



Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN

SCHOOL OF MEDICINE AND PUBLIC HEALTH

Coding Basics for Clinic Network Members

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Dementia Diagnostic Clinic Network Manager

Disclaimer

- I have no direct experience in coding or billing; just an interest in trying to help.
- This session is designed to be just a launch pad for you
- Make sure you do your own diligence and research
- The focus of the session is Medicare (T-18)



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References and Resources

- Centers for Medicare & Medicaid Services (CMS): <https://www.cms.gov/Medicare/Medicare>
- Centers for Medicare & Medicaid Services (CMS), physician fee schedule: <https://www.cms.gov/apps/physician-fee-schedule>
- 2019 Psychological and Neuropsychological Testing CPT® Codes & Descriptions; American Psychological Association
- 2019 Documentation & Coding Basics; Nancy Samuelson, CPC – UW Health / UW Madison
- 2019 Coding for Cognitive Care; Richard London, MD - Center for Senior Health and Longevity Advocate Aurora Health
- CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes; American Medical Association
- Chronic Care Management Services; CMS MLN Booklet
- Cognistat: About the Exam (FAQ)
- CPT® Code 99215: Office or Other Outpatient Visit for Established Patient; CMS
- How to Use the Searchable Medicare Physician Fee Schedule (MPFS); CMS MLN
- Neuropsychological Testing: Crosswalk for 2019 Neuropsychological Testing and Evaluation CPT® Codes; American Psychological Association
- Getting Reimbursed: Testing Code Changes are Here; APA Practice Organization
- What is a Qualified Health Professional (QHP), clinic staff member?; Indiana State Medical Association (ISMA)
- RBANS Website Information
- Relevant CPT Codes for Dementia Evaluation and Care
- ASHA_2017_New Cognitive Procedural Coding: https://submissions.mirasmart.com/Verify/ASHA2017/FinalPresentations/ASHA2017FP-001002_002200.pdf



Presentation Topics

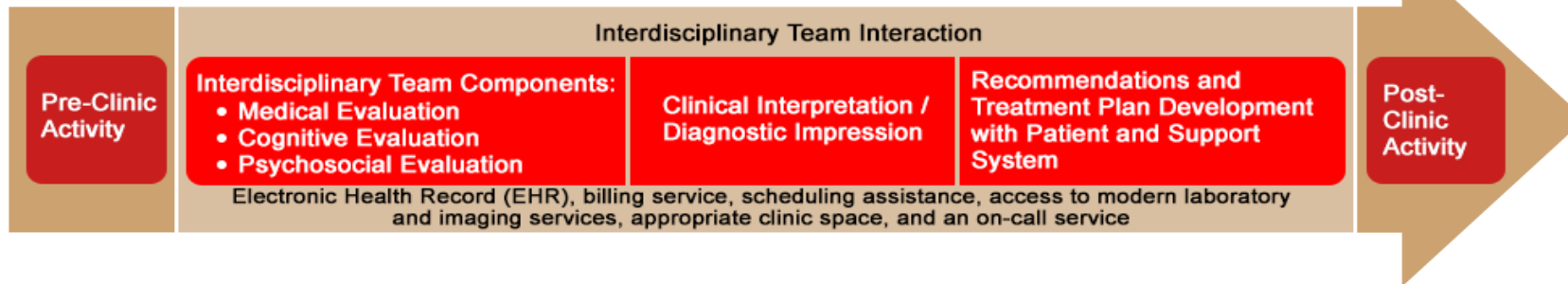
- Comprehensive Interdisciplinary Evaluation
- Coding overview
- Physician and other qualified healthcare professional (QHP)
- Possible CPT® codes relevant to WAI affiliates
- Why should you care about coding?
- Your next steps



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Wisconsin Alzheimer's Institute Comprehensive Interdisciplinary Evaluation



Medical Evaluation

- History and Physical
 - Chief complaint
 - History of present symptoms
 - Review of systems
 - Past medical history
 - Past surgical history
 - Past psychiatric history
 - Family history
 - Social history
 - Substance use history
 - Allergies/adverse drug reactions
 - Medications
 - Physical exam
 - Labs (standard/specialized)
 - Neuroimaging (standard/specialized)

