

**Getting reimbursed
for assessment and
treatment of
behavioral and
neurocognitive
disorders**

PRACTICE
ORGANIZATION

Promoting and supporting practicing psychologists

Presented by
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Antonio E. Puente, PhD, is president-elect of the American Psychological Association and the APA Practice Organization. Dr. Puente maintains a private practice focused on clinical neuropsychology. He is an authority on coding and billing for psychological services. Between 1993 and 2008, he was APA's representative to the American Medical Association's (AMA) Current Procedural Terminology (CPT) panel. Dr. Puente served two terms on the AMA Editorial Panel of the CPT panel. He was also on the Center for Medicare and Medicaid's Medicare Coverage Advisory Committee.



Lynn Bufka, PhD, is Associate Executive Director, Practice Research and Policy, at the American Psychological Association. Dr. Bufka oversees programs and projects related to expanding opportunities for professional psychology including integration of psychology in the health care delivery system, diagnostic and functional classification, clinical practice guideline development and outcomes measurement. She frequently serves as a media spokesperson for APA on these topics and other policy matters relevant to professional practice. Additionally, Dr. Bufka is a Maryland licensed psychologist and continues to provide treatment and clinical consultation on a limited basis.



This webinar is geared to help psychologists in documenting and billing for cognitive deficits covered under ICD-10-CM, chapters G and R.

- Learn how to select appropriate ICD-10-CM codes for billing of services.
- Talk to Dr. Puente about your reimbursement challenges with ICD-10-CM.

There will be a Q&A with Dr. Puente and Dr. Lynn Bufka after the main session – please use your chat box to submit questions at any time during the presentation.

Common Coding Questions Regarding Neurocognitive Codes

- How do I code for dementias?
- What codes do I use instead of the old 294.10?
- How do I capture memory deficits/ challenges?

Classification

ICD-10-CM

- The ICD-10-CM is the classification/ coding system required under HIPAA for health care claims.
- This system is used by all health care professionals
- ICD-10-CM covers all aspects of health

DSM-5

- DSM-5 provides guidance on criteria for mental health diagnoses (F codes)
- Very little information on other codes, such as G and R

ICD-10: Multiple Diagnoses in Clinical Records

- Record as many diagnoses as necessary to cover the clinical presentation.
- One main or primary diagnosis and others as subsidiary/additional/secondary....
- Most relevant diagnosis goes first (often the cause of consultation/contact of health services or “life-time” diagnosis)

ICD-10: Multiple Diagnoses in Clinical Records (continued)

- If in doubt, list diagnoses in the order in which they appear in ICD.
- Recording diagnoses from other than chapter 5 (F codes) is strongly recommended.
- List all diagnoses found in the health record in the Dx section of report.
- Patient self-report, even if behavioral signs support the report, does NOT meet the sufficient criteria for a MEDICAL diagnosis. This information should be provided in the historical record and not in the diagnosis section.

Coding steps:

1. Determine the conditions that need to be coded
2. Use the **Alphabetical Index (Vol 3)** to locate the condition and allocate the code
3. Use the **Tabular List (Vol 1)** to check correct code assignment (e.g. inclusion note, exclusion note)
4. Use the **Instruction Manual (Vol 2)** for any rules regarding the selection of a particular code for reporting mortality or morbidity data

Diagnostic Classification

Major and Mild Neurocognitive Disorders

Step 1: Code the probable condition.

Probable major neurocognitive disorder due to Alzheimer's disease

Code first **G30.9 Alzheimer's disease**

Probable major neurocognitive disorder due to frontotemporal lobar degeneration

Code first **G31.09 frontotemporal disease**

Probable major neurocognitive disorder with Lewy bodies

Code first **G31.83 Lewy body disease**

Probable major vascular neurocognitive disorder

No additional medical code for vascular disease

Major neurocognitive disorder probably due to Parkinson's disease

Code first **G20 Parkinson's disease**

Possible major neurocognitive disorder due to Alzheimer's disease

Code first **G31.9**

Mild neurocognitive disorder due to Alzheimer's disease

Code first **G31.84**

Diagnostic Classification

Major and Mild Neurocognitive Disorders

Step 2: Code the condition explaining your involvement.

