

# CODING, BILLING & DOCUMENTING PROFESSIONAL PSYCHOLOGICAL SERVICES: TESTING

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# **Acknowledgments: Organizations**

- North Carolina Psychological Association (NCPA)**
- American Psychological Association (APA)  
Practice Directorate (PD); Ethics Committee**
- American Medical Association (AMA) CPT Staff**
- National Academy of Neuropsychology (NAN)**
- Division of Clinical Neuropsychology of APA (40)**
- Center for Medicare & Medicaid Services (CMS)  
Medical Policy Staff- Medicare**
- National Academies of Practice (NAP)**

**(presented in chronological order of engagement of support for the work outlined)**

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# Support Provided

- **AMA = AMA pays travel and lodging for AMA CPT activities 2009-present (*no salary, stipend and/or honorarium; stringent conflict of interest and confidentiality guidelines*)**
- **APA = Expenses paid for travel (airfare & lodging) associated with *past* CPT activities (*no salary, stipend and/or honorarium historically nor at present*)**
- **NAN = (from PAIO budget) Supported UNCW activities (*no salary/honorarium obtained from stipend/paid to the university directly; conflict of interest guidelines adhered to*) from 2002-2009**
- **UNCW = University salary & time away from university duties (e.g., teaching) plus incidental support such as copying, mailing, telephone calls, and secretarial/limited work-study student assistance**
- **Stipends = 100% goes to the UNCW Department of Psychology to fund training of students in neuropsychology**

**Summary = AMA CPT includes travel/lodging support but no salary/stipend. Any monies obtained, such as honoraria for presentations, are diverted to the UNCW Department of Psychology for graduate psychology student training. No funds are used to supplement the salary or income of AEP.**

# Personal Background (1988 – present)

- ❑ North Carolina Psychological Association (e)
- ❑ *NAN's Professional Affairs & Information Committee (a); Division 40 Practice Committee (a)*
- ❑ *National Academy of Practice (e)*
- ❑ APA's Policy & Planning Board; Div. 40; Committee for Psychological Tests & Assessments (e); Ethics Committee
- ❑ *Consultant with the North Carolina Medicaid Office; North Carolina Blue Cross/Blue Shield (a)*
- ❑ Health Care Finance Administration's Working Group for Mental Health Policy (a)
- ❑ Center for Medicare/Medicaid Services' Medicare Coverage Advisory Committee (fa)
- ❑ American Medical Association's Current Procedural Terminology Committee Advisory Panel – HCPAC (IV/V) (a)
- ❑ *American Medical Association's Current Procedural Terminology – Editorial Panel (e; rotating and permanent seat/second term)*
- ❑ *Joint Committee for Standards for Educational and Psychological Tests (a)*

# Standards & Guidelines for the Practice of Psychology

- APA Ethics Code (2002)
- HIPAA and other federal regulations
- State or Province License Regulations
- Contractual Agreements with Third Parties
- Professional Standards (e.g., Standards for Educational and Psychological Tests, 1999; in revision)

# Medicare: Local Review

- Medical Review Policy
  - National Policy Sets Overall Model
  - Local Coverage Determination (LCD) Sets Local/Regional Policy-
    - More restrictive than national policy
    - Over-rides national policy
    - Changes frequently without warning or publicity
    - Applies to Medicare and private payers
    - Information best found on respective web pages



# **I. Current Procedural Terminology (CPT): Overview**

- Background
- Codes & Coding
- Existing Codes
- Model System X Type of Problem

# CPT: Copyright

- CPT is Copyrighted by the American Medical Association
- CPT Manuals May be Ordered from the AMA at 1.800.621.8335
- [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt)

# CPT: Applicable Codes

- Total Possible Codes = Approximately 8,000
- Possible Codes for Psychology = Approximately 60
- Sections = Five Primary Separate Sections
  - Psychiatry (e.g., mental health) *undergoing study & possible revision*
  - Biofeedback
  - Central Nervous System Assessment (testing)
  - Physical Medicine & Rehabilitation
  - Health & Behavior Assessment & Management
  - Team Conference
  - Evaluation and Management

# CNS Assessment Codes :

## Rationale for Changes of Testing Codes

- Avoidance of Continuation of Reimbursement Heavily Based on Practice Expense
- Greater Clarification of Activities Including Interviewing and Testing by Professional, Technician and/or Computer
- Recognition of Cognitive Work
- Great Clarity of What Actual is Happening
- Differentiation of Professional, Technical and (non-assisted) Computer Testing
- Most Importantly, a Mandate from CMS
- Testing Codes Available for Use by Physicians and Psychologists Only (includes neuropsychologists)

# CPT: CNS Assessment

*CPT Assistant, 03.06; CPT Assistant, 11.06, 12.06*

- Psychological Testing (e.g., 5 units)
  - Three New Codes
  - New Numbers & Descriptors
- Neurobehavioral Status Exam (e.g., 2 units)
  - New Number & Revised Descriptor
- Neuropsychological Testing (e.g., 10 units)
  - Three New Codes
  - New Numbers & Descriptors

# Reporting Testing Codes

- A minimum of 31 minutes must be provided to report any per hour code. Services 96101, 96105, 96116, 96118 and 96125 report time as face-to-face time with the patient and the time spent interpreting and preparing the report.

(CPT Changes: An insider's view, 2011)

# Psychological Testing: By Professional (01.01.06)

- **96101** –Psychological Testing
  - Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS) per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.