Cognitive Evaluation

- Screens for selection of Brief Cognitive Battery
 - MMSE,
 - MoCA,
 - SLUMS, or
 - Mini Addenbrooke Cognitive Exam
- Brief Cognitive Batteries
 - RBANS,
 - NCSE/Cognistat, or
 - Addenbrooke Cognitive Exam - Revised
- Additional cognitive measures (clinician preference)
 - Category fluency
 - Animal Naming Screen (furniture, fruits)
 - Visual praxis
 - Clock Draw (preferred) or
 - Praxis items from CERAD
 - Word list learning
 - Word list from CERAD (preferred),
 - Rey Auditory Verbal Learning Test,
 - California Verbal Learning Test, or
 - Hopkins Verbal Learning Test
 - Executive Function
 - Trail Making Test (preferred)
 - Stroop Color-Word Test, or
 - Wisconsin Card Sort Test
- Cognitive test interpretation

Psychosocial Evaluation

- Sleep
 - Epworth Sleepiness
 - STOP BANG
- Mood
 - GDS
- Behavior
 - NPI-Q
- Function
 - Lawton IADL
 - Katz Index of ADL
- Support system and caregiver burden
 - Zarit
- Psychosocial history
 - Ancestry and cultural influences
 - Education background
 - Vocational history
 - Leisure/recreational history
 - Transportation
 - Spiritual/religious influences
 - Housing
 - Legal history
 - Financial resources
- Safety/abuse and neglect
- Advance directives/planning/end-of-life

Coding Overview

Current Procedural Terminology (CPT®) Code

- Maintained by the American Medical Association (AMA)
- It is the extensive, organized, standardized list of possible medical, surgical, and diagnostic services.
- Codes are grouped into one of 3 categories (Category I, Category II, Category III), then into sub-categories identified by a five-digit code. For example, Evaluation and Management consists of codes: 99201-99499. Modifiers may be added to the five-digit code to further reflect and specify what was done.
- There is approximately 8,000 codes
- Possible relevant codes:
 - 90791 – 90792 Psychiatric diagnostic evaluation
 - 96101-96125 Central nervous system assessments/tests (mental status, neuro-cognitive, speech testing)
 - 99201-99499 Evaluation and Management

Services

CPT® Code

Services

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

- Extensive, organized, standardized list of coding for diagnoses, symptoms, and procedures
- Managed by the World Health Organization (WHO), some countries modify to better suite their needs.
- There are over 70,000 ICD-10-PCS procedure codes and over 69,000 ICD-10-CM diagnosis codes (Wikipedia)

Diagnoses, symptoms, procedures

Requirements

Requirements

- There will be specific criteria and requirements that you must satisfy for each code.
- Requirements may include such criteria as location, the type of provider, or the type of service that can be done.
- It may also include completing specific tasks; such as doing a review of systems, evaluating function, safety, having a chronological description of the patients present symptoms...
- All activity must be documented; if not documented, it was **NOT done.**

Criteria

Criteria

ICD-10 - CM

Diagnoses, symptoms, procedures

\$

Payment

Coding Requirements

- **Where** – office, hospital, nursing home
- **Why** – chief complaint
- **When** – new or established patient, can be used, add-on, combining with
- **What** – evaluation and management, advance care planning...
- **Who** – patient and/or collateral caregiver – the professional providing the service (type/credentials)



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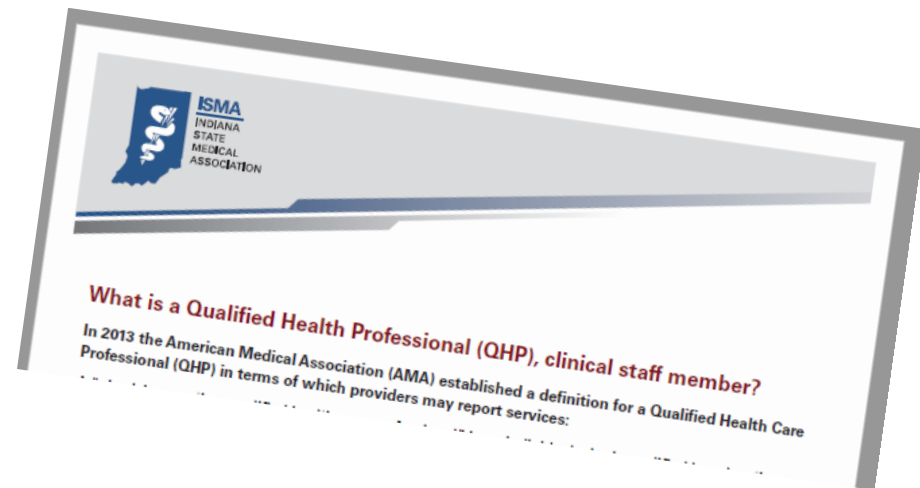
Physician or Other Qualified Healthcare Professional (QHP)

***In 2013 the American Medical Association (AMA) established a definition for a Qualified Health Care Professional (QHP) in terms of which providers may report services:**

“A ‘physician or other qualified health care professional’ is an individual who is **qualified by education, training, licensure/regulation** (when applicable), and facility privileging (when applicable) who performs a professional service within his/her **scope of practice** and **independently reports** that professional service.”

