

BrainView NeuralScan Billing & Coding Information

CPT Codes

CPT Codes commonly used for EEG assessment & analysis are found below. When used in conjunction with certain ICD-10 codes, existing physicians have reported successful reimbursements. We do not provide guarantee of reimbursements. Physicians should select the most appropriate ICD code(s) with the highest level of detail to describe the patient's condition.

CPT Code	Description
96136	Psychological or Neuropsychological test administration and scoring by physician or other qualified health care professional
96138	Psychological or Neuropsychological test administration and scoring by technician, two or more tests, any method
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation
95957	Digital EEG Analysis
95816	EEG recording including awake and drowsy
95930	Visual evoked potential (VEP) testing
92653	Neurodiagnostic Auditory evoked potentials for evoked response with interpretation and report
93040	Rhythm ECG, 1-3 ECG leads with interpretation and report
95812	Routine Electroencephalography (EEG)
95999	Unlisted neurological procedure
96156	Behavioral Health Assessment (optional)

Nervous System Assessments / Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing): “The following codes are used to report the services provided during testing of the central nervous system functions. The central nervous system include, but are not limited to, memory, language, visual motor responses, and abstract reasoning / problem-solving abilities. It is accomplished by the combination of several types of testing procedures. Testing procedures include the assessment of aphasia & **cognitive performance testing, developmental screening and behavioral assessments and testing, and neuropsychological and psychological testing**. The administration of these tests will generate material that will be formulated into a **report or an automated result**.”

Source: 2019 AMA's CPT® | Changes an Insiders View
<https://commerce.ama-assn.org/store/>

Sample ICD-10 Codes for Memory and Pain

Code Category	Sub Codes	Diagnosis Category	Billable CPT codes
E11.65	0	Type 2 diabetes mellitus with hyperglycemia	95816, 95957, 93040
E51	5	Thiamine deficiency	95816, 95957, 93040
F01	2	Vascular dementia	95816, 95957, 96132, 96136, 93040 (F01.5 supports billing CPT 96132, 96136)
F02	2	Dementia in other diseases classified elsewhere (secondary diagnosis)	95816, 95957, 96132, 96136, 93040
F03	2	Unspecified dementia	95816, 95957, 93040
F05	0	Delirium due to known physiological condition	95816, 95957, 96132, 96136, 93040
F06	10	Other mental disorders due to known physiological condition	95816, 95957, 96132, 96136, 93040
F07	2	Personality and behavioral disorders due to known physiological condition	95816, 95957, 96132, 96136, 93040
F19	57	Other psychoactive substance related disorders	95816, 95957, 96132, 96136, 93040
F22	0	Delusional disorders	95816, 95957, 96132, 96136, 93040
F32	8	Major depressive disorder, single episode	95816, 95957, 96132, 96136, 93040
F33	9	Major depressive disorder, recurrent	95816, 95957, 96132, 96136, 93040 (CPT 96132, 96136 does not support F33.40)
F34	5	Persistent mood disorders	95816, 95957, 96132, 96136, 93040
F39	0	Unspecified mood disorder	95816, 95957, 93040
F43	10	Reaction to severe stress, and adjustment disorders	95816, 95957, 96132, 96136, 93040
F44	10	Dissociative and conversion disorders	95816, 95957, 93040
G10	0	Huntington's disease	95816, 95957, 96132, 96136, 93040
G20	0	Parkinson's disease	95816, 95957, 96132, 96136, 93040
G30	4	Alzheimer's disease	95816, 95957, 96132, 96136, 93040
G31	10	Other degenerative diseases of nervous system, not elsewhere classified	95816, 95957, 96132, 96136, 93040 (CPT 96132, 96136 does not support G31.2, G31.81, G31.89)
G43	44	Migraine	95816, 95957, 93040
G44	39	Other headache syndromes	95816, 95957, 93040 (G44.209 supports billing CPT 96132, 96136)
G47	5	Sleep disorders G47.00, G47.01, G47.09, G47.8, G47.9	95816, 95957, 93040
G50	4	Disorders of trigeminal nerve	95816, 95957, 93040