**(estimated total per year Medicare claims = 175,000)**

# 96101 Explained

(*CPT Assistant*, November, 2006)

- “Code 96101 is reported for the psychological test administration by the physician or psychologist with subsequent interpretation and report by the physician or psychologist. It also is reported for the integration of information obtained from other sources which is incorporated into the interpretation and reports of test administered by a technician and/or computer. This provides the meaning of the test results in the context of all the testing and assessments. The potentially confusing aspect of this code is that when the physician or psychologist performs the tests personally, the test specific scoring and interpretation is counted as part of the time of 96101.



# Psychological Testing: By Technician (01.01.06)

- **96102- Psychological Testing**
  - Psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI, Rorschach, WAIS) with qualified health care professional ***interpretation and report***, administered by ***technician***, per hour of technician time, face-to-face

# 96102 Explained

(*CPT Assistant*, November, 2006)

- The qualified health professional has previously met with the patient and conducted a diagnostic interview. The test instruments to be used by the technician under the supervision of the professional have been selected. The qualified health care professional introduced the patient to the technician who conducts the remainder of the assessment. The qualified health professional meets again with the patient in order to answer any last questions about the procedures and to inform him or her about the timetable for the results.”

# Psychological Testing: By Computer (01.01.06)

- **96103** - Psychological Testing
  - Psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI) administered by a computer, with qualified health professional interpretation and the report

# 96103 Explained

*(AMA CPT Assistant, November, 2006)*

- “The qualified health professional has previously met with the patient and conducted an interview. On the basis of the information gathered from the interview, the professional has selected test instruments that may be administered by a computer. The qualified health professional installs the computer program/test and instructs the patient on the use of the test. The qualified health professional checks the patient frequently to ensure that he or she is completing the tests correctly. The professional installs the next instrument and continues as before until all tests are completed. The qualified health professional meets again with the patient in order to answer any last question about the procedures and to inform him or her and about the timetable for results.”

# Neuropsychological Testing- By Professional (01.01.06)

- **96118** - Neuropsychological testing
  - (e.g., Halstead-Reitan Neuropsychological, WMS, Wisconsin Card Sorting) 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  
(estimated total Medicare claims/year = 500,000)

# 96118 Explained

(*CPT Assistant*, November, 2006)

- Code 96118 is reported for the neuropsychological test administration by the physician or psychologist with subsequent interpretation and report by the physician, or psychologist. It is also reported for the integration of information obtained from other sources which is then incorporated in the more comprehensive interpretation of the meaning the tests results in the context of all testing and assessments. The administration of the tests is completed for the purposes of a physical health diagnosis.”

# 96118 Applications

- Administration of Neuropsychological Tests
- Scoring of Neuropsychological Tests
- Integration of Those Tests and Other Information Including but not Limited to:
  - Interview (direct and collateral)
  - Behavior
  - History
- Feedback to the Patient and Integration of Those Findings in the Final Report

(not to be used as a treatment based code)

# Neuropsychological Testing: By Technician (01.01.06)

- **96119** - Neuropsychological testing
  - (e.g., Halstead-Reitan Neuropsychological, WMS, Wisconsin Card Sorting) with qualified health care professional ***interpretation and report***, administered by a technician per hour of technician time, face-to-face



# 96119 Explained

(*CPT Assistant*, November, 2006)

- “The qualified health professional has previously gather information from the patient about the nature of the complaint and the history of the presenting problems. Based on the clinical history, a final selection of tests to be administered is made. The procedures are explained to the patient, and the patient is introduced to the technicians, which administers the tests. During testing, the qualified health professional frequently checks with the technician to monitors the patient’s performance and make any necessary modifications to the test battery or assessment plan. When all tests have been administered, the qualified health professional meets with the patient again to answer any questions.”

# Neuropsychological Testing- By Computer (01.01.06)

- **96120** - Neuropsychological testing
  - (e.g., WCST) administered by a computer with qualified health care professional interpretation and the report

# 96120 Explained

(*CPT Assistant*, November, 2006)

- “Code 96120 is reported for the computer-administrated neuropsychological testing, with subsequent interpretation and report of the specific tests by the physician, psychologist, or other qualified health care professional. This should be reserved for situations where the computerized testing is unassisted by a provider or technician other than the installation of programs/test and checking to be sure that the patient is able to complete the tests. If grater levels of interaction are required, though the test may be computerized administer, then the appropriate physician/psychologist (96118) or technician code (96119) should be used.”

# Computerized Testing

- Not time based
- Used once per “testing session”
- To be used for one to multiple tests only once per “testing session”
- CPT Assistant, October 2011, Vol. 21, #10, pg. 10).

# Computerized Testing: Use by Physicians

- 96103
  - Neurologists = 27%
  - Family Physicians/Internal Medicine = 22%
- 96120
  - Neurologists = 47 %

# Coding Tip

(*CPT Assistant*, November, 2006)

- “If the service is provided is less than one hour, append Modifier 52, Reduced Services. After one hour has been completed, time is rounded.”
- “It is not unusual that the assessments may include testing by a technician and a computer with interpretation and report by the physician, psychologist or qualified health professional. Therefore, it is appropriate in such cases to report all 3 codes in the family of 96101-96103- or 96118-96120.”

