

# How Pediatric Neuropsychology Fits into Healthcare Reform

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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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- **NAN:** PAIC Former and Present Committee
- **NAP:** Marie DiCowden
- **National Psychologist:** Paula Hartman-Stein
- **Other:** *James Georgoulakis, Neil Pliskin, Pat DeLeon*
  - *(highly instrumental in recent CPT activities)*

# 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*)
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# 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, 2014)

# OUTLINE

- I. Medicare
- II. CPT
- III. Diagnosing
- IV. Documentation
- V. Time
- VI. Technicians
- VII. Reimbursement
- VIII. Fraud
- IX. PQRS
- X. Economics
- XI. Surveys
- XII. Trends



# I. Medicare: Why?

- ***The*** Standard for Universal Health Care:
  - Coding (what can be done)
  - Value (how much it will be paid)
  - Documentation (what needs to be said)
  - Auditing (determination of whether it occurred)

Note: While Medicare sets the standard, there is no point-to-point correspondence with private carriers, forensic or consulting activity but it does set the foundation

# 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

# **II. 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: Composition

- AMA House of Delegates
  - 109 Medical Specialties
- HCPAC
  - 11 Allied Health Societies (e.g., APA)
- CPT Editorial Panel
  - 17 Voting Members
    - 11 Appointed by AMA Board
    - 1 each from BC/BS, AHA, HIAA, CMS
    - 2 Voted on by HCPAC
      - Psychologist (AEP)

# X. Health Care Expenditures

(CMS)

- Health Care Spending & Gross Domestic Product
  - 1960 = 5.0%
  - 1970 = 7.0%
  - 1990 = 9.0%
  - 2002 = 15.4%
  - 2004 = 16.0%
  - 2005 = 16.2%
  - 2010 = 18.0%
  - 2015 = 20.0% ( or 4 trillion \$)
  - Final = 33.3%

# History of Health Care Reform

(New York Times, 08.19.09)

- 1912: Theodore Roosevelt proposes national health insurance
- 1929: First health insurance program- Baylor Hospital in Dallas, TX
- 1931: First HMO- Farmer's Union Cooperative Health Association
- 1932: Wilbur Commission recommends health insurance prepayment

# History of Health Care Reform

(New York Times, 08.19.09)

- 1945: Harry Truman proposes compulsory health coverage
- 1965: Birth of Medicare & Medicaid (LBJ)
- 1968: Beginning of spiraling of health care
- 1971: Richard Nixon requires minimum health insurance by employers
- 1976: Jimmy Carter calls for universal and mandatory coverage
- 1993: Bill (Hilary) Clinton's managed competition



# National Background

- Total Costs
  - Annually = \$2.3Trillion (Federal = \$1.26)
  - Approximately 18% of the GNP of the US; 15% of GDP
  - Insurance Plans
    - 84% Insured/ 14% Uninsured
    - Over 700 Health Care plans (15% admin cost for private; 3% for federal)
- Breakdown
  - Clinical Services = \$421.7
  - Hospital = \$611.6
  - Other = \$338.6
  - Medical Products & Drugs = \$258.8
  - Nursing Homes = \$169.3
- Comparison to Other Nations
  - US = 16.0%
  - UK = 8.3%
  - CHINA = 4.7%

# Health Statistics: 2010

*(The Economist, 12.12.09)*

Country	Private Cost	Public Cost	Per Person (\$' 000)
US	8%	7%	7.3
France	3%	8%	3.6
Germany	3%	7%	3.6
Canada	4%	6%	3.9
Britain	2%	7%	3.0
Japan	2%	7%	2.6
Turkey	2%	5%	0.6

# Insurance Company Profits

(American Medical News 02.2012)

- Since the ACA Rollout Through 2011
  - Overall profits – most in double digits
  - Overall medical-loss ration – Up 2% overall