G90	18	Disorders of autonomic nervous system	95816, 95957, 93040 (G90.3 supports billing CPT 95930)
H53	2	Visual disturbance H53.143, H53.8	95816, 95957, 95930, 93040
H74.32	4	Partial loss of ear ossicles	95816, 95957, 93040
H91.93	0	Unspecified hearing loss, bilateral	95816, 95957, 92653, 93040
H93	45	Other disorders of ear, not elsewhere classified	95816, 95957, 92653, 93040 (H93.25 supports billing CPT 96132, 96136)
I10	0	Essential (primary) hypertension	95816, 95957, 93040
R11.0	0	Nausea	95816, 95957, 93040
R41	18	Other symptoms and signs involving cognitive functions and awareness R41.840, R41.841, R41.842	95816, 95957, 96132, 96136, 93040
R41	15	Other symptoms and signs involving cognitive functions and awareness	95816, 95957, 96132, 96136, 93040
R42	0	Dizziness and giddiness	95816, 95957, 92653, 96132, 96136, 93040
R44	6	Other symptoms and signs involving general sensations and perceptions	95816, 95957, 93040 (R44.1 supports billing CPT 95930)
R45	15	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	95816, 95957, 96132, 96136, 93040
R52	0	Pain, unspecified	95816, 95957, 93040
R53	6	Malaise and fatigue	95816, 95957, 93040
Z73	14	Problems related to life management difficulty	95816, 95957, 93040
Z91.81	0	History of falling	95816, 95957, 93040

System Billing & Coding Disclaimer

Information provided in this document was obtained from third-party sources and is subject to change without notice. This document is provided for informational use only and does not cover all situations or all payers' rules and policies. This document is not intended to instruct medical providers on how to use certain medical devices or bill for healthcare procedures.

The BrainView System is used in specific procedures that may be described by particular runs American Medical Association CPT procedure codes for clinical conditions described by several different ICD-10-CM diagnosis codes. It is up to the provider to select the ICD-10 code(s) that accurately describe the patient's underlying medical condition for which there is a medical need(s) reason(s) for the service as well as the CPT code that most specifically describes the services furnished. The patient's medical record should support the CPT codes and ICD-10-CM codes reported on the claim.

A determination of medical necessity for a particular procedure is a prerequisite to assigning codes or requesting payments. Medical providers should consult with appropriate payers for specific information on proper coding, billing, and reimbursement policies for particular procedures. Medeia Inc makes no promise or guarantee concerning coverage, coding, or billing information or reimbursement levels. Medeia Inc disclaims liability or responsibility for the results or consequences of any actions taken in reliance on this information.

BrainView System Product Disclaimer

The end user of Medeia Inc products and services understands and agrees that Medeia Inc is not acting as a medical provider or qualified health professional. The BrainView System is a Class II medical device that has received Section 510(K) clearance from the FDA. It is intended for the acquisition, display, and storage of electrical activity of a patient's brain including electroencephalograph (EEG) and event related potentials (ERP) obtained by placing two or more electrodes on the head to aid in diagnosis.

Medeia Inc products are not intended to replace the professional skills and judgments of medical providers, their employees or contractors. The end user alone is responsible for the accuracy and adequacy of information and data furnished for processing and any use made by the end user of the output of the BrainView System or any reliance thereon. The end user further represents and warrants that it shall consider the results of use of Medeia Inc products only in conjunction with a complete medical history and in connection with relevant diagnostic and treatment decisions.

Copyright © 2022 by Medeia Inc. All rights reserved. No part of the contents of this document may be reproduced or transmitted in any form or by any means without the written permission of Medeia Inc.

FAQ

Who can bill for the procedures performed using the BrainView System?

A Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO) can bill for the procedures performed using the BrainView System. Individual insurers/payers may allow other qualified medical professionals to bill for BrainView related services as long as the professional is operating within the scope of his/her licensure. Make sure the provider performing and interpreting any of the BrainView procedures is credentialed at the required level identified by either the LCD, or the policy of the third-party payer. Verify provider is covered by patient's insurance.

Who can administer the procedures performed using the BrainView System?

Qualified professional staff in the practice may run the BrainView System. Medeia Inc offers training to practice staff on how to effectively record valid data using BrainView.

Are procedures performed covered by insurance?

Yes, if requirements are met. Medicare has established National Coverage Determinations (NCDs), while Local Coverage Determinations (LCDs) are established by Medicare Administrative Contractors (MACs).

Commercial payers may follow the Local Coverage Determinations or have their own established written policies governing the coverage for procedures. It's a best practice to always verify patient coverage prior to the procedure to avoid denied services. Confirm whether coverage requires a pre-authorization for any of the procedure codes. Refer to the Verification of Benefits (VOB) –available upon request.

Note: Commercial payers will not recognize an "BrainView test" when verifying coverage for a procedure. The BrainView system is NOT A TEST. BrainView is a system that performs a series of recordings, including the electroencephalogram (EEG) and Event-related Potentials (ERPs), to detect the electrical activity of the brain. Each procedure is independently identified and independently billed.

How can I avoid denials?

Verify the patient's individual or group coverage. Make sure the provider billing the procedures is credentialed at the required level identified by either the LCD, or the policy of the commercial payer. Uploading the reports, interpreting the data and signing all documentation is also required. The diagnosis code billed must meet the highest level of detail to describe the patient's condition.