# Coding Tip

(*CPT Assistant*, November, 2006)

- “All of the testing and assessment services also require interpretation in the context of other clinical assessments performed by a qualified professional as well as prior records. The use of the term “interpretation” in these codes is this integrative process. It is not the scoring or interpretation of the result of a specified tests or tests. The scoring process and more limited interpretation is part of the test administration services whether by physician/psychologist, technician and/or computer.”

# Code Usage

(*CPT Assistant*, November, 2006)

- “Typically, the psychological testing services, 96101-96103-, the neurobehavioral status exam, 96116, and the neuropsychological testing services, 96118-96120, are administered once per illness condition or when a significant change in behavior and/or medical/health condition necessitates re-evaluation.”



# Additional Supporting Information

- CMS Manual
- Pub 100-02 Medicare Benefit Policy
- Change Request 5204
- Transmittal 85
- February 25, 2008
  
- (reference Transmittal 55; Change Request 5204; September 29, 2006)

# Code Information

Code	Locale	Over 75	Specialty	Dx
90801	Opt. Office	39%	PsyMD(cp)	Mood Dsd.
96101	Opt. Office	32%	CP	Mood
96102	Opt. Office	36%	CP	PPD
96116	Opt. Office	64%	CP	PPD/Dement.
96618	Opt. Office	55%	CP	PPD/Dement.
96619	Opt. Office	46%	CP	PPD/Dement.

# Simultaneous Use of Professional and Technical Codes

- Currently Allowed by Medicare
  - MLN Matters: MM5204 Revised, Effective December 28, 2006
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5204.pdf>
  - Most conservative; modifier 59 and one test by professional

# Psychological & Neuropsychological Testing Codes:

## Use of Professional and Technical/Computer Codes

- Local Carrier Policy Trumps National Policy
- Possibilities Include
  - No simultaneous use of prof. & technical codes
  - No problem in using both prof. & technical codes
  - Alternatives (e.g., modifier 59)
- The Use of Modifier 59
  - When professional codes and technical/computer codes are used simultaneously
  - The modifier is used with the non-professional code

# Simultaneous Use of Testing Codes

1. When the provider administers at least one of the tests, then pre-existing problems with the simultaneous use of two testing codes do not apply (*Niles Rosen, M.D., NCCI, Personal Communication, November, 2009; Regina Walker-Wren, CMS, 06.03.13, memo*)
2. When the professional and the technical services are not provided on the same date.

# Simultaneous Codes: NCCI

(AMA Code Manager, 2009; Section M)

- “Two or more codes may be reported on the same date of service if and only if the different testing techniques are utilized for different neuropsychological tests”

# Simultaneous Codes: NCCI

- 96118 and 96119 (as well as 96101 and 96102) can be reported on the same day if the professional “personally administers at least one test to the patient”

Niles Rosen, M.D., NCCI, 08.28.13

# Potential Problems with Simultaneous Use of Test Codes

- Some insurance companies may be excluding the use of professional and technical codes simultaneously
- Ingenix, McKessons other computerized edit systems, may be disallowing simultaneous test codes
- Compliance officers at large institutions



# Modifier 59 & Testing Codes

- Modifier is not applicable if the professional provides the service.
- If the technician provides the service, it is advisable (pending MAC guidelines) to use the 59 modifier.
- The modifier should be applied to any of the testing codes though probably best to attach to technician and/or computer codes (CMS, September, 2006)

# Information of The Use of Two Testing Codes: I

- 1. Our neuropsychologists state that they integrate separate reports of tests performed by the technician into a comprehensive report. Can you please clarify for them if they can bill for that time and if so how to bill? (Emory/Epilepsy Foundation Question)
- CMS Response: We have a set of seven questions and answers on psychological and neuropsychological tests on the CMS website at . <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5204.pdf>. Specifically, the question that is pertinent in this case is one that asks, “Can more than one CPT code for psychological or neuropsychological testing be billed on the same date of service for the same patient?”

# Two Testing Codes: II

- Our answer ID #9180 is yes. If several different, clinically appropriate tests are administered on the same date to the same patient (whether by a physician/psychologist, technician or by computer), then the appropriate testing codes for psychological testing or neuropsychological testing can be billed together. More than one code can also be billed when several distinct tests are administered to the same patient on the same date of service via technician (96102/96119) or computer (96103/96120), and the physician/psychologist needs to integrate the separate interpretations and written reports for each of these tests into a comprehensive report.

# Two Testing Codes: III

- Additionally, the American Medical Association (AMA) provides further guidance for billing CPT codes in the code descriptors. Accordingly, the descriptors for CPT codes 96101 and 96118 and, the parentheticals that follow these codes provide further instruction as to how to use these codes when additional time is necessary for the physician/psychologist to integrate separate interpretations into a comprehensive report.

# Two Testing Codes: IV

- 1. Neuropsychologist integrates separate reports of test performed by the technician into a comprehensive report. Can they bill for that time and if so, how do they bill?
- CMS Response: Yes, CPT code 96101 and 96118 can be billed for the integration of separate reports of tests administered by the technician. But, the CPT code descriptor advises that the interpretation of these reports/ results should have already been completed and the time used by the psychologist/physician to interpret the tests administered by the technician may not also be billed under CPT codes 96101 and 96118. Specifically, the parentheticals under CPT codes 96101 and 96118 provide AMA guidance that these codes can be used in those circumstances where additional time is necessary to integrate other sources of clinical data, including previously reported technician- and computer-administered tests

# Two Testing Codes: V

- 2. When the technician administers test and bills the amount of time it took to do so with 96119, may the time spent by physician / psychologist interpreting and writing the report on those technician-administered tests be added to the time billed as technician time?
- CMS Response: No. The time spent for interpreting and writing the report cannot be added and billed as technician time. The AMA guidance under the descriptors for CPT codes 96102 and 96119 both state that the technician-administered testing includes the qualified health care professional's interpretation and report.

