ENSIGN SERVICES

POSTette: Cognitive Performance Assessment

Reference: Medicare Benefit Manual Chapters 8 & 15, ASHA, AOTA,

Cognitive Performance Assessment 96125

96125 = Standardized cognitive performance testing (e.g. 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.

NOTE:** *Clinicians may count interpretation and documentation time toward the minimum minutes only when billing for 96125, and only for Medicare Part B patients.* ***Medicare Part A minutes still follow RAI manual guidelines of direct face to face time which is followed regardless of code definition. Additionally, when administered as the initial evaluation, this code is non-MDS for Part A payers.

CPT code 96125 (standardized cognitive performance testing, per hour) is logged when:

1. The combined time it takes to conduct the evaluation, interpret the results, and write the evaluation report is **at least 31 minutes to report the first hour,** 91 minutes to report the second hour, and so on.
2. The **Test is completed using a standardized assessment,** independently or in conjunction with subjective observations and findings.
   - Standardized assessments are evaluation tools that have established statistical reliability and validity. Standardized tests require all test-takers to answer the same items/questions in the same way and they are scored in a standard or consistent way, making it possible to compare the relative performance of individuals or groups of individuals.
   - Examples of appropriate standardized assessments include Ross Information Processing Assessment-Geriatric Edition (RIPA-G), Cognitive Linguistic Quick Test (CLQT), Functional Linguistic Communication Inventory (FLCI), The Scales of Cognitive and Communicative Ability for Neurorehabilitation (SCCAN), and Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES).
   - Utilize assessments that can address: Memory (i.e. List learning task; Paragraph recall task; Digit repetition, etc.); Working Memory / Executive Function; Executive Function (Problem Solving; Planning; Inhibition/Initiation); and Processing Speed.
   - The clinician may administer selected subtests from standardized test batteries to log 96125, as long as the individual subtests themselves have been standardized for independent administration.
   - Clinicians should not use 96125 to report tests that are identified as a screening tool in the test description or that do not meet the time requirements described above.

Documentation needs to support the medical necessity of additional, separate, distinct and in-depth cognitive testing via 96125 beyond the initial evaluation. (I.e. "A standardized *cognitive performance assessment was administered in order to determine the specific areas of cognitive dysfunction after a cognitive impairment was identified on initial evaluation.*")

Completing Standardized Assessments supports evidence-based practice and helps to clearly identify where to target intervention for the best results. While tools like the SLUMs offer insight to where a deficit may be occurring, they only allow a general categorization of cognitive impairment: normal; mild, or severe/Dementia.

Utilizing formal standardized assessments for cognition will help determine which component of the cognitive impairments need intervention. With so many components of cognition it's best to assess as many areas as possible. Cognition is the greatest predictor of function. The more areas assessed, the stronger the plan of care and better patient outcomes.