes and introduction of the new codes in 2019, there has been little change. As a review, the relevant CPT codes are now grouped into sets, some used for test administration, scoring, and evaluation, and others used for decision-making, treatment, and treatment planning, and they are time-based. The new codes provide increased reimbursement rates and allow for follow-up patient visits that offer further reimbursement opportunities. The codes that we recommend billing with the CANS- MCI that generally fit best within these CPT code definitions are 96136, 96137 and 96132.

- CPT 96136-Psychological or neuropsychological test administration and scoring; first 30 minutes\*.
- CPT 96137-Each additional 30 minutes\* (add-on code).
- CPT 96132-Neuropsychological testing evaluation services by physician or other qualified healthcare professional; first hour\*.

\*30 minute codes require a minimum of 16 minutes; 1 hour codes require a minimum of 31 minutes.

Reimbursement for CPT codes 96136, 96137 and 96132 (and 96133 for information purposes): Based upon the APA's 2026 Psychological and Neuropsychological Testing CPT Codes, Descriptions & Total NF (non-facility) RVUs, the following National Medicare fees will apply (Regional, or 'Adjusted' fees, may vary slightly):

**96136 - \$43.76** (Total NF RVU Value of 1.31 x 2026 Conversion Factor 33.4009)

**96137 - \$37.07** (Total NF RVU Value of 1.11 x 2026 Conversion Factor 33.4009)

**96132 - \$122.25** (Total NF RVU Value of 3.66 x 2026 Conversion Factor 33.4009)

**96133 - \$97.86** (Total NF RVU Value of 2.93 x 2026 Conversion Factor 33.4009)

Add-on code to bill if services under primary code 96132 exceed one hour. For example, this code may be billed if a follow-up visit to explain results to the patient/family is required.

According to *A Rule by the Centers for Medicare & Medicaid Services (CMMS)*, on 11/23/2018, "our utilization for these services will include the assumption that half of the services currently reported with 96103 and 96120 will be reported with CPT code 96136 and half with CPT code 96146."

<https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions> (page 59573)

**Note: CPT code 96146 does not apply to the CANS-MCI per its APA 2019 CPT Descriptor:** "Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only." The CANS-MCI test results are analyzed, scored, and the report written by qualified healthcare professionals. It is not automated. The APA continues, "Do not report [96146] for administration of two or more tests." The CANS-MCI consists of eight discrete cognitive tests across three domains, plus a depression scale, screening for alcohol and pain medications problems, and head injury and solvent exposure screening.

## CPT 99483-Comprehensive Care Planning Services

For our customers who also wish to offer comprehensive care planning services, CPT 99483 may be provided to patients with established cognitive impairment. Contact us for further information.

- ICD-10 codes – see the “Diagnosis Codes (ICD-10)” section below for a discussion of Medicare Local Coverage Determinations (LCDs). At this time (June 2024), it appears that any ICD-10 code that supports medical necessity is acceptable with our test. Based on what customers have reported in the past, the following codes are likely to be commonly used:

G31.84 (Mild Cognitive Impairment, so stated); R41.82 (Altered Mental Status); R41.840 (Attention and concentration deficit); R41.841 (Cognitive communication deficit).

While we have not seen any problems with coverage by Medicare (when coding is done properly), if you are working with private carriers, it is essential to check with them regarding coverage and pre-authorization requirements. Also, on occasion, some carriers initially route the test as *behavioral* health; that is incorrect under most circumstances. It is a *medical* test.

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## Procedure Codes (CPT)

### Test Codes:

We recommend billing for three codes when performing the CANS-MCI tests. Additional codes may be appropriate if more time is needed beyond the primary code allotted time. For example, 96133 (see first page) may be used if services billed under 96132 exceeds one hour (see our *Addendum to the Insurance Billing Standards and Guidelines* for further information).

**96136:** Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.

**96137:** Each additional 30 minutes (this add-on code is billed with 96136; list separately in addition to primary procedure code). Set-up, testing, scoring and interpretation will almost invariably take more than 30 minutes, so this code will typically be used together with 96136.

**96132:** 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 planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.

### Medical Necessity

It is strongly advised that medical necessity be carefully documented before initiating procedures. When assessing cognitive status, a subjective patient complaint (or even their caregiver's report of decline), is considered adequate for the establishment of medical necessity for G31.84 (Mild cognitive impairment, so stated).

Screen has a questionnaire (the brief *Thinking Ability Changes Instrument*) that can help identify and document Medical Necessity. Screen, Inc. staff can provide you with a copy.