# Take Away Message on the Use of Two or More Testing Codes

- Bill for techs what techs do, period.
- Bill for professionals what professionals do, period (this includes “integrate separate interpretations into a comprehensive report”)
- You CAN bill for both sets of codes together.

# Two Codes Summary

- If two testing codes are to be used on the same day, professional should perform (and document) the administration, score and interpret one test.
- Alternatively, one activity (code) should be done on one day and another (code) the other day



# Documentation for Two or More Testing Codes

- 11.01.11
- To: Schafer, Jyme H. (CMS/OCSQ); Syrek Jensen, Tamara S. (CMS/OCSQ); Daily, Karen A. (CMS/OCSQ); Pedulla, Diane
- Cc: Ritter, Christina S. (CMS/CMM); Hambrick, Edith L. (CMS/CMM)
- From: Regina Walker Wren  
Health Insurance Specialist  
CMS

# CNS Assessment Examples

- **Neurobehavioral Status with Neuropsychological Testing**
  - Interview by the Professional
  - Testing by
    - Professional, and/or
    - Technician, and/or
    - Computer.
  - Interpretation & Report Writing by Professional
  - A Technician or Computer Code are “Typically” Billed Together with a Professional Code Assuming that Different Services are Being Provided (since the final product should be a *comprehensive/integrative* report)

# Testing & HCPC Codes

- Possibility exists of charging for “expensive” test forms using HCPC codes

# Other Testing Codes: Developmental Screening

- Developmental Screening (used to be testing) Codes
  - Applicability
    - Children
  - Background
    - Part of Central Nervous System family of codes
    - Hence, no work value (& lower reimbursement rate)
    - Recently “re-surveyed” by pediatricians
  - Specific Changes
    - 96110
      - Continues to have no work value
      - Use for completion of forms (Connors; by parents)
    - 96111
      - Has physician work value
      - Assessment of child’s social, emotional, etc. status (WJ)

# New Cognitive Testing Code for Use by OT, ST and Others

- **96125** – Standardized Cognitive Performance Testing
  - (e.g., Ross Information Processing Assessment).
  - (For psychological and neuropsychological testing by a physician or psychologist, see 96101-96103- 96118-96120)

# **CPT: Health & Behavior Assessment & Management**

**(CPT Assistant, 03.04)**

**(CPT Assistant, 08.05, 15, #6, 10)**

**(CPT Assistant, August, 2009, Vol. 19, #8, pg. 11)**

- Purpose: Medical Diagnosis
- Time: 15 Minute Increments
- Assessment
- Intervention

# H & B: Rationale

- Acute or Chronic Health Illness
- Not Applicable to Psychiatric Illness
- However, Both Could be Treated Simultaneously But Not Within the Same Session

# Health & Behavior: Assessment

- **96150**
  - Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires)
  - each unit = 15 minutes
  - face-to-face with the patient
  - initial assessment
- **96151**
  - re-assessment
  - each unit = 15 minutes
  - Face-to-face with the patient



# H & B: Assessment Explanation

- Identification of Psychological, Behavioral, Emotional, Cognitive and/or Social Factors
- In the Prevention, Treatment and/or Management of Physical Health Problems
- Focus on Biopsychosocial and not Mental Health Factors

# H & B: Assessment Examples

- Health-Focused Clinical Interview
- Behavioral Observations
- Psychophysiological Monitoring
- Health-Oriented Questionnaires

# H & B Limitations with Other Codes

- If a patient requires a psychiatric service (e.g., 90791) and a health & behavior service, the predominant service should be reported.
- In no case, should both sets of services be reported on the same day.
- Patient “has not been diagnosed with mental illness” (interpretation: not current)
- If service is not completed in one day, then the date of service coded should be the one in which the service was finalized.

# **CPT: Alternative Codes**

## **(probably not reimbursable)**

- *Evaluation and management codes*
- 99050 – Office, outside regular office hrs.
- 99051- Service provided during regular hrs. but  
Evenings, weekend or holidays
- 99052 - Service provided btw. 10pm-8am
- 99054 – Service provided on Sun/holidays
- 0074T – Online service
- 90825 – Review of records
- 99148-99150- Addition of a second provider
- 99075 – Testimony
- 99080 - Completion of forms
- 99078- Educational services rendered to patients in  
group setting

# G & Related Codes: Health Behavior Screening

(psychologists are urged to use H & B codes)

- Tobacco Cessation
  - 99406 - 3-10 minutes
  - 99407 - greater than 10 minutes
- G0137
  - Training and educational services related to the care and treatment of patient's disabling mental health problem, per session (45 or more minutes)
- G0396 (99408)
  - Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST) and brief intervention, 15-30 minutes
- G0397 (99409)
  - Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST) and brief intervention, greater than 30 minutes
  - (NOTE: H & B codes should not be reported on the same day of service as these codes)

