

Disclaimer

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Overview

Billing for the assessment of a sports and non-sports related concussion often falls under neuropsychological services, but in recent years many physicians and rehabilitation practitioners have made this patient population a significant part of their practice. This article is intended to serve as a primer on how to bill assessment services from a neuropsychological and medical standpoint. It focuses primarily on concussion evaluation or return to play assessments rather than ongoing intervention services commonly employed in concussion care programs. This article will include an update on the 2019 CPT codes for neuropsychological medical services, ICD-10 diagnostic codes, basic rules governing billing, and common errors one may run into when billing and coding for these services.

Terminology

- **CMS** = Centers for Medicare & Medicaid Services
- **CPT** = Current Procedural Terminology codes
- **ICD-10-CM or ICD-10** = International Statistical Classification of Diseases and Related Health Problems The International Classification of Diseases, Tenth Revision, Clinical Modification
- **RVU** = Relative Value Units
- **Face to Face** = Time spent directly with the patient (with interaction)
- **Facility/Non-facility** = Hospital or skilled nursing home vs all others
 - Provider based versus non-provider based distinctions

Code Update: 2019

As of January 1, 2019, there are new billing codes for psychological and neuropsychological testing services. The current codes, 96101-96103 and 96119-96120 have been eliminated as of December 31, 2018.

Major Differences:

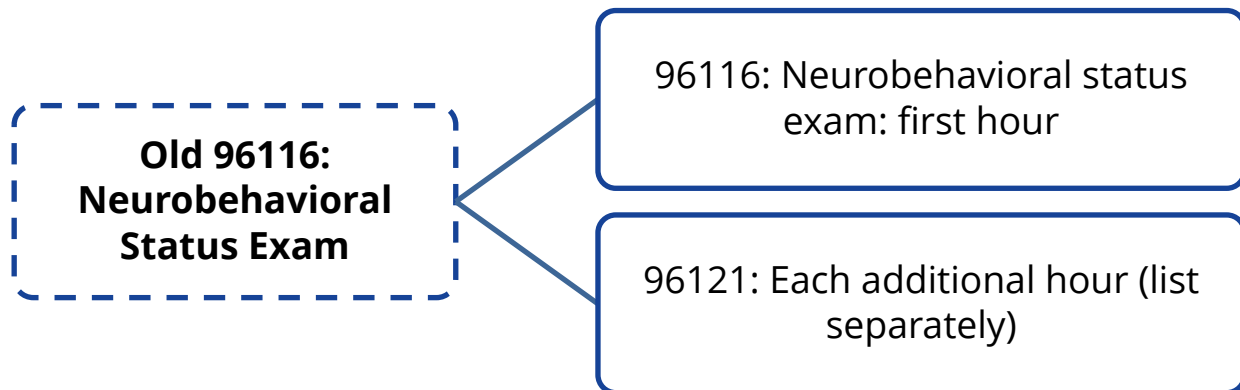
The new coding structure uses codes that are valued differently than the current codes.

- Values for new codes vary depending on **who is doing the service** (psychologist or technician).
- Values change depending on whether it is a **base code** or an **add-on code** for subsequent periods of service.

Keep in Mind:

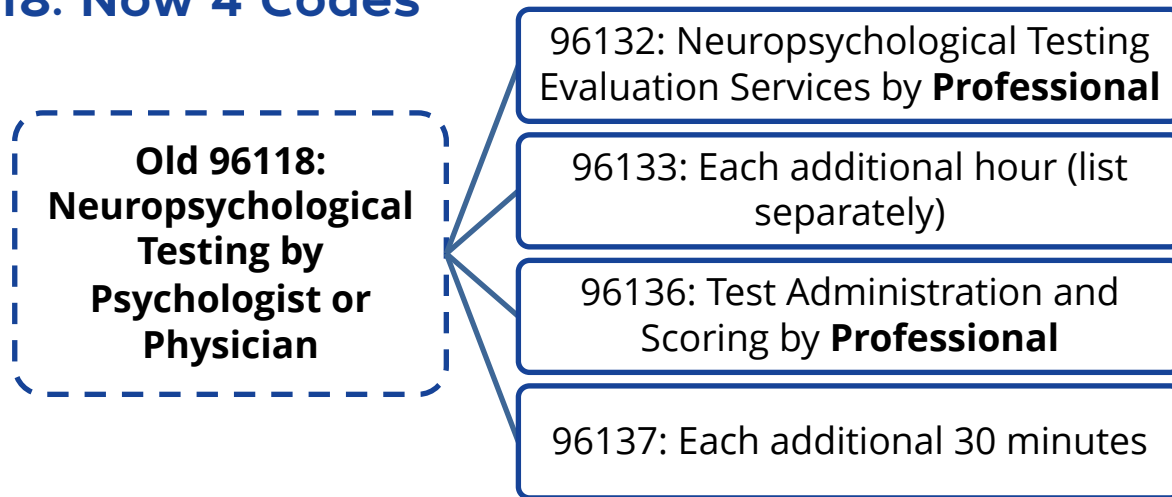
- The new codes **do not cross over on a one-to-one basis** with the previous codes.
- Single codes from 2018 are now up to **4 different codes**.
- CPT Time Rules allow an additional unit of a time-based code to be reported as long as the **mid-point of the stated amount of time is passed**.
- **Evaluation services** include interpretation of test results and clinical data, integration of patient data, clinical decision making, treatment planning, report generation, and interactive feedback to the patient, family member(s) or caregiver(s).
- Evaluation services must always be **performed by the professional prior to test administration**, and may be billed on the same or different days.
- Test administration and scoring services performed by the psychologist includes time spent to administer and score a **minimum of two (2) psychological tests**.