These may include:

- Anesthesiologist Assistant (AA)
- Certified Nurse Mid-Wife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse Mid-Wife (CNM)
- Clinical Nurse Specialist (CNS)
- Clinical Social Worker (CSW)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Physical Therapist (PT)



These professionals are distinct from **“clinical staff”**. A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service but who does not individually report that professional service.

Other Qualified Healthcare Professional (QHP)

- Who is an eligible QHP appears to vary from code to code; hence, you always need to check eligibility prior to using the cpt code.

For example,

- It appears the following can be reimbursed for code **99483**: physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives
- It appears the following can be reimbursed for code **90791**: psychiatrists, clinical psychologists, licensed professional counselors, licensed clinical social workers, and licensed marriage and family therapists

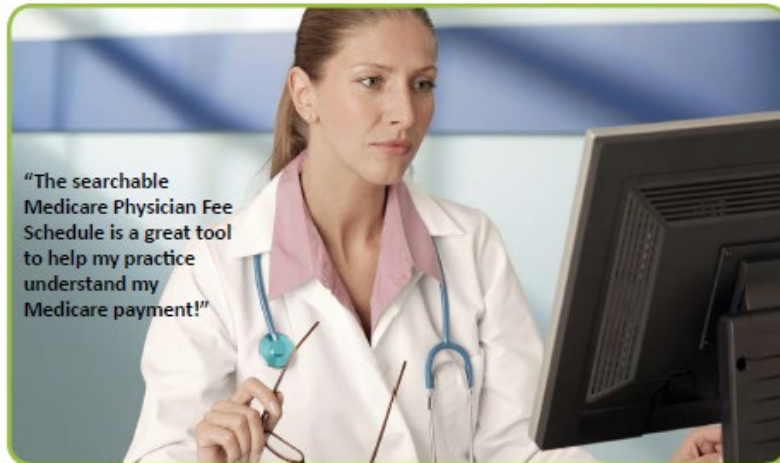
Other Qualified Healthcare Professional (QHP)

- “The amount CMS pays may be adjusted for an other QHP. Examples of reductions from the published MPFS amount include:
 - Assistants at surgery receive 16 percent of the MPFS rate;
 - Nurse practitioners, physician assistants, and clinical nurse specialists are paid 85 percent;
 - Registered dietitians or nutrition professionals, for medical nutrition therapy services, are paid 85 percent; and
 - Clinical social workers receive 75 percent.”

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



How to Use the Searchable Medicare Physician Fee Schedule (MPFS)



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

<https://www.cms.gov/Medicare/Medicare>

<https://www.cms.gov/apps/physician-fee-schedule/>

Possible CPT® Codes

CPT® Code	Descriptive Label	Time Associated (minutes)	Amount
90791	Tip, look at the first 2 digits to get orientated:		\$ 141.06
90792			\$ 156.24
96116	90	60	\$ 95.91
96125	96	60	\$ 107.49
96130	99	60	\$ 118.44
96131		60	\$ 90.62
96132		60	\$ 132.14
96133		60	\$ 99.06
96136	Then, look at the last 3 digits.	30	\$ 45.88
96137		Additional 30 minutes	\$ 42.18
96138		30	\$ 36.42
96139	96116 becomes 116	30 minutes	\$ 36.42
99202	96132 becomes 132	20	\$ 72.97
99203		30	\$ 103.45
99204		45	\$ 158.07
99205	99202 becomes 202	60	\$ 199.86
99211			\$ 22.37
99212	99497 becomes 497	10	\$ 43.59
99213		15	\$ 72.24
99214		25	\$ 105.66
99215	Office/outpatient visit established	40	\$ 141.38
99354	Prolonged service with direct patient contact	60	\$ 126.25
99355	Prolonged service with direct patient contact - additional 30 minutes	30	\$ 95.98
99358	Prolonged service without patient contact	60	\$ 108.81
99359	Prolonged service without patient contact - additional 30 minutes	30	\$ 52.77
99483	Cognitive assessment and care planning		\$ 252.63
99484	General behavioral health integration care management		\$ 45.54
99487	Complex chronic care w/o patient visit		\$ 88.16
99489	Complex chronic care additional 30 minutes	30	\$ 42.71
99490	Chronic care management service 20 minutes	20	\$ 40.06
99491	Chronic care management service 30 minutes	30	\$ 80.43
99497	Advance care planning	30	\$ 83.26
99498	Advance care planning - each additional 30 minutes	30	\$ 72.81

