

Insurance Reimbursement

p3 Baseline WAVi Screenings:

Hamilton Anxiety Rating Scale (HAM-A)
 Patient Health Questionnaire-9 (PHQ-9)
 Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist
 Child ADHD Symptom Checklist (DSM-5)
 Bipolar Spectrum Diagnostic Scale (BSDS)
 Mini-Mental State Examination (MMSE)
 Geriatric Depression Scale (GDS)
 Modified Hoehn and Yahr Scale (Parkinson disease)
 SCL-90-R
 SCAT3
 Glasgow Coma Scale (GCS)
 Maddocks Score
 SCATS

CPT Codes that can be used for the WAVi assessment and analysis are found below. When used in conjunction with certain ICD-DSM codes, physicians can have successful reimbursements. WAVi does not provide guarantee of reimbursements. Physicians should select the most appropriate ICD-DSMV code(s) with the highest level of detail to describe the patient's condition.

Procedure Codes for Neurocognitive Testing

The AMA and the Center for Medical Services, or CMS, is the governing agency's that generally sets 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 WAVi assessments.

The CPT codes used for neuropsychological testing are CPT 96101, 96102, and 96103 for DSM codes and 96118, 96119, and 96120 for medical/ICD codes.

Matching CPT Codes with Diagnosis (ICD or DSM) Codes

ICD and DSM code coverage can vary by payer. For example, some insurance companies consider neurocognitive testing a mental health service and as such will only allow for a mental diagnosis when billing. Other insurance companies consider it a medical procedure and require a medical diagnosis (non-mental health). The CPT procedure code and ICD - DSM codes need to "match" according to each payer's requirements. It is recommended to contact the patient's insurance company and determine the benefits for that given policy and 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.

Reimbursement

Reimbursement is determined at a "local or regional plan" and often without a consistent pattern. Federal law states that all carriers must acknowledge these codes. Whether an insurance company includes it in their policy/benefit is a different matter. Commercial payments are generally higher than Medicare and Medicaid are generally lower.

Neuropsych and Neurological Codes

Code	Description	2009 Medicare Payment National Average
96118 Testing & Interpretation	Neuropsychological testing, per hour of the qualified healthcare professional time, both face-to-face times administering tests to the patient and time interpreting these test results and preparing the report	\$108.20
96118 Additional Professional	96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests. <i>{Do not report 96118 for the interpretation and report of 96119 or 96120}</i>	\$108.20
96119 Testing & Interpretation	Neuropsychological testing (e.g. MMSE, PHQ-9), with qualified health care professional interpretation and report, administered by technician , per hour of technician time, face-to-face.	\$74.30
96120 Testing & Interpretation	Neuropsychological testing (e.g. MMSE, PHQ-9), administered by a computer , with qualified health care professional interpretation and report.	\$68.52

Health/Behavioral Codes

Code	Description	2011 Medicare Payment National Average
96150 Testing & Interpretation	Health and behavioral <i>assessment/rating scales</i> with qualified health care professional interpretation and report.	\$22.73
96152 Testing & Interpretation	Health and behavioral <i>interview/rating scales</i> with qualified health care professional interpretation and report.	\$20.92

Psychological and Psychiatric Codes

Code	Description	2011 Medicare Payment National Average .
90801 Testing & Interpretation	Psychological diagnostic interview examination- initial visit per hour of the qualified healthcare professional time, both face-to-face times administering tests to the patient and time interpreting these test results and preparing the report.	\$152.92
96101 Testing & Interpretation	Psychological testing (includes psych assessment of emotionality, intellectual abilities, cognition, personality and psychopathology, e.g., GDS and PHQ-9) per hour of the qualified healthcare professional time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.	\$84.40

96102 Testing & Interpretation	Psychological testing (includes psych assessment of emotionality, intellectual abilities, cognition, personality and psycho pathology . e.g., GDS and PHQ-9), with qualified health care professional interpretation and report, <i>administered by technician</i> , per hour of technician time, face-t o-face.	\$51.21
96103 Testing & Interpretation	Psychological testing (includes psych assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, PRO Patient Reported Outcome PHQ-9 Scale), <i>administered by a computer</i> , with qualified health care professional interpretation and report .	\$46.17

Auditory Evoked Response Codes

Code	Description	2017 Medicare Payment National Average
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$137.45

EEG Codes

Code	Description	2014 Medicare Payment National Average
95816	95816 Electroencephalogram (EEG); including recording awake and drowsy; 20-40 minutes \$354.65	\$354.65

95957	Digital analysis of electroencephalogram (EEG) (eg. for epileptic spike analysis) When extra time is needed by the technician to process the data or physician to analyze the data (eg. dipole analysis).	\$442.77
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Other Mental Health Codes

Code	Description	Time	Estimated Allowable Fee	Estimated Medicare Payment
99204	<p>Initial evaluation: Comprehensive</p> <p>Used when providing a depression assessment, as well as antidepressant management and/or counseling. The 99204 code is used for an initial visit, and the 9921x series is used for follow-up visits. Appendix C of the CPT manual 4 indicates that 99204 would be an appropriate code for an initial evaluation of a depressed patient.</p>	45	\$136.44	\$109.15
99212	Straightforward follow-up	10	\$37.86	\$18.93
99213	Low complexity follow-up	15	\$53.07	\$26.53
99214	Moderate complexity follow-up	25	\$82.80	\$41.40
99215	Complex follow-up	40	\$120.99	\$60.49

ICD-10 Codes

ICD-10 Code	Description
R42	Dizziness and giddiness
RS6.9	Unspecified convulsions
G40.101, G40.109, G40.309, G40.909	Epilepsy and recurrent seizures
H90.41-H90.42, H90.6, H90.71-H90.72	Conductive and sensorineural hearing loss
H93.11-H93.13	Other disorders of ear, not elsewhere classified
H81.41-H81.43	Disorders of vestibular function
R25.1, R25.2	Abnormal involuntary movements
R41.8	Other symptoms and signs involving cognitive functions and awareness
F01-F09	Mental disorders due to known physiological conditions
F30-F39	Mood [affective] disorders
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
FS1	Sleep disorders not due to substance or known physiological condition
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

CPT and ICD Codes

CPT	95957	95816	92585	96120
ICD-10	Digital EEG Analysis	EEG awake& drowsy	Auditory evoked potentials	Neuropsych testing
R42		X	X	
RS6.9	X	X		
G40.101, G40.109, G40.309, G40.909	X			
H90.41-H90.42, H90.6, H90.71-H90.72			X	
H90.41-H90.42, H90.6, H90.71-H90.72			X	
H93.11-H93.13			X	
H81.41-H81.43			X	
R25.1, R25.2			X	
R41.82			X	
F01-F09				X
F30-F39				X
F40-F48				X

*Physicians should select the most appropriate ICD-10 code(s) with the highest level of detail to describe the patient's condition.

Denial of Coverage

Most payers consider computerized neurocognitive assessment procedures medically necessary because the assessment procedure aids in the assessment of neurocognitive impairment due to medical or psychiatric conditions. Neurocognitive testing such as WAVi helps clinicians better understand the nature of their patient's illness, in making recommendations regarding coping with and compensating for their neurocognitive difficulties and encourages 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 .

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