# E & M: Office Consults

- **99241 Problem Focused (15 mins)**
- **99242 Expanded, Problem Focused (30ms)**
- **99243 Detailed, Low Complex (40 mins)**
- **99244 Comprehensive, Moderate Complex (60 mins)**
- **99245 Comprehensive, High Complex (80 mins)**

# Emerging & Potential New Codes

- Test Screening
- Applied Behavior Analysis
- Test Feedback
- Integrative Care

# A Coding Model

Psychiatric	Neuropsych	Health Psych
DSM	ICD	ICD
Interview 90791	Interview 96116	Interview 96150
Testing 96101	Testing 96118	Testing 96150
Therapy e.g., 90834	Rehab e.g., 96152	Rehab e.g., 96152



# II. Diagnosing

- Limited Formulary Often Offered by Third Parties
- Multiple Diagnoses May be of Value
- Psychiatric
  - DSM
    - The problem with DSM and neuropsych testing of developmentally-related neurological problems
- Neurological & Non-Neurological Medical
  - ICD – 9 CM (physical diagnosis coding)
  - [www.cdc.gov/nchs/about/otheract/icd9](http://www.cdc.gov/nchs/about/otheract/icd9)
  - [www.eicd.com/eicd.main.htm](http://www.eicd.com/eicd.main.htm)

(Note: Always consult LCD information to determine formulary)

# Diagnosing (cont.)

- Billing Diagnosis
  - Based on the referral question
  - What was pursued as a function of the evaluation
- Clinical Diagnosis
  - What was concluded based on the results of the evaluation
  - May not be the same as the billing or original working diagnosis

# International Classification of Diseases

- Present
  - ICD-9-CM (Clinical Modification)
  - Since 1978
- Future
  - ICD-10-CM (Clinical Modification)
  - ICD-10-PCS (Inpatient Procedures)
  - Start date – October 21, 2015

# International Classification of Diseases

- Comparison
  - Diagnosis; 382.9 – B01.2
  - Procedure; 39.5 – 0DN90ZZ
- Timeline & Endorsements
  - World Health Organization
  - Developed 1989; released 1994
- Effective on 10.01.15
- Further Information

7/9/14 – [www.cms.gov \(ICD10/01\\_Overlap.asp\)](http://www.cms.gov/ICD10/01_Overlap.asp)  
psychologycoding.com

# ICD 10 System

- System
  - Level 1 = alpha
  - Level 2 = numeric
  - Level 3-7 = alpha or numeric (all letters apply except u; decimal after 3 characters)
  - E.g., = 0db588zx

# **III. Medical Necessity**

- **Scientific & Clinical Necessity**
- **Local Medical Determinations of Necessity May Not Reflect Standard Clinical Practice**
- **Necessity = CPT x DX formulary**
- **Necessity Dictates Type and Level of Service**
- **Will New Information or Outcome Be Obtained as a Function of the Activity?**
- **Typically Not Meeting Criteria for Necessity;**
  - **Screening**
  - **Regularly scheduled/interval based evaluations**
  - **Repeated evaluations without documented and valid specific purpose**

# Medically Reasonable and Necessary

Section 1862 (a)(1) 1963  
42, C.F.R., 411.15 (k)

- “Services which are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member”
- Re-evaluation should only occur when there is a potential change in;
  - Diagnosis
  - Symptoms

# **IV. Documentation: General Principles**

- Rationale for Service
- Procedure
- Results/Progress
- Impression and/or Diagnosis
- Plan for Care/Disposition
- If Applicable, Time
- Date and Identity of Observer



# Documentation: Basic Information

- Identifying Information
- Date
- Time, if applicable (total time Vs. *actual time*)
- Identity of Observer (technician ?)
- Reason for Service
- Status
- Procedure
- Results/Findings
- Impression/Diagnosis
- Plan for Care/Disposition

# Documentation: Assessment

- Identifying Information
- Reason for Service
- Dates
- Time (amount of service time; total Vs. actual)
- Identity of Tester (technician?)
- Tests and Protocols (included editions)
- Narrative of Results
- Impression(s) or Diagnosis(es)
- Disposition

# Documentation: “Assessment” Based on New Interpretation of Codes

- Technical Component
  - Label
    - Testing by Technician
  - Information
    - Individual Tests
    - Numerical
    - Basic Qualitative
- Professional Component
  - Label
    - Examples; Integration of Findings, Testing by Professional
  - Interpretation
    - Integration of findings which may include history, prior records, interview(s), and compilation of tests

# V. Time: Conceptual

- Defining
- Professional (not patient) Time Including:
  - pre, intra & post-clinical service activities
- Interview & Assessment Codes
  - Use 15 or 60 minute increments, as applicable
- Intervention Codes
  - Use 15, 30, 60 or 90 minute increments, as applicable

# **Time (continued)**

- Communicating Further With Others
- Follow-up With Patient, Family, and/or Others
- Arranging for Ancillary and/or Other Services

# Recent Interpretations of Time

- Non face-to-face time (pre and post) sometimes is not included in the measurement of billed time but it has been included in calculating total work of the service during the survey process.
- A unit of time is obtained when the mid-point has passed.
- When a time service is reported along with a non-timed service, the two are not added.

# Time Interpreted

(*AMA CPT Assistant*, October, 2011, Vol. 21, Issue 10, pgs. 3-4, 11).