OQHP = other qualified healthcare professional

Possible CPT® Codes

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96116	Neurobehavioral status exam	60	\$ 95.91
96125	Standardized cognitive performance testing	60	\$ 107.49
96130	Psychological testing evaluation services	60	\$ 118.44
96131	Psychological testing evaluation services - each additional hour	60	\$ 90.62
96132	Neuropsychological testing evaluation services	60	\$ 132.14
96133	Neuropsychological testing evaluation services - each additional hour	60	\$ 99.06
96136	Neuropsychological test administration & scoring by physician or OQHP	30	\$ 45.88
96137	Neuropsychological test administration & scoring by physician or OQHP - each additional 30 minutes	30	\$ 42.18
96138	Neuropsychological test administration & scoring by technician	30	\$ 36.42
96139	Neuropsychological test administration & scoring by technician - each additional 30 minutes	30	\$ 36.42
99202	Office/outpatient visit new	20	\$ 72.97
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Code 90791: psychiatrists, clinical psychologists, licensed professional counselors, licensed clinical social workers, and licensed marriage and family therapists

OQHP = other qualified healthcare professional

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Psychological/Neuropsychological Testing	
<u>Neurobehavioral Status Exam</u>	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, 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 time with the patient and time interpreting test results and preparing the report; first hour
+ 96121	Each additional hour (List separately in addition to code for primary procedure)
<u>Test Evaluation Services</u>	
96130	Psychological 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
+ 96131	Each additional hour (List separately in addition to code for primary procedure)
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
+ 96133	Each additional hour (List separately in addition to code for primary procedure)
<u>Test Administration and Scoring</u>	
96136	Psychological or neuropsychological <u>test administration and scoring by physician or other qualified health care professional, any method, first 30 minutes</u>
+ 96137	Each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological <u>test administration and scoring by technician, two or more tests, any method; first 30 minutes</u>
+ 96139	Each additional 30 minutes (List separately in addition to code for primary procedure)
<u>Automated Testing and Result</u>	
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only



“+” Indicates an Add-On Code to be reported with another code

Typical Case:

Differential Diagnosis of Memory Loss/Early Alzheimer's Disease

(2 hours NSE + 4 hours of psychologist testing + 2 hours of professional services)

- **Clinical Interview/Neurobehavioral Status Examination (NSE)**
 - Hour 1 96116 (Base Code; 1 unit)
 - Each additional hour 96121 (Add-on; 1 unit)
- **Test Administration/Data Gathering Psychologist**
 - First 30 minutes 96136 (Base Code; 1 unit)
 - Each additional 30 minutes 96137 (Add-on; 7 units)
- **Neuropsychological Testing Evaluation (Professional) Services**
 - Hour 1 96132 (Base Code; 1 unit)
 - Hour 2 96133 (Add-on; 1 unit)



Clinical Example:

A 46-year-old male with a history of coronary artery disease and recent myocardial infarction with reported symptoms of memory loss, anxiety, and depression