96116: Now 2 Codes



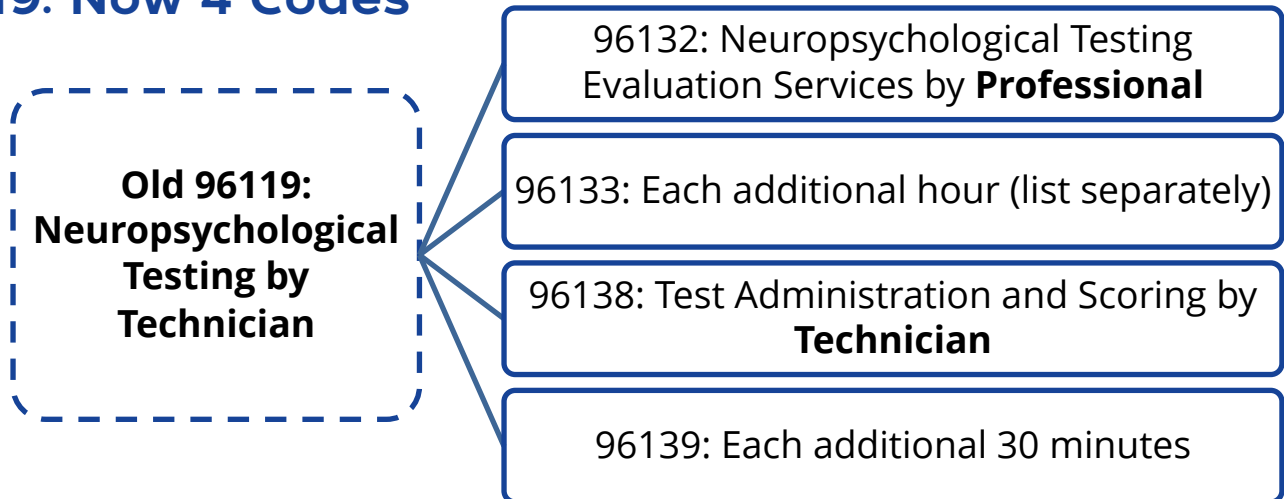
2018 CPT Code	2018 Descriptor	2019 CPT Code	2019 Descriptor
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	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 (add on)	Each additional hour (List separately in addition to code for primary procedure)

96118: Now 4 Codes



2018 CPT Code	2018 Descriptor	2019 CPT Code	2019 Descriptor
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 administering tests to the patient and time interpreting these test results and preparing the report	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 (add on)	Each additional hour (List separately in addition to code for primary procedure)
		96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional , two or more tests, any method, first 30 mins
		96137 (add on)	Each additional 30 minutes (List separately in addition to code for primary procedure)

96119: Now 4 Codes



2018 CPT Code	2018 Descriptor	2019 CPT Code	2019 Descriptor
96119	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 administering tests to the patient and time interpreting these test results and preparing the report	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 (add on)	Each additional hour (List separately in addition to code for primary procedure)
		96138	Psychological or neuropsychological test administration and scoring by technician , two or more tests, any method, first 30 mins
		96139 (add on)	Each additional 30 minutes (List separately in addition to code for primary procedure)

96120: Now 96146

**Old 96120:
Neuropsychological
Testing by Computer**

**96146: Neuropsychological test
administration with single automated
instrument**

2018 CPT Code	2018 Descriptor	2019 CPT Code	2019 Descriptor
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result on

Notes on 96146

- Single automated psychological or neuropsychological instrument that is administered via electronic platform (e.g. computer) and formulates in an automated result.
- Do not report 96146 for administration of 2 or more tests and/or if test administration is performed by professional or technician.