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## Diagnosis Codes (ICD-10)

As of October 2015, there is only one Local Coverage Determination (LCD) listed on the CMS website for Medicare Part B, “Psychological and Neuropsychological Testing”: **L31990** – from the Wisconsin Physicians Service. It is applicable to: Iowa, Kansas, Missouri, Nebraska, Indiana, and Michigan.

### Regarding ICD-10 Codes that Support Medical Necessity

ICD-10 codes must be coded to the highest level of specificity. There are no ICD-10 codes listed in this LCD because coverage of the service is not based on diagnosis. Providers should use the appropriate ICD-10 code.

To our knowledge there are not any other applicable LCDs at this time. States that do not have an applicable LCD fall back on the statutes and Medicare Policy Manual (see Chapter 15), which only specifies “medical necessity” for the diagnosis. Currently, we are unaware of any LCD for Psychological and Neuropsychological Testing, under Medicare Part B, that limits the supporting diagnosis beyond “medical necessity.” However, given that this can change, we strongly encourage you to look up your own Medicare LCDs on the CMS website:

Search for Local Coverage Determinations

<https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=3&H1=96137&M=5>  
Under “HCPCS Code” enter CPT code, Under “MAC Option” select “Specific Locality”, and in “Specific MAC Locality” enter your location.

ICD-9 codes 780.93 (Memory loss) and 780.97 (Altered Mental Status) were the most common ICD-9 codes used with our test, but they were not exclusive. Some of the new ICD-10 codes do not correspond exactly with ICD-9, but it appears that the analogous ICD-10 codes are: G31.84 (Mild Cognitive Impairment, so stated); R41.82 (Altered Mental Status, unspecified); R41.840 (Attention and concentration deficit); R41.841 (Cognitive communication deficit). Some customers also report using codes in the F00-F09 range (Organic, including symptomatic, mental disorders) that encompass Alzheimer’s disease (F00.x), Vascular dementia (F01.x), Dementia in other diseases classified elsewhere (F02.x), and Unspecified Dementia (F03.x).

## Annual Wellness Visit and the CANS-MCI

As part of Medicare’s Annual Wellness Visit (AWV), the provider is required to “detect cognitive impairment.” It doesn’t specify how, so the AWV doesn’t automatically provide the medical requirement or medical necessity to order the CANS-MCI tests. However, the outcome of the AWV might provide the medical necessity to warrant scheduling the CANS-MCI for the patient.

As mentioned under ‘Medical Necessity’ above, the brief *Thinking Ability Changes Instrument* can be administered to AWV patients to help identify cognitive concerns and document medical necessity. The responses would serve to determine if there is medical necessity for the CANS-MCI, which research shows is significantly more accurate than the MMSE and similar tests that might be used during the AWV.

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## Medicare Advantage Plans & other Private Carriers

**At a time when the patient may have any one of several dozen Medicare Advantage plans, or be covered under a non-Medicare related private plan, it is your responsibility to check with the plan to see if they cover the CANS-MCI prior to performing the tests. Not all Medicare Advantage plans or other private plans pay for cognitive testing.**

You may find it better, on those patients where the insurance carrier will not be paying for it, to use the MMSE or some similar test. The MMSE is not nearly as accurate (it is not sensitive to early cognitive changes) or longitudinally precise, but there is no reason you should pay for a test for which you are not going to be reimbursed.

**It is the provider's responsibility to know which payers pay for the CANS-MCI tests, just as it is their responsibility to know if the carrier will pay for an EKG or spirometer performed in the office.**

## Medicaid

Most Medicaid plans do not cover the CANS-MCI, but some do. You can research whether your state does by going to <https://www.medicaid.gov/medicaid/index.html>. Go to the bottom of the page and under "State Medicaid & CHIP Profiles", select your state.

Because each state's website is different, you will have to hunt around a bit to find the information. You will likely be searching for a **fee schedule**.

## Disclaimer

Screen offers this coding information for your convenience. While it is our intention to provide you accurate and reliable information, it is ultimately the provider's responsibility to determine coverage, and submit appropriate codes, modifiers and charges for the services rendered.

Screen makes no representation, guarantee or warranty, expressed or implied that the information compiled here is error-free or that the use of this information will prevent differences of opinion or disputes with Medicare or other third-party payers, and will bear no responsibility or liability for the results or consequences of its use.

Codes, coverage and reimbursement levels can change over time and interpretations of whether a code is properly used in a particular situation are often subject to medical policy interpretation and judgment.

The key in all coding and billing is to be truthful and not misleading, and to make full disclosures when seeking reimbursement for a product and/or service.

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## **CPT® Code 96132**

### **Code Descriptor**

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 planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.