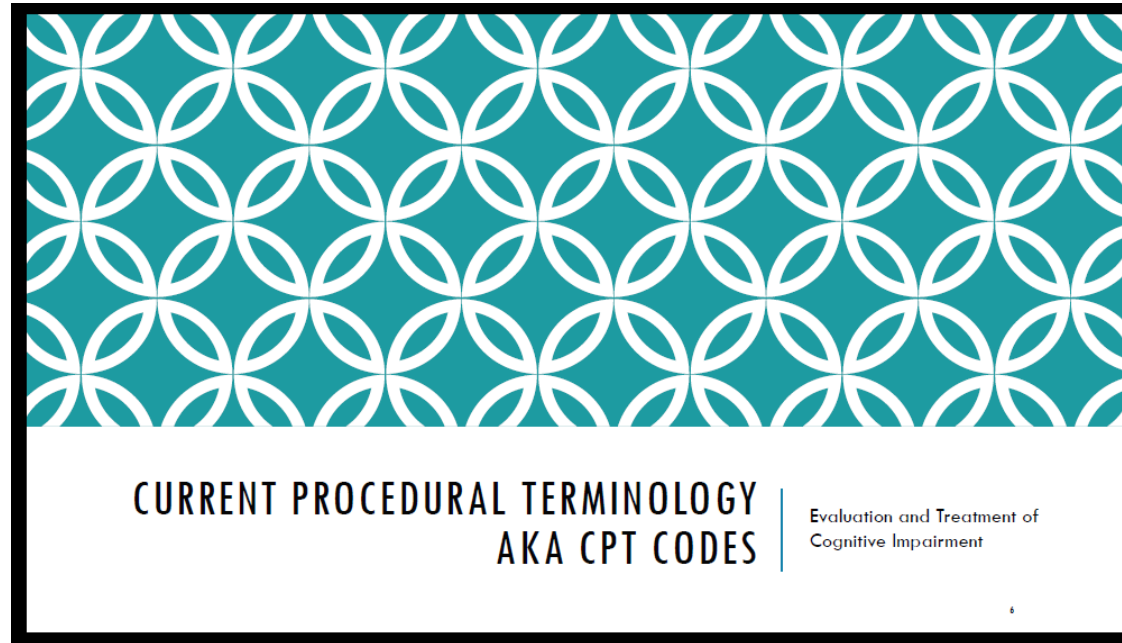
(1 hour Neurobehavioral Status Examination+ 4 hours of technician administered neuropsychological assessment + 2 hours of professional services)

- **Clinical Interview/Neurobehavioral Status Examination**
 - Hour 1 96116 (Base Code; 1 unit)
- **Data Gathering By Technician**
 - First 30 minutes 96138
 - Each additional 30 minutes 96139 (Add-on; 7units)
- **Testing Evaluation Services By QHP**
 - Hour 1 96132 (Base Code ; 1 unit)
 - Hour 2 96133 (Add-on ; 1 unit)



CPT® Code 96125: Standardized Cognitive Performance Testing

- Occupational therapists and speech therapists



https://submissions.mirasmart.com/Verify/ASHA2017/FinalPresentations/ASHA2017FP-001002_002200.pdf



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OQHP = other qualified healthcare professional

E&M coding

History

Physical Exam

Medical Decision-Making

OR

Time



CPT CODE 99215

OFFICE OR OTHER OUTPATIENT VISIT FOR ESTABLISHED PATIENT

FACT SHEET



Office/Other Outpatient Services (Established Patients)

Components Required: 2 of 3	99211	99212	99213	99214	99215
History & Exam					
Problem focused		●			
Expanded problem focused			●		
Detailed				●	
Comprehensive					●
Medical Decision Making					
Straightforward		●			
Low			●		
Moderate				●	
High					●
Presenting Problem (Severity)					
Minimal	●				
Self-limited or minor		●			
Low to moderate			●		
Moderate to high				●	●
Typical Time: Face-to-Face	5	10	15	25	40

Medicare allows only the medically necessary portion of the visit. Even if a complete note is generated, only the necessary services for the condition of the patient at the time of the visit can be considered in determining the level of an E/M code.

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of "medically necessary" for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity (http://www.ssa.gov/OP_Home/ssact/title18/1862.htm).

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OQHP = other qualified healthcare professional			

99354-99355



“Add-on” Codes

Can be used with office, domiciliary, home visit, 99483, & others

Time does not need to be continuous

Only face-to-face time with patient and / or family

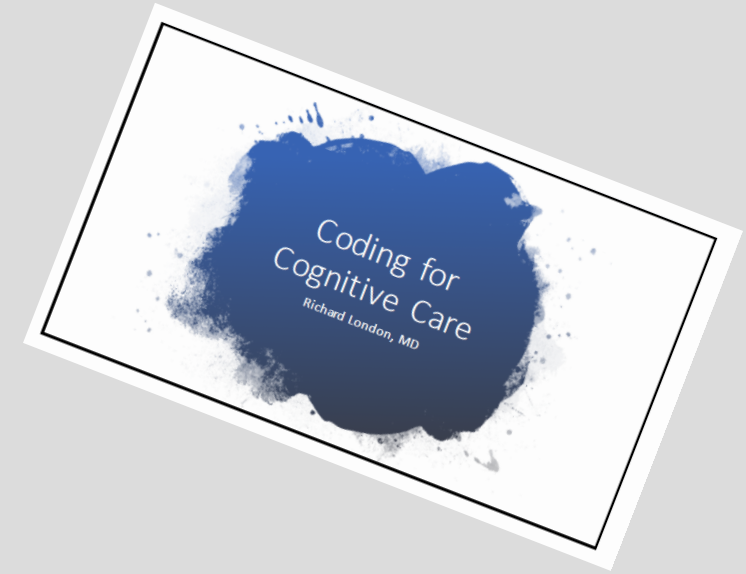
Reported with highest code in the set (e.g. 99205 or 99215)

