Hospital ED Coding and Payment Reference Guide

Updated March 2022

Following are the results of an independent third-party coding analysis performed in January 2022 by MCRA Reimbursement and whose coder is credentialed as MBA, CPC, CENTC, COC CPC-P, CPC-I, CPCO, CMCS.

The findings identify three pathways applicable to BrainScope for the Medicare Hospital Outpatient Facility (ED) and Physician Facility Coding with 2022 Medicare Payments. Physician Facility Professional Fee has no geographic adjustment.

DISCLAIMER: Sample coding does not represent a statement, promise or guarantee by BrainScope concerning coding, coverage, or reimbursement. BrainScope encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services that are rendered as well as comply with Medicare and payer's policy that any particular amount will be received. The decision of how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the QHPs and other providers. Coding requirements are subject to change at any time; please check with your local payer regularly for updates. Refer to indications for use for indications and exclusions at brainscope.com/ifu.

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Hospital ED Coding and Payment Reference Guide

Medicare Hospital Outpatient Facility (ED) and Physician Facility Coding with 2022 Medicare Payments—Physician Facility Professional Fee Has No Geographic Adjustment

SUMMARY TABLE

CPT Code	Modifier	Description	2022 Medicare National Average Payments	
			Hospital Outpatient Facility	Physician Facility
E/M Code	-25	Emergency Department visit *Significant and Separately Identifiable from other procedures coded* *The use of this code is situation and payer dependent*	$72.60-$522.60	$178.91
AND **ONE of the following CPT codes when Separate and Significantly Identifiable condition is met (newly assessed patient): (1) 96146 (2) 96136 (3) 95816**				
96146		Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	$24.73	-
OR				
96136	-52	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes *Use 52 modifier for reduced service when performing only Concussion Index* *Charge full fee and indicate in Box 19 of claim that one test administered and scored payment will be reduced when 52 modifier is used*	$112.86	$24.22
OR				
95816	-52	Electroencephalogram (EEG) including recording awake and drowsy *(Indicate in Box 19 of claim that EEG for awake only)*	Addition of 52 modifier will reduce payment. There is no standard reduction for modifier 52. Payment will be based on the service completed. Do not reduce fee when submitting claim. Payer will reduce full fee based on 52 modifier.	
-26		Professional Component (PC) 'interpretation' only (separate from Technical Component)	-	$28.73 ($57.45 reduced ~50%)
-TC		Technical Component (TC) not performed by a physician	$167.50 ($334.99 reduced ~50%)	-
Additional Coding Considerations				
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 *For use when performing neurocognitive portion of Concussion Index and /or other non-EEG neurocognitive tests*	$271.55	$106.93
96138		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes *For use when technician performing neurocognitive portion of Concussion Index and /or other non-EEG neurocognitive tests*	$278.56	-

Notes on E/M code utilization:

- EM codes are situation and payer dependent.
- For cases where coding a non-E/M code plus an E/M, documentation must show that the E/M is Separate and Significantly Identifiable from the procedure in documentation.
- If a patient returns to the hospital ED with worsening symptoms, E/M codes could not be billed a second time as the E/M services would not be considered Separate and Significantly Identifiable.

<u>Option 1: Coding for patient evaluation with the use of BrainScope in the emergency department:</u>
Use CPT code 96146 for use of BrainScope, in addition to an E/M CPT code with a 25 modifier for the provider services.

Rationale:
CPT code 96146 describes the function of BrainScope. 96146 has no value for the cognitive work performed by the physician or other qualified healthcare providers. 96146 only has value for an electronic device that administers and scores a test. An E/M code describes the work of a physician or other qualified healthcare provider taking what they evaluate during an E/M with the patient, including the history, exam, and medical decision making, with the BrainScope results as one of the data points used in the medical decision making. An E/M code can be billed with 96146 when the E/M service is a significant and separately identifiable service.

96146 lay description: The patient is administered a single, standardized psychological or neuropsychological test using an electronic platform such as a computer, which scores the test on completion.

96146 clinical responsibility: The test is explained to the patient, parent, and/or guardian and any questions they ask are answered. Instructions for testing on a computer or other electronic platform are provided. The patient completes a single, standardized psychological or neuropsychological test, and the completed test is scored automatically.

