



Medical Billing Codes

Reimbursement for CogniFit is generally well accepted by most payers.

Neuropsychological and neurological tests

Estimated national average reimbursements are systematically and significantly higher than CogniFit's cost per cognitive assessment.

CPT/HCPCS	Description*	Medical Payment**	
		Non Facility	Facility
Codes		Non Facility	Facility
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	\$ 126.74	\$ 125.38
96113***	Each additional 30 minutes (list separately in addition to code for primary procedure)	\$ 59.98	\$ 56.25
96116	Neurobehavioral status exam (per hour) (clinical assessment of thinking, reasoning and judgment, e.g. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional both face-to-face with the patient, and time interpreting test results and preparing the report; first hour	\$ 93.19	\$ 80.31
96121***	Each additional 30 minutes (list separately in addition to code for primary procedure)	\$ 75.91	\$ 67.10
96125	Standardized cognitive performance testing (e.g. Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results preparing the report	\$ 103.36	N.A.
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 members or caregivers, when performed; first hour	\$ 130.13	\$ 106.07
96133***	Each additional hour (list separately in addition to code for primary procedure)	\$ 98.95	\$ 76.58
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	\$ 42,70	\$ 23,38
96137***	Each additional 30 minutes (list separately in addition to code for primary procedure)	\$ 39,31	\$ 17,96
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$ 34,23	N.A.
96139***	Each additional 30 minutes (list separately in addition to code for primary procedure)	\$ 35,24	N.A.
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	\$ 2,37	N.A.

99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	\$ 272,79	\$ 194,17
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The figures presented above are based on 2019 CPT codes and 2023 Medicare Physician Fee Schedule information.

* Current Procedural Terminology from the 2019 American Medical Association (AMA). The American Medical Association (AMA) and the Center for Medical Services (CMS) are the governing agencies that generally set the procedure codes and how they are used. Regional or local insurance companies such as Medicare third-party administrators, Blue Cross/Shield, or large national carriers generally follow these rules, but there can be regional differences or variances. Even though the patient may not qualify for Medicare, most payers design their coverage rules according to CMS criteria. The value of neurocognitive testing is well recognized as CMS has sent out several memos mandating coverage for these codes. Generally, there is widespread reimbursement or coverage for these procedure codes used for CogniFit assessments. Many patients that are not covered for cognitive testing, e.g., Medicare, Private Carriers will pay out-of-pocket to have their neurocognitive function measured. Patients with a family history of cognitive impairment, e.g., dementia, Alzheimer's disease, Parkinson's disease, etc., will be candidates for this clinical service.

** National payment amount from 2023 Medicare Physician Fee Schedule

Matching CPT Codes with ICD or DSM Codes

Coverage for neurocognitive procedures can vary by payer. The CPT procedure and ICD-DSM codes must "match" according to each payer's requirements. Contacting the payer's provider representative(s) can assist in the appropriate or correct coding. ICD and DSM Code coverage can vary from plan to plan. Clinicians should consult with their office's coding and billing staff to determine the combination of codes that will work best for testing services.

CogniFit can assist clinicians in testing for cognitive deficiencies caused by various conditions. Example of ICD-10 codes:

- F02: Dementia
- F04: Amnesic disorder
- F07.81: Postconcussional syndrome
- F10.27: Alcohol dependence with alcohol-induced persisting dementia
- F33: Major depressive disorder, recurrent
- G10: Huntington's disease
- G20: Parkinson's disease
- G30: Alzheimer's disease
- G31.84: Mild cognitive impairment
- R41.82: Altered mental status
- S00-S09: Injuries to the head
- S06.0: Concussion
- T50.905 Adverse effect of drugs, medications (e.g., chemo brain)

Suggestions for Documentation

CMS (Recovery Audit Program) and other payers have active and ongoing audit programs to recover fraudulent claims. Coding experts have expressed the following tips to help a practice prepare for an audit.

- Technical Component – Label which Tech or Admin or Computer admin, Number of Tests.
- Professional Component – Label Activities: Testing by Professional, Interpretation, Report, or Integration of findings which may include history, prior records, interview(s), and compilation of tests.
- Testing Time – Minimum documentation should be: Date(s) & Total Time Elapsed, Maximum: Date(s) Start and Stop Times; Testing Time Backup - Scheduling System (e.g., schedule book; agenda, etc.), Testing Sheet with Lists of Tests with Start/Stop Times, Keep Time Information as long as records are kept. *Medical Necessity can vary by Payer. CogniFit reports contain automatic Time and Date stamps.

Denial of Coverage

Most payers consider computerized neurocognitive assessment procedures medically necessary because the assessment procedure aids in assessing neurocognitive impairment due to medical or psychiatric conditions. Neurocognitive testing such as CogniFit helps clinicians better understand the nature of their patient's illnesses, make recommendations regarding coping with and compensating for their neurocognitive difficulties, and encourage treatment adherence. If, for some reason, the carrier or plan denies coverage, it is important to educate and inform the carrier or plan's personnel about the importance of covering the procedure.



