



Billing, Coding and Reimbursement Guide

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Disclaimer: The information in this document has been compiled for your convenience and is not intended to provide specific coding or legal advice. These guidelines provide no specific guarantees for reimbursement and are subject to obsolescence as Medicare and other payers amend their policies. Each unique combination of healthcare provider, procedure, and patient condition must be independently considered in terms of applicable coding and reimbursement. It is the responsibility of the physician and or the physician's staff to make the final determination about what constitutes an appropriate procedure and/or diagnostic code(s).

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MCI Screen Memory Test

PRODUCT OVERVIEW

The MCI Screen is an online assessment that evaluates short-term memory, working memory and judgment. It is derived from the word recall test included in the CERAD (Consortium to Establish a Registry for Alzheimer's disease) battery, which is the assessment used by dementia specialists. The test has more than 1 trillion unique response patterns. By analyzing the patient's responses, the MCI Screen achieves 97.3% accuracy in differentiating MCI from normal aging.

RELEVANT CPT CODES

96118: Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96119: Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

ICD10 CODES*

I67.9 (Cerebrovascular disease, unspecified)

R41.2 (Retrograde amnesia)

R41.3 (Other amnesia)

F06.0 (Psychotic disorder with hallucinations due to known physiological condition)

F06.8 (Other specified mental disorders due to known physiological condition)

G30.9 (Alzheimer's disease, unspecified)

***The ICD-10 codes above are listed as an example and more specific code(s) may be used as appropriate. The final determination of the ICD-10 code(s) must be the physician's responsibility.**

Some Medicare carriers have adopted Local Coverage Determination(s) (LCDs) which include a very specific list of ICD-10 Diagnosis Codes to be used for Psychiatry and Psychological services which include CPT Codes 96118, 96119. It is suggested that you check to see if your specific carrier has adopted such a policy before billing for these procedures.

MODIFIERS

If a visit and a procedure are billed on the same day, you must attach modifier "25" to the visit code and use a separate diagnosis for the procedure. Medical necessity and documentation must support the level of service billed. For PPO carriers, you may also (or must in some cases) attach modifier "59" to the procedure / CPT code(s).

APPROPRIATE CODING

The following information has been reviewed by representatives of the American Medical Association responsible for CPT codes 96101-96119 who are in concurrence with the recommendations below.

CODING AND PAYMENT AMOUNTS

Payment amounts vary by payer and by geographic location. The non-geographically adjusted, non-facility allowable rates for Medicare payment amounts based on the CMS fee schedule are as follows:

CPT 96118: \$98.82 (Non-Facility Allowable Amount)

CPT 96119: \$80.92 (Non-Facility Allowable Amount)

These rates are based on national average published by Center for Medicare and Medicaid Services (CMS). Actual reimbursement rates in your geographic area may vary. The CMS website provides geographically-adjusted reimbursement information:

<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>



Depression Screen

PRODUCT OVERVIEW

The Depression Screen is a short electronic questionnaire used to assess an individual's depression status. It is based on the DSM-IV criteria and takes minutes to administer. After completing a questionnaire, the system generates a detailed report indicating whether or not the criteria for major clinical depression have been met. The report also comments on the apparent efficacy of any depression medications currently in use.

RELEVANT CPT CODES

96101: Psychological testing (includes psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96102: Psychological testing (includes psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face

ICD10 CODE*

F32.9 (Major depressive disorder, single episode, unspecified)

***The ICD-10 codes above are listed as an example and more specific code(s) may be used as appropriate. The final determination of the ICD-10 code(s) must be the physician's responsibility.**

Some Medicare carriers have adopted Local Coverage Determination(s) (LCDs) which include a very specific list of ICD-10 Diagnosis Codes to be used for Psychiatry and Psychological services which include CPT Codes 96101 and 96102. It is suggested that you check to see if your specific carrier has adopted such a policy before billing for these procedures.

MODIFIERS

If a visit and a procedure are billed on the same day, you must attach modifier "25" to the visit code and use a separate diagnosis for the procedure. Medical necessity and documentation must support the level of service billed. For PPO carriers, you may also (or must in some cases) attach modifier "59" to the procedure / CPT code(s).

PAYMENT AMOUNTS

Payment amounts vary by payer and by geographic location. The non-geographically adjusted, non-facility allowable rates for Medicare payment amounts based on the CMS fee schedule are as follows:

CPT 96101: \$80.56 (Non-Facility Allowable Amount)

CPT 96102: \$64.09 (Non-Facility Allowable Amount)

These rates are based on national average published by Center for Medicare and Medicaid Services (CMS). Actual reimbursement rates in your geographic area may vary. The CMS website provides geographically-adjusted reimbursement information:

<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>



Frequently Asked Questions

Are these codes for general practitioners or specialists such as psychologists, psychiatrists and neurologists?