CPT Code	Description	2022 Medicare National Average Payments	
		Hospital Outpatient Facility	Physician Facility
BrainScope Use			
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	$24.73	-
Emergency Department E/M Codes			
99281	Emergency Department visit limited/minor problem	$72.60	$22.15
99282	Emergency Department visit low/moderate severity	$131.47	$42.91
99283	Emergency Department visit moderate severity	$231.62	$73.02
99284	Emergency Department visit high/urgent severity	$364.09	$123.20
99285	Emergency Department visit high severity and threat	$522.60	$178.91

Option 2: Coding for patient evaluation with the use of BrainScope in the emergency department:
Use code 96136 for BrainScope when both Structural Injury Classifier (SIC) and Brain Function Index (BFI) tests are performed. Use code 96136 plus a 52 modifier (reduced service) for BrainScope when only one EEG-based test is performed, such as the Concussion Index (CI) test without the Structural Injury Classifier (SIC). Code 96136 can be used with an E/M code for the provider services, with a 25 modifier added to the E/M code.

Rationale:
CPT code 96136 describes the function of BrainScope when two tests are performed. There is no code that addresses the administration and scoring of only one test, so it is recommended that when BrainScope is used for only one test, that 96136 be coded with a 52 modifier for a reduced service. The provider should indicate in box 19 of the claim that only one test was administered and scored. An E/M code describes the work of a physician or other qualified healthcare provider taking what they evaluate during an E/M with the patient, including the history, exam, and medical decision making, with the BrainScope results as one of the data points used in the medical decision making. An E/M code can be billed with 96136 when the E/M service is a significant and separately identifiable service.

96136 lay description: The provider, a physician or other qualified healthcare professional, administers two or more psychological or neuropsychological tests and scores them. Report this code for the first 30 minutes of administration and scoring by any method.

96136 clinical responsibility: The provider explains the tests to the patient, parent, and/or guardian and answers any questions they ask. He administers the tests by any method. He administers standardized psychological tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests or neuropsychological tests specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. He scores the tests.

CPT Code	Description	2022 Medicare National Average Payments	
		Hospital Outpatient Facility	Physician Facility
BrainScope Use (BFI and SIC)			
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	$112.86	$24.22
BrainScope Use (CI)			
96136 -52	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Addition of the 52 modifier will reduce payment. There is no standard reduction for modifier 52, payment will be based on the service completed. Do not reduce fee when submitting claim. Payer will reduce fee based on 52 modifier. Indicate that one test is administered and scored in Box 19 of claim.	
Emergency Department E/M Codes			
99281	Emergency Department visit limited/minor problem	$72.60	$22.15
99282	Emergency Department visit low/moderate severity	$131.47	$42.91
99283	Emergency Department visit moderate severity	$231.62	$73.02
99284	Emergency Department visit high/urgent severity	$364.09	$123.20
99285	Emergency Department visit high severity and threat	$522.60	$178.91

Option 3: Coding for patient evaluation with the use of BrainScope in the emergency department:
Use CPT code 95816 with a 52 modifier (reduced service) for performing the EEG test during use of BrainScope. CPT code 95816 can be used with an E/M CPT code for the provider services, with a 25 modifier added to the E/M code.

Rationale:
CPT code 95816 is for EEG including recording awake and drowsy. When performing only the awake portion of the EEG recording with use of BrainScope, code 95816 should be billed with a 52 modifier for a reduced service. The hospital facility gets the technical component (TC) and physician accounts for the professional component with a 26 modifier. The provider should indicate in box 19 of the claim that only one the awake EEG recording was performed. An E/M code describes the work of a physician or other qualified healthcare provider taking what they evaluate during an E/M with the patient, including the history, exam, and medical decision making, with the BrainScope results as one of the data points used in the medical decision making. An E/M code can be billed with 95816 when the E/M service is a significant and separately identifiable service.

95816 lay description: Electroencephalogram or EEG is a diagnostic test that uses small electrodes attached to the scalp to measure the electrical activity of the brain. In this procedure the provider performs the EEG during awake and drowsy states of the patient.