Possible CPT® Codes

CPT® Code	Descriptive Label	Time Associated (minutes)	Amount
90791	Psychiatric diagnostic evaluation		\$ 141.06
90792	Psychiatric diagnostic evaluation w/med services		\$ 156.24
96116	Neurobehavioral status exam	60	\$ 95.91
96125	Standardized cognitive performance testing	60	\$ 107.49
96130	Psychological testing evaluation services	60	\$ 118.44
96131	Psychological testing evaluation services - each additional hour	60	\$ 90.62
96132	Neuropsychological testing evaluation services	60	\$ 132.14
96133	Neuropsychological testing evaluation services - each additional hour	60	\$ 99.06
96136	Neuropsychological test administration & scoring by physician or OQHP	30	\$ 45.88
96137	Neuropsychological test administration & scoring by physician or OQHP - each additional 30 minutes	30	\$ 42.18
96138	Neuropsychological test administration & scoring by technician	30	\$ 36.42
96139	Neuropsychological test administration & scoring by technician - each additional 30 minutes	30	\$ 36.42
99202	Office/outpatient visit new	20	\$ 72.97
99203	Office/outpatient visit new	30	\$ 103.45
99204	Office/outpatient visit new	45	\$ 158.07
99205	Office/outpatient visit new	60	\$ 199.86
99211	Office/outpatient visit established		\$ 22.37
99212	Office/outpatient visit established	10	\$ 43.59
99213	Office/outpatient visit established	15	\$ 72.24
99214	Office/outpatient visit established	25	\$ 105.66
99215	Office/outpatient visit established	40	\$ 141.38
99354	Prolonged service with direct patient contact	60	\$ 126.25
99355	Prolonged service with direct patient contact - additional 30 minutes	30	\$ 95.98
99358	Prolonged service without patient contact	60	\$ 108.81
99359	Prolonged service without patient contact - additional 30 minutes	30	\$ 52.77
99483	Cognitive assessment and care planning		\$ 252.63
99484	General behavioral health integration care management		\$ 45.54
99487	Complex chronic care w/o patient visit		\$ 88.16
99489	Complex chronic care additional 30 minutes	30	\$ 42.71
99490	Chronic care management service 20 minutes	20	\$ 40.06
99491	Chronic care management service 30 minutes	30	\$ 80.43
99497	Advance care planning	30	\$ 83.26
99498	Advance care planning - each additional 30 minutes	30	\$ 72.81
OQHP = other qualified healthcare professional			

99483 WHAT?

- Cognition
- Function
- Stage of Impairment
- Decision making capacity
- Neuropsychiatric symptoms and Depression
- Medication reconciliation & review risk meds
- Safety
- Caregiver assessment
- Advance care plan





99483



Don't report unless all the 9 elements were done

Cannot report more often than every 6 months

Cannot report on the same day

- Office visits
- Home visit
- Domiciliary visits
- Advance Care Plan 99497-8
- Neuropsychological testing