- Time refers to “face-to-face” unless otherwise stated.
- Unit of time = “when the midpoint has been passed”
- Do not count time twice
- When multiple days are involved, time is not reset with each and create a new hour.

# Time: Defining 60 Minutes

## “The Rounding Rule”

- 1 unit  $\geq$  or equal to 31 minutes to  $<$  91 minutes
- 2 units  $\geq$  or equal to 91 minutes to  $<$  151 mns.
- 3 units  $\geq$  or equal to 151 minutes to  $<$  211s mns.
- 4 units  $\geq$  or equal to 271 minutes to  $<$  331 mns.
- And so on...



# Time: Quantifying for Testing

- Quantifying Time
  - Round up or down to nearest increment
  - **Actual time** not elapsed time (I.e., start/stop times)
- Time Does Not Include
  - Patient completing tests, scales, forms, etc.
  - Waiting time by patient
  - Typing of reports
  - Non-Professional (e.g., clerical) time
  - Literature searches, learning new techniques, etc.

# Time: Potential Limitations

## Therapy

- Individual = 1
- Group = 8

Interview: 4 units (if timed)

## Testing

- Professional = 10
- Technical = 8
- Computerized = 1

## H & B

- 4

# VI. Technicians

- What is the Minimum Level of Training Required for a Technician?
  - Malek-Ahmadi, M., Erickson, T., Puente, A.E., Pliskin, N., & Rock. R. (in press). The use of psychometrists in clinical neuropsychology: History, current status and future directions. *Applied Neuropsychology*.
  - National Association of Psychometrists
  - Board of Certified Psychometrists
    - [www.napnet.org/www.psychometriciancertification.org](http://www.napnet.org/www.psychometriciancertification.org)
  - 40 & NAN Position Paper
    - Level of Education- Minimum of Bachelors
    - Level of Training
    - Level of Supervision

# Technician: Definition

*Federal Register, Vol. 66, #149, page 40382*

- Requirement
  - Employee (e.g., 1099); “employees, leased employees, or independent contractor”
  - Most common is independent contractor
  - “We do not believe that the nature of the employment relationship is critical for purposes of payment to the services of physician...as long as...(the personnel) is under the required level of supervision.”
- Common Practice
  - Independent Contractor
  - In Institutional Settings – institutional contract (source- NAP)

# Technician: Federal Government's Definition

- DM & S Supplement, MP-5, Part I
  - Authority: 38 U.S.C. 4105
  - Appendix 17A Change 43
  - Psychology Technician GS-181-5/7/9
- Definition
  - Bachelor's degree from accredited college/ university with a major in appropriate social or biological sciences (+ 12 psy. hours)

# Technician: NAN's Definition

- Approved by NAN Board of Directors
  - 08.2006
- Archives of Clinical Neuropsychology-
  - 2006 (e.g., Puente, et al)

# Technicians: Application

- Practice Expense & Practice Implications
  - Each tech code has .51 work value
  - This means that the professional is engaged in the work, namely, supervision (and interpretation)
  - That supervision would include;
    - Selection of tests
    - Determination of testing protocol
    - Supervision of testing
    - Interpretation of individual tests
    - Reporting on individual tests
    - Assisting with concerns raised by the patient

# Technicians: Interfacing with Professionals

- The Qualified Health Provider must;
  - See the patient first
  - Supervise the activity
  - Interpret and write the note/report
  - Engaged in an ongoing capacity

NOTE: Pattern similar to medical and other health providers



# Technicians: Facility

- Technicians in a “Facility”
  - A “facility” is essentially an inpatient setting
  - If a technician is an employee of a private provider but the service is provided in an inpatient setting, the inpatient fee would be used
  - If a technician is an employee of a facility, there is some question as to whether they could be supervised by a provider who is not an employee of the facility

# Students as Technicians

- Medicare Interpretation
  - Medicare has never reimbursed for student training for any health disciplines
  - The assumption is that GME pays training programs and double dipping would occur if the Medicare and the CPT reimbursed for student activity
  - Two caveats:
    - This limitation probably applies to Medicare only
    - Students can perform as technicians as long as they are not being trained and their activity is not part of their educational requirements (e.g., a neuropsychologist in the community employees the student as a technician in their practice)

# Students as Technicians

- This is from the Medicare Benefit Policy Manual, Chapter 15, Section 80.2 :
- Payment and Billing Guidelines for Psychological and Neuropsychological Tests
- The technician and computer CPT codes for psychological and neuropsychological tests include practice expense, malpractice expense and professional work relative value units. Accordingly, CPT psychological test code 96101 should not be paid when billed for the same tests or services performed under psychological test codes 96102 or 96103. CPT neuropsychological test code 96118 should not be paid when billed for the same tests or services performed under neuropsychological test codes 96119 or 96120. However, CPT codes 96101 and 96118 can be paid separately on the rare occasion when billed on the same date of service for different and separate tests from 96102, 96103, 96119 and 96120.

# Students as Techs (cont.)

- Under the physician fee schedule, there is no payment for services performed by students or trainees. Accordingly, Medicare does not pay for services represented by CPT codes 96102 and 96119 when performed by a student or a trainee. However, the presence of a student or a trainee while the test is being administered does not prevent a physician, CP, IPP, NP, CNS or PA from performing and being paid for the psychological test under 96102 or the neuropsychological test under 96119.