According to Neuropsychological coding consultants with the American Medical Association, CPT codes are not specialty specific. Any physician who feels competent to conduct neuropsychological testing using the MCI Screen can bill these CPT codes. While a local Medicare carrier may suggest that psychological testing codes are for specialists, the Federal Government has the final say on this matter. If your local Medicare carrier is providing you with contrary information, please notify us at customerservice@mccare.com.

While neuropsychological testing has traditionally been conducted by specialists, such procedures are now being rapidly adopted by primary care physicians. By applying advanced mathematics and informatics to well validated assessments, Medical Care Corporation has simplified traditional assessment tools while significantly enhancing their accuracy.

Medicare's estimated reimbursement of the procedure codes, 96118-19, 96101-02 are based on 1 hr of testing. How should the time period spent in testing, interpreting and reporting the test results be factored into the billing?

The time component is not defined or addressed by Medicare so billing should be done in 1 hour increments. If testing, interpreting results, reporting, takes more than one-half hour, then one unit of the appropriate code should be billed. If testing, interpreting results, reporting takes more than one and one-half hour, then two units of the procedure code should be billed.

While the MCI Screen and Depression Screen are easily administered within minutes, the effort required to prepare for the patient's visit and to counsel the patient should also be considered. Such considerations could include but are not limited to Physician time spent:

- Pulling a patient's record (E&M)
- Familiarizing themselves with the clinical decision making process that led them to be tested (E&M)
- Meeting with the patient to remind them of the reason for the test and prepare them to be tested (E&M)
- Reviewing the results of the assessment, analyzing and interpreting the report (E&M)
- Developing a plan of care (Interpretation)
- Meeting with the patient, discussing the results and recommending a plan of care (E&M)

If exceeding length of time or if billing is greater than one unit, clock time with a cumulative calculation is strongly recommended for documentation purposes.

Do you suggest billing for psychological testing (CPT 96101-2) and neuropsychological testing (CPT 96118-9) on the same day for the same patient?

Billing for both psychological testing and neuropsychological testing for the same patient on the same day by the same practice is not advised. Doing so, could prompt a penal audit. Even if two different providers do this procedure on the same date of service in the same practice (same federal tax identification for both) then it could trigger a federal, penal audit. Thus, we would advise to only bill for the 96118-19 OR the 96101-02 codes. Billing for more than one on the same date of service to the same patient in the same practice would be ill advised.

May we administer the MCI Screen and Depression Screen on the phone?

While it is possible to administer the MCI Screen over the phone, in most cases you may not bill for services that were not rendered face-to-face.

If a payer conducts a prepayment audit, what information should I send?

If the payer requires additional documentation prior to authorizing payment for testing, a copy of the MCI Screen or Depression Screen Report generated by Medical Care Corporation's system should be submitted. The report should be signed and dated on the last page by the physician. In addition, doctor's notes for the patient visit should be submitted as well.

If a payer requires additional information, we would like to hear from you. Please contact us at customerservice@mccare.com.

What do I do if payment is denied?

Payments are most often denied for reasons pertaining to improper coding. By carefully addressing any specific concerns identified by the denying agency, proper reimbursement as outlined in the Medicare guidelines should not be withheld.

If a payer denies you reimbursement for using the MCI Screen or the Depression Screen, we can help you respond to the denial. Please contact us at customerservice@mccare.com.

Does medical necessity need to be established, before testing?

It is strongly advised that medical necessity be carefully documented before initiating procedures. In the case of assessing cognitive status, evidence of decline or a subjective patient complaint is considered adequate.

When requesting reimbursement from plans other than Medicare's traditional fee for service, should we obtain prior authorization?

When billing a plan for a procedure that you have never billed before, it is always a good idea to seek prior authorization or pre-approval. Whenever possible get this information in writing and at the very least keep the name, ID#, date, phone number and department of the person(s) with whom you spoke. The request should indicate Medicare's reimbursement policy on this procedure as most plans look to the Medicare guidelines as a reference.

My Medicare Carrier does not reimburse for one or more of the testing codes recommended in these guidelines. What do you recommend?

If your local Medicare carrier is not reimbursing for some of the recommended billing codes, first, find out why. Then, please contact us at customerservice@mccare.com, and tell us what has occurred. We can assist you through the process of gaining reimbursement from them.

How do you define a technician?

The term "technician" is not defined by the billing codes. State governments or third-party payers may each define technician differently. However, in most cases, a Medical Assistant or front office staff person who has been trained to use the MCI screen would qualify as a technician.

In adding memory assessment services to my practice, how can I know that CPT code 96118 and 96119 are the appropriate codes?

The MCI Screen is comparable to the assessments listed as examples in CPT codes 96118 and 96119: Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test. Based on another widely accepted neuropsychological assessment, the Wordlist Recall test from the CERAD battery, the MCI Screen assesses working memory, short-term memory, judgment, reasoning and language. Compared to other neuropsychological cognitive tests, the MCI Screen has the highest published accuracy in detecting early stage memory loss.