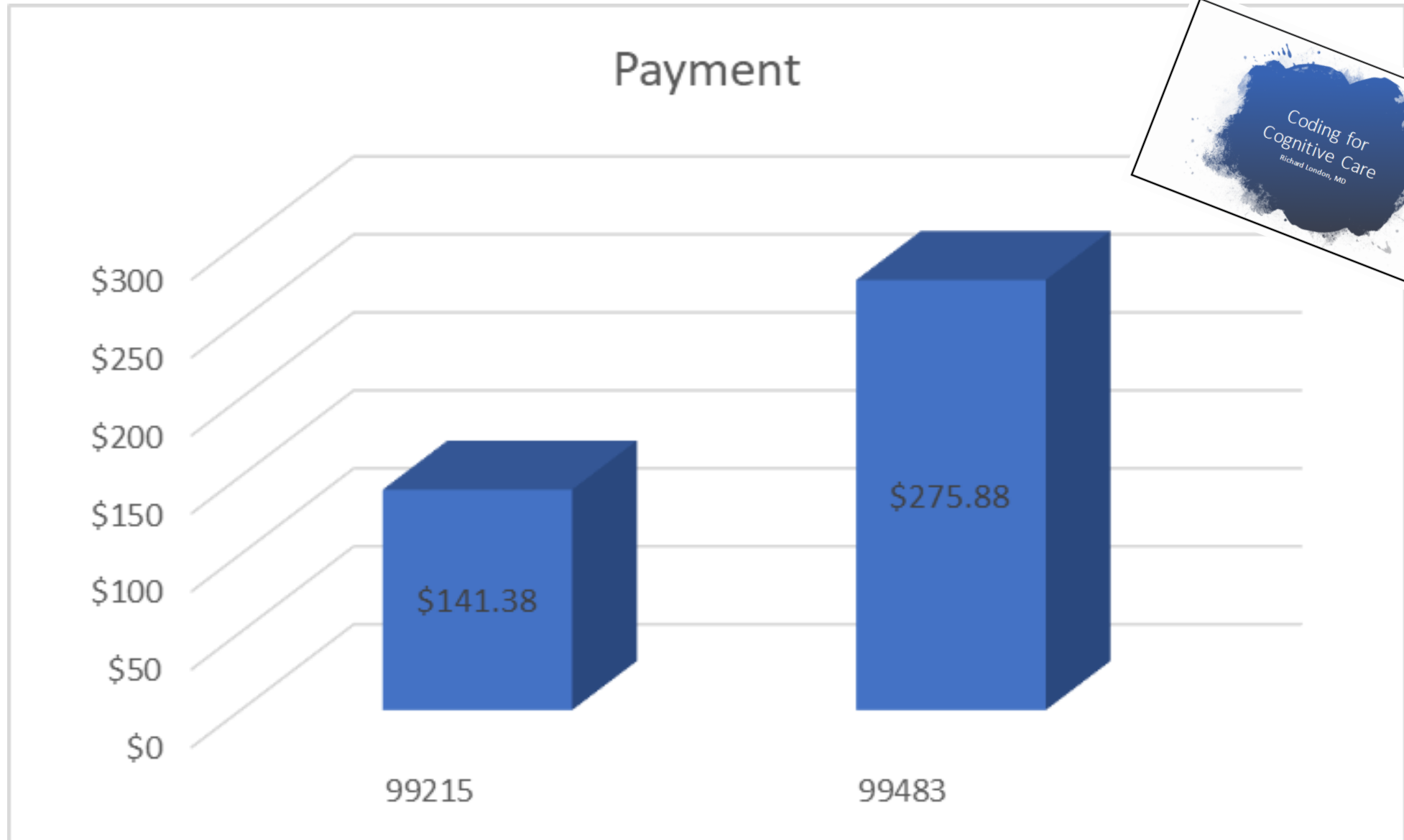


What E&M Code Should Be Used?

99215 = office /
established

99483 = cognitive
assessment and care
planning

Payment



Possible CPT® Codes

CPT® Code	Descriptive Label	Time Associated (minutes)	Amount
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96131	Psychological testing evaluation services - each additional hour	60	\$ 90.62
96132	Neuropsychological testing evaluation services	60	\$ 132.14
96133	Neuropsychological testing evaluation services - each additional hour	60	\$ 99.06
96136	Neuropsychological test administration & scoring by physician or OQHP	30	\$ 45.88
96137	Neuropsychological test administration & scoring by physician or OQHP - each additional 30 minutes	30	\$ 42.18
96138	Neuropsychological test administration & scoring by technician	30	\$ 36.42
96139	Neuropsychological test administration & scoring by technician - each additional 30 minutes	30	\$ 36.42
99202	Office/outpatient visit new	20	\$ 72.97
99203	Office/outpatient visit new	30	\$ 103.45
99204	Office/outpatient visit new	45	\$ 158.07
99205	Office/outpatient visit new	60	\$ 199.86
99211	Office/outpatient visit established		\$ 22.37
99212	Office/outpatient visit established	10	\$ 43.59
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99487	Complex chronic care w/o patient visit		\$ 88.16
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99490	Chronic care management service 20 minutes	20	\$ 40.06
99491	Chronic care management service 30 minutes	30	\$ 80.43
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Advance Care Planning

Add-on or Stand-alone codes

99497 explanation and discussion of advance directives
may include completion of standard forms
face to face with patient, family or surrogate
first 30 minutes

99498 each additional 30 minutes – report in addition to 99497

Location anywhere: office, domiciliary, nursing home, home, hospital



Why Should I Care about Coding?