# 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>

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

# Affordable Health Care for America Act (HR 3962)

- No Limitations on Pre-existing Conditions
- Guaranteed Renewal
- Limit Rating on Patients Based on Health
- Ban Use of Annual & Lifetime Caps
- Address Personnel Shortfall
- Medical Home Pilot Projects
- Phase Out Drug Doughnut Hole by 2019

# Specifics of Health Care Bill: I

(adapted from Medscape.com 03.31.10; Commonwealth 05.10.10)

- **Small Business Tax Credits**
  - Tax credits of up to 35% for insurance (immediate)
  - Will go up to 50% (by 2014)
- **Preventive Care (Private Plans- 10.01.10; Medicare- 01.01.11)**
  - **Eliminates copayments for preventive care**
  - **Exempts preventive care from deductibles**
- **Ends Rescissions (10.01.10)**
  - **Bans health plans from dropping coverage for being sick**

# Specifics of Health Care Bill: II

(adapted from Medscape.com 03.31.10; Commonwealth 05.10.10)

- **Temporary High Risk Pool (07.01.10;** NC and all but 17 states will run own program; \$5,950 individuals and \$11,900 families )
- **Voluntary, Public Long-term Care Insurance Program (01.01.11)**
  - Financed by voluntary payroll deductions
  - Benefits to those who become functionally disabled
- **Community Health Centers (07.01.10)**
  - Increase to for doubling number of patients within 5 years with funding of over \$10 billion

# Specifics of Health Care Bill: III

(adapted from Medscape.com 03.31.10)

- Extending Health Insurance Programs to Children through Age 26
- Increasing Primary Care Physicians (07.01.10)
  - Increasing primary care MD and related professionals focusing on public health



# Specifics of Health Care Bill: IV

(adapted from Medscape.com 03.31.10)

- Creates Temporary Insurance Program for Early Retirees (04.01.10)
  - Between ages of 55-64
- No Discrimination Against Children with Pre-existing Conditions (10.01.10)
- Bans Lifetime Limits on Coverage (10.01.10)
- Bans Restrictive Annual Limits on Coverage by Medicare (10.01.10)
  - From all health plans by 2014

# Preventive Services: A New Frontier

- Annual wellness visits
- Prevention plan services
- Furnish personalized health advice to health education or prevention services
- Detect cognitive impairment

NOTE: Unclear application for psychologists

# Prevention Services

- Removal of deductible and co-insurance
- Addition of annual wellness visits
- Addition of Health Risk Assessment

See [ama-assn.or/go/medicare-prevention](http://ama-assn.or/go/medicare-prevention)

# ACA & Misvalued Service

(from K. Bryant, AMC CPT Symposium 11.2013)

- The Affordable Care Act requires an examination of potentially misvalued codes in seven categories:
- 1. Codes and families of codes for which there has been the fastest growth,
- 2. Codes and families of codes that have experienced substantial changes in practice expenses,
- 3. Codes that are recently established for new technologies or services,
- 4. Multiple codes that are frequently billed in conjunction with furnishing a single service,
- 5. Codes with low relative values, esp. those that are billed multiple times for a single service,
- 6. Codes which have not been reviewed since the implementation of the RBRVS (the so-called “Harvard-valued codes”),
- 7. Other codes to be determined by the Secretary.

# Integrative Health Care: Engagement of Behavioral Health

- 75% are chronic illnesses
- 50% of mental health care is done by PCP
- 600,000 behavioral health professionals of which 100,000 are psychologists
- Current coding limited for physicians more limited for psychologists

# Specifics of Health Care Reform

- Reducing Fraud
  - Community Mental Health Centers
  - Prepayment Review
  - Increase funding for fraud, waste & abuse
- Medicare
  - Disproportionate payment to hospitals
  - Imaging
  - Physician ownership referral
- Medicaid
  - Disproportionate payment to hospitals
  - Primary Care Providers