# VII. Supervision

( *Federal Register*, 69, #150, August 5, 2004, page 47553)

- Hold Doctoral Degree in Psychology
- Licensed or Certified as a Psychologist
- Applicable Only to “clinical psychologists” (and not “independent” psychologists as defined by Medicare)
- Rationale
  - Allows for higher level of expertise to supervise
  - Could relieve burden on physicians and facilities
  - May increase services in rural areas

# Supervision

Program Memorandum Carriers  
Department of Health and Human Services- HCFA  
Transmittal b-01-28; April 19, 2001

- **Levels of Supervision**
  - **General**
    - Furnished under overall direction and control, presence is not required
  - **Direct**
    - Must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure
  - **Personal**
    - Must be in attendance in the room during the performance of the procedure

# Supervision: Levels

## 42 CFR 410.32

- According to Medicare published guidelines as of July, 2006;
  - General- activity is directed and supervised by the doctoral level provider but the provider does not need to be in office suite

# VIII. Code Payment: 2005-2013

<i>CPT</i>	<i>DESCRIPTOR</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2013</i>
96117	NP Testing	\$73.52	NA	NA	NA	NA	NA	NA
96118	NP Profess.	NA	\$129.99	\$117.21	\$111.00	\$108.20	\$100.63	\$89.45
96119	NP Technician	NA	\$66.3	\$68.77	\$73.32	\$74.30	\$67.85	\$62.71
96120	NP Test Comp.	NA	\$48.1	\$46.56	\$65.16	\$68.53	\$72.85	\$82.95



# IX. PQRS Measures

- Measure #280 – Staging of Dementia
- Measure #281 – Cognitive Assessment
- Measure #282 – Functional Status Assessment
- Measure #283 – Neuropsychiatric Symptom Assessment
- Measure #285 – Screening for Depressive Symptoms

# PQRS Example: Screening for Cognitive Impairment

- Instructions
- Numerator
- Denominator
- Rationale
- Recommendations

# CPT Codes for psychologists that have accompanying measures:

- Psychiatric diagnostic interview examination: 90791
- Neurobehavioral status exam: 96116
- Health and behavior assessment: 96150, 96151
- Health and behavior intervention: 96152
- Individual psychotherapy: 90834...

# CMS PQRI WEBSITE

**Use the following link to access the Medicare 2008 PQRI web page. On the left of the page is a button for the PQRI Tool Kit. At the bottom of the page is the link to all the PQRI measures.**

**[http://www.cms.hhs.gov/PQRI/  
15\\_MeasuresCodes.asp](http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp)**

# Status of PQRS

- Enrollment Should Occur by 09.30.14
- Bonus
  - .5% per year through 2014
- Penalties
  - Starting 2015
  - 2% in 2016

# X. Health Care Bill:

How Health Care Will Be Revolutionized by 2018

Bill:

[http://thomas.loc.gov/cgi-bin/bdquery/z?  
d111:H.R.4872:](http://thomas.loc.gov/cgi-bin/bdquery/z?d111:H.R.4872)

**Timetable:**

[http://www.commonwealthfund.org/Content/  
Publications/Other/2010/Timeline-for-  
Health-Care-Reform-  
Implementation.aspx#2010](http://www.commonwealthfund.org/Content/Publications/Other/2010/Timeline-for-Health-Care-Reform-Implementation.aspx#2010)

(also, [www.healthcare.gov](http://www.healthcare.gov))

# Past & Future

Activity	Current	Future
Reimbursement Base	Service	Outcome
Reimbursement Direction	Singular	Bundled
Location of Service	Inpatient	Outpatient (e.g., home)
Provider Approach	Silo	Integrated
Numbers	Volume	Limited (& targeted)
Patient Approach	Standardized	Personalized
Foundation of Service	Experience based	Empirically based
Location of Patient	Independent <small>psychologycoding.com</small>	Health Care Home

# XI. Ongoing & Upcoming Activities

- Development of New Codes (2013)
  - Prolonged Psychotherapy (one)
  - Testing Feedback (one); or resolve the use of 96118 for feedback for some carriers
  - Coordination of Care for Integrated Care (several)
- Revision of Existing Codes (2013)
  - G or Prevention Codes
  - Health and Behavior
    - Possibly addressing non-face-to-face
    - Definitely re-surveying the existing codes



# Economic & Political Outlook

- Estimated
  - For 2014, stabilization minus ACA
  - Affordable Care Act = Medicaid "light"
  - Shift in lowest common denominator from Medicare to Medicaid
  - Shifting from State to Performance through 2017

# Tsunami of a Change

- Expected to Change
  - Reimbursement System
  - National Health Care Policy
  - Diagnostic System
- Timetable of Change
  - New Codes next 5 years
  - New System thereafter

[PsychologyCoding.com](http://PsychologyCoding.com)