Time	Cognitive	Psychosocial	Medical
11:15 AM	Team Meeting	Team Meeting	Team Meeting
11:30 AM			tion check, other practice appointments
12:30 PM			& Support System 1 ue - Cost of service = ????
1:30 PM			Support System 2 ent billing,
			em 3
3:30 PM			& Support System 4



Plus, indirect costs
marketing, head

ent billing,

Next Steps

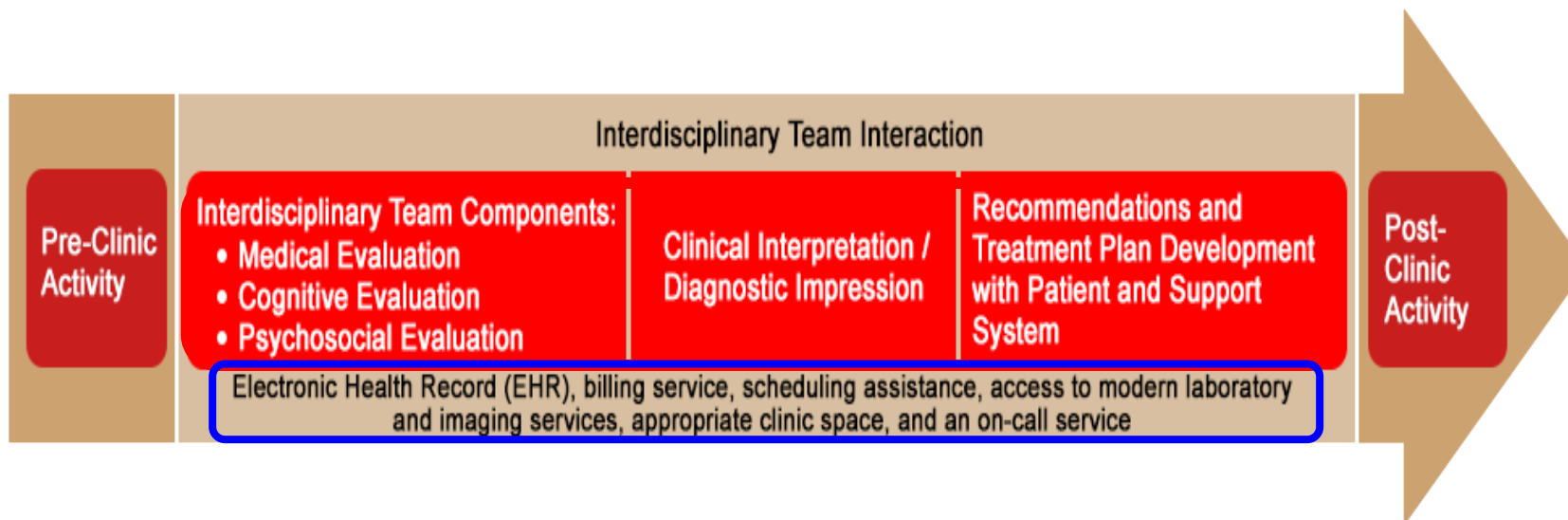
- Become familiar with possible codes and their requirements. If you go on the web and type in ***CPT code xxxxx***, you will be surprised how much information will appear. Keep in mind, not all information on the web will have integrity. **Be cautious.**
- Become familiar with your professional organization's resources; their website, publications, and events may have information pertain to coding and billing changes and updates.
- Network with your peers about their coding and billing practices.



Next Steps

When you have some insights and knowledge, consult with your coding and billing experts.

Remember, they are a part of your **clinic** team.



Next Steps

- Meet in-person with your coding and billing experts.
- Be prepared for them to tell you that you need to do the research.
- Remember, there are **over 8,000 CPT[®] codes**, **70,000 ICD-10-PCS procedure codes** and **over 69,000 ICD-10-CM diagnosis codes** and a large healthcare system with an extensive array of services.
- Neither party really understands what each other does; you need to figure out how you can successfully work together.



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Next Steps

- Have a list of the codes you think will be relevant; a starting point for the conversation.
- This is where diplomacy and team building skills will make a difference.

Possible CPT® Codes for Dementia Evaluation and Care

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*Thank-you for
your time,
and for the
work you do!*



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