Test Administration Requirements for Billing CPT 96132

CogniFit Testing

Each CogniFit cognitive assessment battery is intended for use as a cognitive assessment aid to determine the level of cognitive functioning. It is intended to be used as an aid for physicians to design and monitor each patient's intervention and cognitive rehabilitation process.

CogniFit's **Cognitive Assessment Battery (CAB)® PRO** (FDA Registration Number: 3017544020* / UDI-DI: 00860009958104) is our most exhaustive cognitive test. This digital test includes the following subtests:

- **Tapping Test;**
- **Psychomotor Vigilance Test;**
- **Number-Size Congruency Test;**
- **Digit Span Test;**
- **Time Estimation Test;**
- **Eye-Hand Coordination Test;**
- **Maze Test;**
- **Visual Memory Test;**
- **Stroop Test;**
- **Eye-Hand Coordination Test;**
- **Visual Working Memory Span Test;**
- **Naming Test;**
- **Multimodal Lexical Memory Test;**
- **Lexical Memory Test;**
- **Speed Estimation Test;**
- **Distance Estimation Test;**
- **Divided Attention Test.**

Additionally, CogniFit offers other cognitive assessment batteries ([learn more](#)).

CPT code 96132

The official definition of CPT code 96132 states: "Neuropsychological testing evaluation services by a 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".

Simply put, the healthcare professional, such as a physician, spends up to one hour administering neuropsychological tests, which includes time 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 discussing the outcome with the patient and family members or caregivers.



Patient cognitive testing examples: From healthy to impaired

Patient Concern about the possibility of developing dementia

Patient's story

A patient in their sixties expressed their concerns regarding their ability to concentrate and their worries about the possibility of developing dementia. The patient's concern was heightened as one of their biological parents had recently passed away in their late eighties after a prolonged battle with the disease. Towards the end of the parent's life, they were unable to recognize the patient, which caused the patient considerable anxiety about their own potential early signs of dementia.

The patient is generally healthy but has been dealing with chronic insomnia. While they are able to fall asleep easily, they struggle with staying asleep and often wake up after a couple of hours. On particularly bad nights, the patient gets less than five hours of sleep. They also have a habit of drinking one to two drinks with dinner and a glass of wine before bed. Work-related stress has been a major factor, with the patient worrying about meeting deadlines and possibly losing their job. Concentration at work has been challenging, leading to concerns about their work performance and job security. The patient has also noticed a decrease in self-esteem and confidence.

Cognitive testing

The patient underwent the CogniFit Cognitive Assessment Battery (CAB)[®] PRO at the clinic, with the physician supervising the process.

Results

Based on the results of the tests, the patient's cognitive abilities are in the average to above average range. Visual short-term memory, working memory, short-term-memory, shifting, and updating are all above average. Overall, the patient's composite score places them in the 84th percentile for their age group. The patient's answers to the well-being questionnaire suggest he may be experiencing mild depression.

While the patient's current cognitive functioning is above average, their complaints of difficulty concentrating are not supported by standardized testing. It is likely that external factors such as work pressure, sleep disruptions, and family health history are contributing to their subjective cognitive complaints.

Clinical outcomes

The patient's test results revealed no signs of cognitive impairment, which brought relief regarding worries of dementia. It was recommended that they avoid excessive alcohol consumption, especially late at night, due to its negative impact on sleep. No changes were necessary for their current medication. Additionally, the patient was encouraged to seek assistance from the company's Employee Assistance Program (EAP) to manage any work-related stress. A follow-up visit is scheduled in three months. If the patient's depression worsens, anti-depressants or a referral to a mental health specialist may be considered. The patient's cognitive abilities will be evaluated annually, taking into account their family's history.

Patient's story

A patient in their seventies expressed concerns about their short-term memory in the past few months. The patient's concern was heightened as one of their biological parents had recently passed away in their late eighties after a prolonged battle with the disease. Towards the end of the parent's life, they were unable to recognize the patient, which caused the patient considerable anxiety about their own potential early signs of dementia.

The patient is generally healthy but has been treated for type II diabetes. The patient is a retired physician who lives with their spouse and two adult children living close by. One of the patient's biological parents passed away in their late eighties after a prolonged battle with Alzheimer's disease.

Cognitive testing

The patient underwent the CogniFit Cognitive Assessment Battery (CAB)® PRO at the clinic, with the physician supervising the process.

Results

Based on the results of the tests, the patient's cognitive abilities are in the low average range, especially in short-term memory (21st percentile) and working memory (18th percentile). Overall, the patient's composite score places them in the 26th percentile for their age group. The patient's answers to the well-being questionnaire suggest no clinical depression.

The patient's cognitive functioning is currently considered to be in the low average range. However, their reported memory problems align with their struggles in performing memory-related tasks. Despite not showing signs of mild cognitive impairment, their scores are lower than anticipated given their education and occupation. As of now, there are no observable deficits in their daily activities.

Clinical outcomes

It is recommended to start a daily medication regimen to manage confusion related to Alzheimer's disease. A follow-up appointment is scheduled in three months, where the patient's spouse will also be present to provide a family perspective. Additionally, the patient will retake CogniFit's cognitive test to monitor memory performance while receiving cognitive-enhancing medication.

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