Notes on 96116

- 96116 should no longer be billed in multiple units.
- Service includes an initial interview prior to evaluation and test administration and scoring.
- CPT Time Rules allow an additional unit of a time-based code to be reported as long as the mid-point of the stated amount of time is passed.

Notes on 96118

- Evaluation services include interpretation of test results and clinical data, integration of patient data, clinical decision making, treatment planning, report generation, and interactive feedback to the patient, family member(s) or caregiver(s).
- First hour: billed with 96132; Each additional hour: 96133
- Evaluation services must always be performed by the professional prior to test administration, and may be billed on the same or different days.
- The first 30 minutes of test administration and scoring is billed using 96136 and each additional 30-minute increment needed to complete the service is billed with code 96137.

Notes on 96119

- Evaluation services include interpretation of test results and clinical data, integration of patient data, clinical decision making, treatment planning, report generation, and interactive feedback to the patient, family member(s) or caregiver(s).
- First hour: billed with 96132; Each additional hour: 96133
- Evaluation services must always be performed by the professional prior to test administration, and may be billed on the same or different days.
- The first 30 minutes of test administration and scoring: 96138; Each additional 30-minute increment: 96139.

2019-2020 Total NF RVU Values

CPT Code	Descriptor	NF RVU Value
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	2.70
+96121	Each additional hour (List separately in addition to code for primary procedure)	2.32
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	3.71
+96133	Each additional hour (List separately in addition to code for primary procedure)	2.83
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	1.33
+96137	Each additional 30 minutes (List separately in addition to code for primary procedure)	1.23
96138	Psychological or neuropsychological test administration and scoring by technician , two or more tests, any method; first 30 minutes	1.08
+96139	Each additional 30 minutes (List separately in addition to code for primary procedure)	1.08
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	0.06

Matching CPT Codes with Diagnosis

- The CPT procedure code and the diagnosis codes (ICD-10 and not DSM-IV) need to “match.”
- With ICD-10 codes, diagnosis codes are easily divided into mental health codes (F01-F99 Mental, Behavioral and Neurodevelopmental disorders) or medical codes (all others).
- There is a section of codes devoted to injuries (S00-T88 Injury, poisoning and certain other consequences of external causes).
- Some insurance companies consider neuropsychological testing a mental health service and as such will only allow for a mental diagnosis when billing.
- Contact the patient’s insurance company and determine the benefits for that given policy and plan.
- Some use both the medical and mental health codes together to avoid difficulties, but this can also result in an automatic mental health assignment since that code is present.

Reimbursement

- Reimbursement depends on a carrier.
- For example, some Blue Cross Blue Shield plans allow for neuropsychological testing of sports concussion as long as the medical diagnosis is used.
- Some require a mental health diagnosis.
- There are a number of factors that influence this including whether you bill as a facility or as an independent provider, the location of the BC/BS policy and relative contract language, and other verbiage in the managed care contract.
- Most carriers will cover neuropsychological testing for sports and non-sports concussion as long as their respective policies/rules are followed.

Take a free online course on Billing and Coding for Concussion Care:
<https://concussioncaretraining.com/courses/free-courses/billing-and-coding-for-concussion-care-2/>

Case Study 1

History of Accident

48-year-old male sustained an injury on February 5. He was stepping out of a portable building and the steps were broken, causing him to fall 3 feet. He hit his head on the left side with no loss of consciousness. He went to an urgent care center.

Based on symptoms reported and observed signs, he was referred to the concussion clinic.

Signs / Symptoms: Headache, light sensitivity, balance issues

He was evaluated for the first time on March 27.

Medications: Horizant (gabapentin) 600 mg Q HS for post-concussive symptoms including migraine headaches, Fluoxetine (Prozac) 20 mg in morning for depression

Allergies: None known

Past Medical History: Knee injury, and currently being evaluated for non-specific spinal pain.

Past Surgical History: Surgically repaired meniscus (7-21-2014)

Family History: No mental illness, no migraines, no cardiovascular issues and no strokes. Family hx non-significant for vision, hearing or other sensory issues.

Social History: Social worker at local social service agency serving medically at-risk children. Married, 2 college age children. Reports strong network of friends and colleagues. Casual drinker (< 2 drinks per week), no drug use reported.

