

# **LCD for Mini Mental Status Examination (MMSE) (L26571)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

05101, 05201, 05301, 05401

### **Contractor Type**

MAC - Part A

## **LCD Information**

### **LCD ID Number**

L26571

### **LCD Title**

Mini Mental Status Examination (MMSE)

### **Contractor's Determination Number**

### **AMA CPT / ADA CDT Copyright Statement**

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### **CMS National Coverage Policy**

- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

### **Oversight Region**

Region X

### **Original Determination Effective Date**

For services performed on or after 02/01/2008

### **Original Determination Ending Date**

### **Revision Effective Date**

For services performed on or after 03/01/2008

### **Revision Ending Date**

### **Indications and Limitations of Coverage and/or Medical Necessity**

MMSE is a familiar clinical test performed by clinicians of several specialties. 1-4 It is different from neurobehavioral evaluations. MMSE testing, where indicated, has long been part of an Evaluation and Management (E/M) service. There is no assigned "pure" code for MMSE. It is incorrect to perform an MMSE or an equivalent evaluation and bill for it using codes like 9617-96120, or any other independent code.

Testing MMSE is not the same as a neurobehavioral status examination (CPT code 96116). The latter requires a clinical assessment of thinking, reasoning and judgement, (e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report. Among the additional tests that may be used, are a full evaluation of digit span, a four item similarities task, a 15 item naming task, a 10 word learning test with recall and recognition, four drawing items and a word-list generation task. In addition to these, further testing may be necessary as indicated clinically by patient's particular presenting signs and symptoms. The training for, and the routine practice of this testing, are seldom a part of clinical evaluation by specialties other than clinical psychologists or psychiatrists.

MMSE is often performed in patients presenting with cognitive difficulties.

#### **Reasons for Denial**

When codes 96116-96120 are billed by a specialty other than psychiatry, clinical psychologists, or independently practicing psychologists.

### **Coding Information**

#### **Bill Type Codes:**

**Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

#### **Revenue Codes:**

**Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.**

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042X	Physical therapy-general classification
043X	Occupational therapy-general classification
044X	Speech language pathology-general classification
091X	Psychiatric/psychological services-general classification

### **CPT/HCPCS Codes**

There are no codes assigned for performance of MMSE. MMSE billing is part of an appropriate Evaluation and Management code. The following is NOT the code to use for billing MMSE.

96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME, FACE-TO-FACE
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT

## **ICD-9 Codes that Support Medical Necessity**

XX000

Not Applicable

## **Diagnoses that Support Medical Necessity**

Any ICD code that describes a condition in which cognitive difficulties may be present.

Cognitive impairment and difficulties with daily activities are part of a diverse group of specific disorders. They may be intermittent, variable in intensity and detectable by not only patients but also by family and care givers. Therefore, a specific fixed listing of covered or non-covered ICD codes will be impractical.

## **ICD-9 Codes that DO NOT Support Medical Necessity**

## **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

## **Diagnoses that DO NOT Support Medical Necessity**

Any diagnosis that does not meet medical necessity criteria.

## **General Information**

### **Documentation Requirements**

Claims for code 96115, if billed by a specialty other than psychiatry, clinical psychologists, or independently practicing psychologists will be denied. Documentation for services performed should be available in case of medical review or appeal.

## **Appendices**

## **Utilization Guidelines**

## **Sources of Information and Basis for Decision**

1. Folstein MF, Folstein, SE and McHugh PR (1975) Mini-Mental State: A practical method for grading the state of patients for the clinician, Journal of Psychiatric Research, 12: 189-198.
2. Crum RM, Anthony JC, Bassett SS and Folstein MF (1993) Population-based norms for the mini-mental state examination by age and educational level, JAMA, 18: 2386-2391
3. June 2002 Communique

4. CPT Assistant, Volume 10, Issue 10, October 2000, "The MMSE would not be reported by CPT code 96115."

5. Personal communication November-December 2002, American Psychological Association.

### **Advisory Committee Meeting Notes**

#### **Start Date of Comment Period**

#### **End Date of Comment Period**

#### **Start Date of Notice Period**

12/15/2007

#### **Revision History Number**

2

#### **Revision History Explanation**

added Iowa and Missouri

#### **Reason for Change**

Other

#### **Last Reviewed On Date**

11/01/2007

#### **Related Documents**

This LCD has no Related Documents.

#### **LCD Attachments**

There are no attachments for this LCD.

#### **All Versions**

Updated on 04/25/2008 with effective dates 03/01/2008 - N/A