

## Effective Utilization of CPT Code 96125:

### An amicable code that has new friends easily

*The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.*

**Eligible for LMS Credit:  Yes**

96125 = Standardized cognitive performance testing (eg. Ross Information Processing Assessment, other formal cognitive test); per hour of face to face healthcare professionals time, both face to face time interpreting these test results and preparing the report.

- This code is considered a special test and measure that includes the time for test interpretation
- 96125 is a time based code – available for both OT and SLP, reported per hour.
- Billing 96125 for Part A Patients
  - For MCA and 96125: We bill time spent with the patient, therefore non face-to-face time to prepare the report should not be included in the minutes for 96125
- Billing 96125 for Part B Patients
  - For MCB and 96125: We bill per the description of the code so non face-to-face time to prepare the report can be billed without the patient as this is part of the code description
- Daily documentation should support the medical necessity of additional, separate, distinct and in-depth cognitive testing via 96125 beyond the initial evaluation
- 96125 should be billed 1/x per day only. If an SLP or OT has an eval that extends beyond 60 minutes, it can be continued and billed with 96125 the next day.
- **96125 should be billed AFTER an initial evaluation code is billed:** To develop a functional communication outcome from an SLP perspective and a functional ADL outcome from an OT perspective, we should INITIALLY complete a comprehensive SLP (92523) or OT (97003) evaluation with follow up on specific cognitive skills assessment (96125) thereafter. For example, we need to determine how language and motor planning relate to cognition for each individual; this is accomplished through initial completion of the comprehensive SLP / OT evaluation followed up with a detailed cognitive evaluation. Therefore, SLPs and OTs should bill 92523 or 97003 BEFORE billing 96125.
- Once the first eval is done it establishes a treatment plan. Any subsequent additions are considered a modification of the treatment plan and are considered treatment minutes. This would include any subsequent minutes coded under any disciplines eval or reeval codes.
- 96125 can be billed on the same day as ANY other SLP or OT code with the -59 modifier.  
<http://www.asha.org/Practice/reimbursement/coding/CCI-Edit-Tables-SLP/>
- 97532 – Cognitive skills development, per 15 minutes, may be billed when supported by a reasonable and medically necessary cognitive treatment plan after any/all SLP or OT evaluation codes. PDs and SLPs should be aware of the guidelines regarding the use of 97532 from their individual facility's Medicare Administrative Contractor's (MAC) Local Coverage Determinations (LCDs). While some MACs allow the use of 97532, others do not. *Please refer to Fast Fact Friday 2/15/13 for further detail on 97532.*

## Outstanding Questions

**Per the ASHA website: CPT 96125 is "standardized cognitive performance testing." How do I determine that the tests I select are acceptable (i.e., standardized)?**

A standardized test is administered and scored in a consistent manner. These tests may be norm-referenced (results are interpreted based on established norms and compare test-takers to each other) or criterion-referenced (results are interpreted based on the person's performance/ability to complete tasks or demonstrate knowledge of a specific topic).

**If an SLP completes a cognitive evaluation using informal, not standardized cognitive assessment (not qualifying for 96125), which code should be used?**

- ASHA recommends using 92523

**Many consider 'starter tests' such as the Mini Mental Status Exam, Montreal Cognitive Assessment, and the St. Louis University Mental Status Exam as not enough to constitute a full standardized assessment and should always be followed up with further standardized assessments represented by the use of 96125. Is this accurate?**

- ASHA has debated this question. While these are "starter tests" they still are standardized and are not screens. The following criteria is recommended to determine when it is appropriate to use 96125:
  - Tests are standardized
  - Tests are not screens
  - Combined time for administering the test(s) and interpreting/writing report is at least 31 minutes
- Also consider, if you are using these "starter tests" to determine whether further testing is needed and could potentially be billing 96125 in the near future for another evaluation, ASHA recommends using 92523.

Our Knect Clinical Services web page offers a wide variety of cognitive assessments that would be appropriate for billing 96125. Some of these tests include: [Arizona Battery for Communication, Disorders of Dementia \(ABCD\)](#), [Functional Assessment of Verbal Reasoning and Executive Strategies \(FAVRES\)](#), [Functional Linguistic Communication Inventory \(FLCI\)](#), [Scales of Cognitive Ability for Traumatic Brain Injury \(SCATBI\)](#), Cognitive Linguistic Quick Test (CLQT), Brief Cognitive Assessment Tool (BCAT) and the Allen Cognitive Level Assessment. The RehabCare Assessment Tool Bank can be found on KNECT: Rehabcare Division>Clinical Services>HRS or SRS division>Assessment Tools and Tests>RehabCare Assessment Tool Bank> or Examples of Assessments and Tests. If you have additional questions please contact your CPS/CPT for assistance.