Educational Background: Post graduate MSW

Case Study 1

Initial Evaluation

Patient received a comprehensive concussion evaluation, including:

- Complete history and review of systems
- Cranial nerve evaluation
- ImPACT administration
- VOMS (Vestibular ocular motor screening)
- BESS (Balance Error Scoring System)

An evaluation of all systems reveals no abnormal findings.

VOMS

- Near point convergence (NPC), saccades, and vestibular ocular reflex (VOR) were abnormal
- NPC: 25 cm (normal is < 6 cm)
- Saccades: strong nystagmus both horizontally and vertically
- VOR: hand drift on gaze, along with increased headache

ImPACT

- Scores very low relative to normative data (< 25%)
- Verbal Memory: 1%
- Visual Memory: 5%
- Visual Motor Speed: <1%
- Reaction Time: 1%

BESS

- Difficulty with single leg stance
- 10 errors in all categories (dominant and non-dominant legs, soft and solid surfaces)

Treatment:

- Start vestibular rehabilitation program + at-home eye exercises
- Cognitive therapy for ongoing memory issues
- Graduated activity plan: rest breaks with no computer, allowed to work limited hours
- Follow up in 2 weeks

Case Study 1

Billing and Reimbursement

Billing

- 99202 – Level 2 E&M
- 25 Modifier 96132 – 1 hour neuropsychological evaluation

Reimbursement

- 99202 - \$205
- 96132 - \$286.50

Insurance: Cigna

Provider: MD, Board Certified in Sports Medicine and Family Medicine

Case Study 2

History of Accident

43-year-old female who was evaluated for the 3rd time at the concussion clinic. Her injury occurred on 9/20. Previous visits were 10/10 and 11/1. She was rear ended by another vehicle while stopped at a stop sign. She hit her head on the steering wheel and then slammed her head on the headrest. No loss of consciousness. She was transported by ambulance to the ER. She was diagnosed with whiplash and a suspected concussion.

Signs / Symptoms: Headache, blurred vision, balance issues

After discharge, she went home. She was slurring her words and was unstable standing, so she returned to the ER. She had a negative CT scan, and concussion diagnosis was confirmed.

She scheduled a concussion clinic appointment the next week. Patient had reported sleeping for long periods and extreme fatigue after very light activity. She had piercing headaches despite no history of migraines.

Medications: Omega-3 1x day, Methotrexate (1x/weekly via injection)

Allergies: Penicillin

Past Medical History: Bursitis in left knee, fatigue, Crohn's Disease

Past Surgical History: None

Family History: Non-significant for vision, hearing or other sensory issues.

Social History: Teacher, 3rd grade at local private school. Married, husband is an electrician. Two children, male 12 and female 10, both attend school where mother teaches.

Educational Background: Bachelors Degree, graduated with high honors.

Case Study 2

Initial Evaluation: 10/10

Patient received a comprehensive concussion evaluation, including:

- Complete history and review of systems
- Cranial nerve evaluation
- ImPACT administration
- VOMS (Vestibular ocular motor screening)
- BESS (Balance Error Scoring System)

An evaluation of all systems reveals no abnormal findings.

VOMS

- Near point convergence (NPC), saccades, and vestibular ocular reflex (VOR) were abnormal
- NPC: 18 cm (normal is < 6 cm)
- Saccades: slow, and patient reported dizziness
- VOR: hand drift on gaze, and hand cadence was poor

ImPACT

- Scores very low relative to normative data (< 16%)
- Verbal Memory: 3%
- Visual Memory: 8%
- Visual Motor Speed: 2%
- Reaction Time: 1%
- PCSS: 29

BESS

- Difficulty with foam surface stances
- WNL on solid surface

Case Study 2

Second Evaluation: 11/1

Patient received a comprehensive concussion evaluation, including:

- Complete history and review of systems
- Cranial nerve evaluation
- ImPACT administration
- VOMS (Vestibular ocular motor screening)
- BESS (Balance Error Scoring System)

An evaluation of all systems reveals no abnormal findings.

VOMS

- Only Near Point Convergence (NPC) was abnormal: 13 cm (normal is < 6 cm)
- Saccades: WNL
- VOR: WNL

ImPACT

- Scores showed improvement
- Verbal Memory: 23%
- Visual Memory: 28%
- Visual Motor Speed: 8%
- Reaction Time: 10%
- PCSS: 14

BESS

- All WNL

Case Study 2

Final Evaluation: 12/4

Patient received a comprehensive concussion evaluation, including:

- Complete history and review of systems
- Cranial nerve evaluation
- ImPACT administration
- VOMS (Vestibular ocular motor screening)
- BESS (Balance Error Scoring System)

An evaluation of all systems reveals no abnormal findings.

