

Billing, Coding and Reimbursement Guide

MCI Screen Cognitive Assessment Battery and Depression Screen

Revised January 2019

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 Cognitive Assessment Battery

PRODUCT OVERVIEW

The MCI Screen cognitive assessment battery consists of an electronically guided short battery of five well-validated cognitive tests. The battery includes tests assessing different cognitive domains including comprehension, short-term memory, working memory, recognition, and judgment. By analyzing the patient's responses on these tests and comparing them to normative data from demographically similar patients, the MCI Screen battery can distinguish mild cognitive impairment from normal aging with 97.3% accuracy.

RELEVANT CPT CODES

WHEN ADMINISTERED AND INTERPRETED/REPORTED BY PHYSICIAN OR QUALIFIED HEALTHCARE PROFESSIONALS

96136: Test Administration

Test administration (face-to-face) and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes (16 minutes to 45 minutes).

CMS Non-Facility Fee Schedule: \$47.93*

96132: Test Interpretation and Evaluation

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 (31 minutes to 1 hour 30 minutes).

CMS Non-Facility Fee Schedule: \$133.71*

*This is a CMS published National Payment Amount. For your specific reimbursement amount, please consult your local Medicare carrier fee schedule or your contracted insurance carriers.

WHEN ADMINISTERED BY TECHNICIAN AND INTERPRETED/REPORTED BY PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONALS

96138: Test Administration

Test administration (face-to-face) and scoring by technician, two or more tests, any method, first 30 minutes (16 minutes to 45 minutes).

CMS Non-Facility Fee Schedule: \$38.92*

96132: Test Interpretation and Evaluation

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 (31 minutes to 1 hour 30 minutes).

CMS Non-Facility Fee Schedule: \$133.71*

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ICD10 EXAMPLE CODES*

I67.9 (Cerebrovascular disease, unspecified)
R41.2 (Retrograde amnesia)
R41.3 (Other amnesia)
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 examples 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 96132, 96137, and 96138. It is suggested that you check to see if your specific carrier has adopted such a policy before billing for these procedures.

CODING AND PAYMENT AMOUNTS

Payment amounts vary by payer and by geographic location. It is always a best practice to review these codes with your billing department or agency and use the most appropriate code for your practice.

While Center for Medicare and Medicaid Services (CMS) has its standard fee schedule, 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-V 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

96127: Behavioral Screening and Testing

Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument.

CMS Non-Facility Fee Schedule: \$5.41*

*This is a CMS published National Payment Amount. For your specific reimbursement amount, please consult your local Medicare carrier fee schedule or your contracted insurance carriers.

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.**

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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 support@embic.us.

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, EMBIC Corporation has simplified traditional assessment tools while significantly enhancing their accuracy.

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. However, some Medicare carriers are actively embracing tele-health solutions so, if you wish to provide phone-based services, it would be worthwhile to check with your local carrier to clarify reimbursement policies before doing so.

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 EMBIC 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 including interpretation of test results and clinical data, clinical decision making, treatment planning and report and interactive, feedback to the patient, family member(s) or caregiver(s) should be submitted as well.

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

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 support@embic.us.

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.

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 support@embic.us 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.