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
294.11	F02.81	Dementia in other diseases classified elsewhere, with behavioral disturbance
294.10	F02.80	Dementia in other diseases classified elsewhere, without behavioral disturbance

Diagnostic Classification

Major and Mild Neurocognitive Disorders (cont.)

Step 1:

Major Neurocognitive disorder due to traumatic brain injury (TBI) ICD-10-CM code first S06.2X9 diffuse TBI with loss of consciousness unspecified duration (ICD-9-CM code was 907.0 late effect of intracranial injury without skull fracture)
Major Neurocognitive disorder due to HIV infection Code first B20 HIV infection
Major Neurocognitive disorder due to Prion disease Code first A81.9 Prion disease
Major Neurocognitive disorder due to Huntington's disease Code first G10 Huntington's disease
Major Neurocognitive disorder due to another medical condition Code first the other medical condition
Major Neurocognitive disorder due to Multiple etiologies Code first all the etiologies of medical conditions (except for vascular disease)

Diagnostic Classification

Major and Mild Neurocognitive Disorders (cont.)

Step 2:

ICD-9-CM	ICD-10-CM	ICD Name of disorder, condition or problem
294.11	<u>F02.81</u>	Dementia in other diseases classified elsewhere, with behavioral disturbance
294.10	<u>F02.80</u>	Dementia in other diseases classified elsewhere, without behavioral disturbance
331.83	<u>G31.84</u>	Mild cognitive impairment so stated

Diagnostic Classification

Major and Mild Neurocognitive Disorders (cont.)

Probable major vascular neurocognitive disorder
No additional medical code for vascular disease

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
290.40	F01.51	Vascular dementia, with behavioral disturbance
290.40	F01.50	Vascular dementia, without behavioral disturbance
331.9	G31.9	Possible major vascular neurocognitive disorder
331.83	G31.84	Mild vascular neurocognitive disorder

Diagnostic Classification

Major and Mild Neurocognitive Disorders (cont.)

ICD-9-CM	ICD-10-CM	Disorder, condition or problem
799.59	R41.9	Unspecified neurocognitive disorder

Sample Cross-Walk: DSM-5 - ICD-9 - ICD-10

<u>DSM-5 Title</u>	<u>ICD-9-CM Code¹</u>	<u>ICD-9-CM Title</u>	<u>ICD-10-CM Code²</u>	<u>ICD-10-CM Title</u>
Generalized anxiety disorder	300.02	Generalized anxiety disorder	F41.1	Generalized anxiety disorder
Panic disorder without agoraphobia	300.01	Panic disorder without agoraphobia	F41.0	Panic disorder
Panic disorder with agoraphobia	300.21 + 300.22	Agoraphobia with panic disorder	F40.01	Agoraphobia with panic disorder
Persistent depressive disorder (dysthymia)	300.4	Dysthymic disorder	F34.1	Dysthymic disorder
Schizophrenia, catatonic type	295.90	Catatonic type schizophrenia unspecified	F20.2	Catatonic schizophrenia
Bipolar I disorder, current or most recent episode manic	296.00	Bipolar I disorder single manic episode unspecified	F31.11	Bipolar disorder without psychotic features
Specific learning disorder with impairment in reading	315.00	Developmental reading disorder unspecified	F81.0	Specific reading disorder
Dementia of Alzheimer's type with early onset, uncomplicated	290.10	Presenile dementia uncomplicated	G30.9 + F02.80	Alzheimer's disease unspecified without behavioral disturbance
¹ in use through September 30, 2015 ² in use starting October 1, 2015				

Diagnosing: Order & Number

- First Diagnosis: Primary
- Second Diagnosis: Next most important, and so on...
- Total # of Diagnoses: All conditions present, including those diagnosed by you and those diagnosed by other qualified health providers

Billing Vs. Working Diagnosis

- Bill for the Dx being pursued on claims form.
- The initial or working diagnosis then establishes the medical necessity for subsequent assessments and interventions
- It is new diagnosis that is used (e.g., Patient is referred for depression but evaluation discovered for dementia), bill for depression for the first visit, but use dementia from that point forward

ICD X CPT Formulary

- **Formulary** - Third party payors (e.g., Medicare) will have a CPT (procedural code) X ICD (diagnostic code) that will be the basis of:
 - Medical Necessity
 - Reimbursement
- **Medicare** - Each Medicare carrier will establish and publish on their website
- **Private Payors** - Each carrier will establish and **NOT** publish on their website (trial and error)

Diagnosing: Assessment Vs. Treatment

- Assessment: Per previous slide, primary as discovered, then secondary and all other diagnoses
- Treatment: Per previous slide and as above but the diagnosis must match the treatment

NOTE: Primary DX in each case will determine whether the claim is “medical” or “behavioral”.