VOMS

- WNL

ImPACT

- Scores showed improvement, all WNL
- Verbal Memory: 43%
- Visual Memory: 48%
- Visual Motor Speed: 38%
- Reaction Time: 40%
- PCSS: 4

BESS

- All WNL

Patient was cleared for all normal daily activity. Patient was told to schedule an appointment if symptoms reemerged.

Case Study 2

Billing and Reimbursement

Billing

- 99201 – Level 1 E&M
- 96136 – 30 Minute Neuropsychological Evaluation

Reimbursement

- 99201 - \$105
- 96136 - \$78

Insurance: Aetna

Provider: MD, Board Certified in Physical Medicine and Rehabilitation

Case Study 3

History of Accident

14-year-old female is seen for an initial evaluation at the concussion clinic on March 3. The injury was sustained on March 2. She was in physical education class at her high school in the gym. During a game of dodgeball, she lost her balance and fell to the floor. She hit the posterior portion of her head on the wooden floor. While she does not remember a LOC, she does remember immediately feeling off balance and “seeing stars.”

She was removed from PE class and taken to the school nurse. The nurse determined that she may have suffered a concussion. Her mother was contacted and she picked the patient up from school and took her home. During the car ride, patient reported extreme nausea to the point of having to stop to vomit. After arriving home, patient immediately went to her room to lay down and has been mostly sedentary since the accident. She is seen 26 hours after the injury.

Signs / Symptoms: Moderate nausea, dizziness, light sensitivity, trouble focusing.

Medications: None

Allergies: None known

Past Medical History: No reported events

Past Surgical History: None

Family History: Significant for bi-polar depression and cardiovascular issues.

Social History: Freshman in high school. A-B student who enjoys school and participates in extracurricular activities (band, Spanish club, 4-H). Large circle of friends with whom she enjoys playing video games and watching TV.

Case Study 3

Initial Evaluation: 3/3

Patient received a comprehensive concussion evaluation, including:

- Complete history and review of systems
- Cranial nerve evaluation
- ImPACT administration
- VOMS (Vestibular ocular motor screening)
- BESS (Balance Error Scoring System)

Cranial Nerve Exam:

- Abnormal findings for 8th (vestibulo-cochlear, acoustic, auditory) cranial nerve
 - Vertical and horizontal nystagmus
- Abnormal findings for 11th (spinal accessory) cranial nerve
 - Significant pain during resistance

At this point, patient was referred to neuropsychology for neurocognitive evaluation

VOMS

- Near point convergence (NPC) and saccades were abnormal
- NPC: 22 cm (normal is < 6 cm)
- Saccades: strong nystagmus (horizontal and vertical), slow, and patient reported dizzines

ImPACT

- Scores very low relative to baseline

Exam Type	Baseline	Post-Injury 1
Composite Scores		
Memory composite (verbal)	58%	2%
Memory composite (visual)	79%	4%
Visual motor speed composite	84%	9%
Reaction time composite	82%	7%
Total Symptom Score	2	24

BESS

- Difficulty with foam surface stances
- WNL on solid surface

Case Study 3

Initial Evaluation: 3/3

Diagnosis: The initial impression of concussion in this patient is confirmed. This diagnosis is confirmed by atypical results on vestibular-ocular, neurocognitive and balance testing. Additional findings significant for what appears to be a cervical spinal sprain.

Discussion: Patient and parents were provided a complete explanation of findings. Emphasized need for gradual return to school/activity as tolerated. Informed parents that results of evaluation can be provided to school nurse to secure scheduling and academic accommodations if necessary.

Patient had a number of concerns about long-term effects, loss of school time, restricted activities, etc. Patient was provided literature on concussion recovery and the ImPACT Passport App to provide recorded symptoms to this office 2x daily for next 5 days. Patient and family also instructed on appropriate actions should symptoms worsen or patient experience new symptoms.

Treatment Plan:

1. Refer for MRI of Cervical area
2. Refer for developmental optometry for complete evaluation
3. Refer to PT for evaluation of balance
4. See patient in 7 days for repeat neurocognitive evaluation
5. Return to school as tolerated but no later than 48 hrs.
6. Patient instructed on symptom recording

Case Study 3

Billing and Reimbursement

Billing

- 99204 – Level 4 E&M
- 96132 – 60 Minute Neuropsychological Evaluation
- 96133 – Additional hour, Neuropsychological Exam

Reimbursement

- 99204 - \$205.00
- 96132 - \$133.70
- 96133 - \$101.99

Insurance: United Healthcare

Providers: MD, Board Certified in Sports Medicine; PhD, ABPP Clinical Neuropsychologist