

# Getting Reimbursed for Use of Cognivue Clarity®

## Relevant CPT® codes for reimbursement<sup>1</sup>

Cognivue-Related Procedures	CPT® Code	Relative Value Units	Estimated reimbursement*
Administration and scoring (Minimum time requirement 16 min.)	<b>96138</b> (by technician) or <b>96136</b> (by HCP)	1.03 <sup>†</sup>	\$34.29
Clinical interpretation of score (Minimum time requirement 31 min.)	<b>96132</b>	3.85	\$128.16
<b>Subtotal</b>			<b>\$162.45<sup>‡</sup></b>
Cognitive care planning <sup>§</sup> (Must be a separate visit)	<b>99483</b>	8.19	\$ 272.63
<b>Total</b>			<b>\$435.08<sup>¶</sup></b>

## Examples using modifiers with CPT® codes<sup>2,3</sup>

If another procedure accompanies use of Cognivue Clarity,  
**modify outpatient visit code with -25**

(If Cognivue Clarity is sole procedure, modifier -25 is not needed)

99213-**25** Outpatient visit

[#####] Other procedure

Modify evaluation and management (E&M) codes  
**related to Cognivue Clarity with -59**

96138-**59** Administration and scoring

96132-**59** Clinical interpretation of score

HCP=healthcare professional; includes physician or other qualified personnel.

\* Based on non-facility price in CY 2024 Medicare Physician Fee Schedule before adjustments.

† RVU for code 96136: 1.25.

‡ Based on use of code 96138. Estimated reimbursement for code 96136 is \$41.61, bringing subtotal to \$169.77.

§ For cognitively impaired patients. In addition to cognition-focused evaluation, CPT® code 99483 requires multiple other criteria be met (e.g. must be used for visit separate from initial testing).

¶ Based on use of code 96138. If code 96136 is used, estimated total is \$442.40.

Reimbursement for these visits is subject to various criteria. Consult CMS.gov for guidance.

For More Information



# ICD-10-CM diagnosis codes for Cognivue Clarity<sup>®4</sup>

## The most common diagnosis codes for use of Cognivue Clarity are:

- **R41.81:** Age-related cognitive decline
- **R41.82:** Altered mental status, unspecified

## Other relevant codes

Code	Description	Detailed codes
<b>F01.51</b>	<b>Vascular dementia with behavioral disturbance</b>	
<b>F03.9</b>	<b>Unspecified dementia</b>	<b>F03.90</b> – Without behavioral disturbance <b>F03.91</b> – With behavioral disturbance
<b>G30.0</b>	<b>Alzheimer's disease</b>	<b>G30.0</b> – With early onset <b>G30.1</b> – With late onset <b>G30.8</b> – Other Alzheimer's disease <b>G30.9</b> – Alzheimer's disease, unspecified
<b>G31.84</b>	<b>Mild cognitive impairment of uncertain or unknown etiology</b>	
<b>R41.84</b>	<b>Other specified cognitive deficit</b>	<b>R41.840</b> – Attention and concentration deficit <b>R41.841</b> – Cognitive communication deficit <b>R41.842</b> – Visuospatial deficit <b>R41.843</b> – Psychomotor deficit <b>R41.844</b> – Frontal lobe and executive function deficit <b>R41.89</b> – Other symptoms and signs involving cognitive functions and awareness

## Further diagnosis code groups for consideration

- **E00-E89:** Endocrine, nutritional, and metabolic diseases
- **D50-D89:** Diseases of the blood and blood-forming organs
- **F01-F99:** Mental, behavioral and neurodevelopmental disorders
- **G00-G99:** Diseases of the nervous system
- **R40-R46:** Symptoms and signs involving cognition, perception, emotional state and behavior
- **S00-S09:** Injuries to the head

The information in this document is shared for educational and strategic planning purposes only. While Cognivue, Inc. believes this information to be correct, this document is offered for illustrative or convenience purposes only and does not constitute reimbursement or legal advice. This document does not replace seeking guidance from payers or providers' coding staff, nor is it a promise or guarantee of payment.

**Relevant codes may vary from plan to plan, and some payers may require additional modifiers to determine reimbursement. Consult individual payers and carriers for definitive guidance on their policies.**

**References:** **1.** Centers for Medicare & Medicaid Services. Search the Physician Fee Schedule. Available: <https://www.cms.gov/medicare/physician-fee-schedule/search>. Accessed May 20, 2024. **2.** Centers for Medicare & Medicaid Services. Medicare Learning Network Fact Sheet. Proper Use of Modifiers 59, XE, XP, XS, & XU. MLN1783722. February 2024. **3.** American Medical Association. Reporting CPT Modifier 25. *CPT Assistant (Online)*. 2023;33(11):1-12. **4.** Centers for Disease Control & Prevention. National Center for Health Statistics – ICD-10-CM. Available: <https://icd10cmtool.cdc.gov/?fy=FY2024>. Accessed May 20, 2024.

Disclaimer: Cognivue Clarity<sup>®</sup> is indicated for use as an adjunctive tool for evaluating cognitive function. It is not a stand-alone diagnostic tool and does not identify the presence or absence of clinical diagnoses. The device results are to be assessed and interpreted by a licensed clinician. Cognivue and Cognivue Clarity are trademarks or registered trademarks of Cognivue, in the US and/or other countries.

Current Procedural Terminology (CPT<sup>®</sup>) copyright 2024 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

©2024 Cognivue. All rights reserved. CGC-1029 (06\_2024)