

Cognetivity's Integrated Cognitive Assessment (CognICA) Reimbursement Guide

Potential CPT codes for use in association with CognICA testing and results interpretation.

Note: Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. The codes listed may not be applicable in all clinical scenarios associated with the use of CognICA.

CPT Code	Description	2022 Medicare National Average Payment Rate	
		Non-Facility	Facility
96132 ¹	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	\$128.61	\$103.76
96133	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)	\$99.73	\$77.23
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	\$43.65	\$23.51
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure)	\$39.29	\$18.13
96138 ^{1,2}	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$34.25	NA



96139 ²	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	\$34.92	NA
99483 ³	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: <ul style="list-style-type: none"> ● 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. 	\$274.68	\$191.41

1 Practitioners billing for CPT® codes 96132 (test interpretation, decision-making) and 96138 (neurocognitive test administration) should now use a -59 modifier on the procedure codes instead of adding a -25 modifier on the evaluation and management (E/M) service code 99214 for reporting an unrelated E/M service.

2 -52 modifier for reduced services may apply since test scoring is automated with the CognICA. Providers should check with the pertinent local payor.

3 Some of the service elements under 99483 overlap with services under some E/M codes, advance care planning services, and certain psychological or psychiatric service codes. As a result, 99483 cannot be used along with the following codes: 90785, 90791, 90792, 96103, 96120, 96127, 99201-99215, 99241-99245, 99324-99337, 99341-99350, 99366-99368, 99497, 99498, and 96161.



Payment rates based on Medicare and Medicaid Programs: CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1751-F) (Federal Register, November 19, 2021).

DISCLAIMER: Providers should select the most appropriate HCPCS/CPT code(s) with the highest level of detail to describe the service(s) rendered to the patient as well as the most appropriate ICD-10-CM diagnosis code(s) to describe the patient's condition. Any questions should be directed to the pertinent local payer. The information is provided with the intent to assist in obtaining appropriate reimbursement for medical devices and services. It is NOT intended as legal advice. Seek legal counsel or a reimbursement specialist for further questions or clarifications. The provider makes all decisions concerning completion of reimbursement claim forms, including code selection and billing amounts. It is for information purposes only and represents no statement, promise, or guarantee by Cognetivity Neurosciences concerning levels of reimbursement, payment or charges.

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