# XII: Resources

- General Web Sites

- [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt) (cpt)
- [www.apa.org](http://www.apa.org) (general apa website)
- [www.apapracticecentral.org](http://www.apapracticecentral.org) (resources for practicing psychologists)
- [www.nanonline.org/paio](http://www.nanonline.org/paio) (practice patterns & information)
- [www.apa.org/practice/cpt](http://www.apa.org/practice/cpt) (apa's cpt information)
- [www.cms.org](http://www.cms.org) (medicare/medicaid)
- [www.hhs.org](http://www.hhs.org) (health & human services)
- [www.oig.hhs.gov](http://www.oig.hhs.gov) (inspector general)
- [www.ahrq.gov](http://www.ahrq.gov) (agency for healthcare research)
- [www.medpac.gov](http://www.medpac.gov) (medical payment advisory comm.)
- [www.whitehouse.gov/fsbr/health](http://www.whitehouse.gov/fsbr/health) (statistics)
- [www.div40.org](http://www.div40.org) (clinical neuropsychology div of apa)
- [www.napnet.org](http://www.napnet.org) (national association of psychometrists)
- [www.psychometristscertification.org](http://www.psychometristscertification.org) (board of certified psychometrists)
- [www.access.gpo.gov](http://www.access.gpo.gov) (federal statutes and regulations)
- [www.healthcare.group.com](http://www.healthcare.group.com) (staff salaries)
- [www.commonweath.com](http://www.commonweath.com) (health care policy)

# Resources (continued)

- **Payment/Coverage**
  - [www.myhealthscore.com/consumer/phyoutcptsearch.htm](http://www.myhealthscore.com/consumer/phyoutcptsearch.htm)
  - [www.cms.hhs.gov/statistics/feeforservice/default.asp](http://www.cms.hhs.gov/statistics/feeforservice/default.asp) (covered services)
  - [www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=167](http://www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=167) (non-covered)
  - [www.apa.org/pi/aging/lmrp/toolkit/homepage.html](http://www.apa.org/pi/aging/lmrp/toolkit/homepage.html) (apa lcd)
  - [www.cms.hhs.gov/providers/mr/lmrp/asp](http://www.cms.hhs.gov/providers/mr/lmrp/asp) (medicare lmrp)
  - [www.quickfacts.census.gov/qfd](http://www.quickfacts.census.gov/qfd) (census x type of procedure data)
  - [www.usqualitymeasures.org](http://www.usqualitymeasures.org) (payment for performance)
- **LMRP Reconsideration Process**
  - [www.cms.gov/manuals/pm\\_trans/R28PIM.pdf](http://www.cms.gov/manuals/pm_trans/R28PIM.pdf)
- **PQRS**
  - [www.centerforhealthyaging.com](http://www.centerforhealthyaging.com)
- **Compliance Web Sites**
  - [www.oig.hhs.gov](http://www.oig.hhs.gov) (office of inspector general)
  - [www.cms.hhs.gov/manuals](http://www.cms.hhs.gov/manuals) (medicare)
  - [www.uscode.house.gov/usc.htm](http://www.uscode.house.gov/usc.htm) (united states codes)
  - [www.apa.org](http://www.apa.org) (psychologists & hipaa)
  - [www.cms.hhs.gov/hipaa](http://www.cms.hhs.gov/hipaa). (hipaa)
  - [www.hcca-info.org](http://www.hcca-info.org) (health care compliance assoc.)
  - [www.cms.gov/oas/cms.asp](http://www.cms.gov/oas/cms.asp)

# Resources (continued)

- ICD
  - [www.who.int/icd/vol1htm2003/fr-icd.htm](http://www.who.int/icd/vol1htm2003/fr-icd.htm) (who)
  - [www.cdc.gov/nchas/about/otheract/icd9/abtcd9.htm](http://www.cdc.gov/nchas/about/otheract/icd9/abtcd9.htm) (ccd)
- PQRS
  - [www.centerforhealthyaging.com](http://www.centerforhealthyaging.com)
- Coding Web Sites
  - [www.catalog.ama-assn.org/Catalog/cpt/cpt\\_search.jsp](http://www.catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp) (ama cpt)
  - [www.aapcnatl.org](http://www.aapcnatl.org) (academy of coders)
  - [www.ntis.gov/product/correct-coding](http://www.ntis.gov/product/correct-coding) (coding edits)

# Additional Sample Forms

- Office Forms
  - CPT Routing
  - PQRS
- Clinical Forms
  - Psychiatric Interviewing
  - Psychotherapy
  - Neurobehavioral Status Exam
  - Neuropsychological Testing (prof & technical)

# AMA Contact Information

- Website
  - [www.amabookstore.com](http://www.amabookstore.com)
  - Link to;
    - [catalog.ama-assn.org/Catalog/cpt/issue\\_search.jsp](http://catalog.ama-assn.org/Catalog/cpt/issue_search.jsp)
- Telephone
  - 312.464.5116



# APA Contact Information

- American Psychological Association
  - Katherine Nordal, Ph.D.  
Practice Directorate, Director  
American Psychological Association  
750 First Street, N.W.  
Washington, D.C. 20002
- Association for the Advancement of Psychology
  - [www.aapnet.org](http://www.aapnet.org)
  - P.O.Box 38129
  - Colorado Springs, Colorado 80909

# Puente Contact Information

- Websites
  - Coding= [www.psychologycoding.com](http://www.psychologycoding.com)
  - Univ = [www.uncw.edu/people/puente](http://www.uncw.edu/people/puente)
  - Practice = [www.clinicalneuropsychology.us](http://www.clinicalneuropsychology.us)
  - Vita/Academic= [www.antonioepuente.com](http://www.antonioepuente.com)
- E-mail
  - University = [puente@uncw.edu](mailto:puente@uncw.edu)
  - Practice = [clinicalneuropsychology@gmail.com](mailto:clinicalneuropsychology@gmail.com)
- Telephone
  - University = 910.962.3812
  - Practice = 910.509.9371