95816 clinical responsibility: In this procedure, the provider performs the electroencephalogram to measure the electrical activity of the brain using small electrodes placed on the scalp of the patient. The provider uses the EEG to diagnose epilepsy that causes abnormalities in the EEG reading. He may also use the EEG for diagnosis of other brain disorders like coma or sleep disorders. Use this code when the provider performs the electroencephalogram when the patient is in a state of drowsiness and when he is awake. The goal is to assess the brain electrical activity that varies with the level of alertness. For example, certain brain waves are more frequent when the patient is awake than when he is drowsy.

CPT Code		Description	2022 Medicare National Average Payments	
			Hospital Outpatient Facility	Physician Facility
BrainScope Use, EEG				
95816	-52	Electroencephalogram (EEG); including recording awake and drowsy	Addition of the 52 modifier will reduce payment. Assuming awake only EEG is 50% of the normal service provided for code 95816, the payment will likely be reduced by around 50%. Do not reduce fee on claim. Payer will reduce fee based on 52 modifier. Indicate that the EEG is for awake only and put the percent reduction associated with 52 modifier in Box 19 in claim.	
-26		Professional Component (PC) 'interpretation' only (separate from Technical Component)	-	$28.73 ($57.45 reduced ~50%)
-TC		Technical Component (TC) not performed by a physician	$167.50 ($334.99 reduced ~50%)	-
Emergency Department E/M Codes				
99281		Emergency Department visit limited/minor problem	$72.60	$22.15
99282		Emergency Department visit low/moderate severity	$131.47	$42.91
99283		Emergency Department visit moderate severity	$231.62	$73.02
99284		Emergency Department visit high/urgent severity	$364.09	$123.20
99285		Emergency Department visit high severity and threat	$522.60	$178.91

Additional Coding Considerations: CPT Code 96132

Consider CPT code 96132 if running a Concussion Index test (CI) and/or standalone neurocognitive tests. 96132 can be billed with codes 96146, 96136, and 95816.

Rationale:

CPT code 96132 describes the non-EEG neurocognitive testing associated with the performance of the BrainScope Concussion Index (CI) test.

96132 lay description: The provider, a physician or other qualified healthcare professional, 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 in discussion of the outcome with the patient and family members or caregivers.

96132 clinical responsibility: The provider explains the tests to the patient, parent, and/or guardian and answers any questions they ask. He administers the tests in writing or orally. He administers neuropsychological tests which are specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. He administers these tests to a single patient in a quiet office environment, free from distractions. Using standardized tests, the provider conducts a thorough assessment of a patient's cognitive and behavioral changes following trauma or illness affecting the nervous system. He performs a battery of tests to measure the patient's mental abilities in terms of short- and long-term memory, logical reasoning, language skills, visual-motor coordination, problem-solving ability, attention and concentration, and learning ability. He interprets the test results in the context of the patient's clinical condition, arrives at a diagnosis, and formulates a treatment plan. He may discuss all this with the patient and family members or caregivers.

CPT Code	Description	2022 Medicare National Average Payments	
		Hospital Outpatient Facility	Physician Facility
BrainScope Use (CI), Non-EEG Neurocognitive Testing			
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	$271.55	$106.93

Additional Coding Consideration: CPT Code 96138

If a technician performs the non-EEG neurocognitive assessments, a physician can bill an E/M code for the patient evaluation and reviewing the BrainScope test results along with CPT code 96138 for the technician service.

96138 lay description: A technician administers two or more psychological or neuropsychological tests and scores them. Report this code for the first 30 minutes of administration and scoring by any method.

96138 clinical responsibility: The technician explains the tests to the patient, parent, and/or guardian and answers any questions they ask. He administers the tests by any method. He administers standardized psychological tests including but not limited to personality tests, attitude tests, IQ tests, and achievement tests or neuropsychological tests specifically designed to measure a psychological function known to be linked to a particular brain structure or pathway. He scores the tests.

CPT Code	Description	2022 Medicare National Average Payments	
		Hospital Outpatient Facility	Physician Facility
BrainScope Use by Technician (CI), Non-EEG Neurocognitive Testing			
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	$278.56	-

NOTE: All codes provided herein are for illustrative purposes and shall not be construed as a warranty, statement, promise or guarantee that these codes are accurate or that the product will be covered in all instances, and if covered, that there will be reimbursement. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

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