Carrier Examples

- **NOVITAS:**

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35101&ContrId=338&ver=8&ContrVer=1&Date=10%2f01%2f2015&DocID=L35101&bc=iAAAAAgAAAAAAAA%3d%3d&>

- **CIGNA:**

https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0258_coveragepositioncriteria_neuropsychological_testing.pdf

- **AETNA:**

http://www.aetna.com/cpb/medical/data/100_199/0158.html

(NOTE: Neuropsychological testing is covered for the following types of diagnosis; NP testing is covered for **F, G** as well as some **I, Q, R** and **S** codes.)

HCFA 1500

- Number of places for DX has gone from 6 to 12.
- Primary code and, if appropriate or necessary, the parent code following
- Current version is v02/12
- Includes an ICD Indicator in Field 21
- Use “0” for filing a claim with ICD-10 Codes (on and after 10/1/15)

ICD Chapter 6 Sections

Chapter 6: Diseases of the nervous system (G00-G99)

Contains:

- G00-G09 - Inflammatory diseases of the central nervous system
- G10-G14 - Systemic atrophies primarily affecting the central nervous system
- G20-G26 - Extrapyrarnidal and movement disorders
- G30-G32 - Other degenerative diseases of the nervous system
- G35-G37 - Demyelinating diseases of the central nervous system
- G40-G47 - Episodic and paroxysmal disorders
- G50-G59 - Nerve, nerve root and plexus disorders
- G60-G65 - Polyneuropathies and other disorders of the peripheral nervous system
- G70-G73 - Diseases of myoneural junction and muscle
- G80-G83 - Cerebral palsy and other paralytic syndromes
- G89-G99 - Other disorders of the nervous system

Selected Other ICD Sections

- Certain conditions originating in the perinatal period (P04-P96)
- Certain infectious and parasitic diseases (A00-B99)
- Complications of pregnancy, childbirth and the puerperium (O00-O9A)
- Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
- Endocrine, nutritional and metabolic diseases (E00-E88)
- Injury, poisoning and certain other consequences of external causes (S00-T88)
- Neoplasms (C00-D49)
- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)

Additional resources

- Psychology Coding - CPT and Psychological Service Billing: <http://psychologycoding.com/>
- APA Practice Organization: <http://www.apapracticecentral.org>
- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM): <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- ICD-10-CM Application: http://icd.apa.org/icd10cm/?_ga=1.110688002.669471048.1433946163
- ICD10Data.com: <http://ICD10Data.com>

Glossary

- **CPT:** Current Procedural Terminology
- **DSM:** Diagnostic and Statistical Manual of Mental Disorders
- **F code:** ICD-10-CM: Chapter 5 - Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
- **Formulary:** An official list giving details of medicines that may be prescribed.
- **G code:** ICD-10-CM: Chapter 6 - Diseases of the nervous system (G00-G99)
- **Granularity:** The scale or level of detail present in a set of data
- **HCFA:** Health Care Financing Administration
- **ICD-10-CM:** International Classification of Diseases, Tenth Revision, Clinical Modification
- **R code:** ICD-10-CM: Chapter 18 - Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

Question and Answer Period



Problems with insurers who will not process claims?

The APA Practice Organization assists members with health insurance and managed care issues. Staff in the Legal and Regulatory Affairs Office work collaboratively with insurers to smooth out practitioners' billing, audit and claims issues.

Contact the APA Practice Organization at practice@apa.org.

Thank you for your attention.

For more information on billing and reimbursement, please see our Reimbursement section at

<http://www.apapracticecentral.org/reimbursement/>

If you have other questions or concerns, please feel free to contact the Practice Organization at

practice@apa.org.