### **Lay Term**

The provider, a physician or other qualified health care professional, spends up to one hour administering neuropsychological tests, which includes times spent face-to-face with the patient in performing the tests, interpretation of the outcome, and preparation of the report. The code includes time spent in discussion of the outcome with the patient and family members or caregivers.

### **Clinical Responsibility**

The provider explains the tests to the patient, parent, and/or guardian and answers any questions they ask. They administer the tests in writing or orally. They administer neuropsychological tests which are specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. They administer these tests to a single patient in a quiet office environment, free from distractions. Using Standardized tests, the provider conducts a thorough assessment of a patient's cognitive and behavioral changes following trauma or illness affecting the nervous system. He performs a battery of tests to measure the patient's mental abilities in terms of short and long-term memory, logical reasoning, language skills, visual-motor coordination, problem-solving ability, attention and concentration, and learning ability. They interpret the test results in the context of the patient's clinical condition, arrives at a diagnosis, and formulates a treatment plan. He may discuss all this with the patient and family members or caregivers.

Tests used for neuropsychological assessment may include but are not limited to Boston Naming Test, California Verbal Learning Test, Cognitive Assessment Screening Instrument, Dementia Rating Scale, Halstead-Reitan Neuropsychological Battery, Hooper Visual Organization Test, Kaufman Functional Academic Skills Test, Luria-Nebraska Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test.

### **Tips**

See [96133](#) for each additional hour spent in neuropsychological testing.

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## **CPT® Code 96133**

### **Code Descriptor**

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 planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure).

### **Report With**

**This code can be reported with code(s):** [96132](#)

### **Lay Term**

The provider, a physician or other qualified healthcare professional, administers neuropsychological tests, face-to-face with the patient. Report this code in addition to the primary code ([96132](#)) for each additional hour the provider spends administering the tests, interpreting the results, and preparing the report, including time spent in discussion with the patient and family members or caregivers.

### **Clinical Responsibility**

The provider spends additional time administering neuropsychological tests which are specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. They administer these tests to a single patient in a quiet office environment, free from distractions. Using standardized tests, the provider conducts a thorough assessment of a patient's cognitive and behavioral changes following trauma or illness affecting the nervous system. They perform a battery of tests to measure the patient's mental abilities in terms of short- and long-term memory, logical reasoning, language skills, visual-motor coordination, problem-solving ability, attention and concentration, and learning ability. They interpret the test results in the context of the patient's clinical condition, arrives at a diagnosis, and formulates a treatment plan. They may discuss all this with the patient and family members or caregivers.

Tests used for neuropsychological assessment may include but are not limited to Boston Naming Test, California Verbal Learning Test, Cognitive Assessment Screening Instrument, Dementia Rating Scale, Halstead-Reitan Neuropsychological Battery, Hooper Visual Organization Test, Kaufman Functional Academic Skills Test, Luria-Nebraska Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test.

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## **CPT® Code 96136**

**Code Descriptor** Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes.

### **2019 Advice**

The 2019 CPT® code set adds **96136** to report the first 30 minutes of any method for administration and scoring of two or more psychological or neuropsychological tests by a physician or other qualified healthcare professional. The 2019 code set also adds **96137** as an add-on code to report with **96136** for each additional 30 minutes (List separately in addition to code for primary procedure). Psychological tests include but are not limited to personality tests, attitude tests, IQ tests, and achievement tests. Neuropsychological tests measure a psychological function known to be linked to a particular brain structure or pathway.

Of note, the 2019 code set also adds primary code **96138** and add-on code **+96139** for the same services performed by a technician.

### **Lay Term**

The provider, a physician or other qualified health care professional, administers two or more psychological or neuropsychological tests and scores them. Report this code for the first 30 minutes of administration and scoring by any method.

### **Clinical Responsibility**

The provider explains the tests to the patient, parent, and/or guardian and answers any questions they ask. They administer the tests by any method. They administer standardized psychological tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests or neuropsychological tests specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. They score the tests.

### **Tips**

Report **96137** with the primary code(**96136**) for each additional 30 minutes of administration and scoring of psychological or neuropsychological tests.

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## **CPT® Code 96137**

### **Code Descriptor**

Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes(List separately in addition to code for primary procedure)

### **Notes:**

(96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)

### **Report With**

**This code can be reported with code(s):** 96130, 96131, 96132, 96133

### **Lay Term**

The provider, a physician or other qualified health care professional, administers two or more psychological or neuropsychological tests and scores them requiring an additional 30 minutes beyond the initial 30 minutes.

### **Clinical Responsibility**

The provider spends an additional 30 minutes administering and scoring standardized psychological tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests or neuropsychological tests specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway.

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