# Health Care Reform: Process

Level of Action	Agency Level	Roadblocks
Congressional	NA	Republican Take-over
Federal Agency	CMS	State Lawsuits Supreme Court
State Agency	Medicaid/Insurance XC.	State Budgets
Private Companies	e.g., BC/BS	RVU minus model
Institutional	HR/Budget Authorities	Compliance Officers

# Origins of Health Care Reform

Driving Force	Initial Focus	Implementation
Reducing Budget Deficit	Increase Efficiency	Audits Electronic Health Record Community Health Outcome Based Medical Home Efficient Models (e.g. VA)
Moral Attributes	Insuring 50 million people	Children to 26 yrs of age Non-exclusionary limits Health Rae Exchanges



# Health Care Reform Timetable

Timetable	Driving Activity	Involved Organizations
Fall 2010	Elections	Patient Advocacy Organizations (e.g., Families USA)
Winter 2011	Congressional Debate	Health Care Organizations (e.g., AMA, APA, ...)
Spring 2011	Public Debate	Talk Shows, Newspapers, etc...
Summer 2011	Congressional Action	Everybody
Spring 2012 to 06.30.12	Supreme Court	Everybody
Fall 2012	Congress (SGR)	Providers
Fall 2014	State	Providers

# Health Care Reform Bill Summary

- Costs - \$940 billion over 10 years
- Savings- Reduce deficit by \$130 billion over 10 years, \$\$1.2 trillion over next 10
- Coverage- Expand by 32 million people
- Exchanges for Uninsured and Self-employed (133-400% of poverty level)
- Exchanges for Small Businesses- 2014

# Summary Continued

- Insurers Will No Longer Be Able To:
  - Deny coverage to children with pre-existing conditions
  - Place lifetime and/or annual benefit limits
  - Cancel policy without proving fraud
- Consumers Will Be Able To:
  - Access no-cost prevention services
  - Allow children access to health care coverage until 26 if enrolled student
  - Choose primary care provider, ob/gyn, pediatrician
  - Use nearest Emergency Room without penalty

# Changes in Affordable Health Care Act: Positive

- Positive Aspects & Unlikely to Change (examples):
  - Coverage extension
  - Pre-existing conditions
  - Expanding to a larger pool of individuals

# Changes in Affordable Health Care Act

- Changes:
  - Individual mandate
  - De-fund Innovation Center
- Questions
  - Independent Payment Advisory Board
  - Tort Reform

# Health Care Bill- Executive Summary

- Expand Affordable Health Insurance to Those Without Coverage
- Increase Affordability of Insurance for Those Who Have It
- Slow the Rise of Health Care Costs and Control National Deficit

# Winners

- Uninsured and Working Class Self-Employed (& Small Businesses)
- Pre-existing Conditions
- Mobile Individuals
- Some Seniors and Women
- Children & Students (till 26)

# Supporters

- Investment Incomes
- Cadillac Insurance Plans
- Tanning Booths
- Large (over 50 employees) Companies
- Health Care Providers



# Health Care Bill:

## Areas of Potential Interest

- Mental Health Parity (Section 214, pg. 100)
- Federally Qualified Behavioral Health Centers (Section 2513, pg. 1367)

# Health Care Benefits Exchange

- States will create exchanges (or join federal government)
- Limited to citizens/residents who do not have employer based insurance
- Will provide standardize information
- Determine eligibility
- This is the present “battleground”

# Post-Health Care Bill

- Passed Bill: Largely an insurance reform bill
- Future Direction & Impact of Bill:
  - At agency level
  - Then, at private third party level
  - May turn out to be the health care reform of what has occurred thus far
  - Revolutionary changes will occur quietly between now and 2018, largely at state levels

# Example of Post Health Care Bill

- Medicare Shared Savings Program (06.24.10): Accountable Care Organizations (ACOs)
  - Engagement of clinical staff
  - Protection and savings for patients
  - Assessment of quality
  - Data management (e.g., EMR)

To be established no later than 01.01.12

Must include at least 5,000 beneficiaries

# Accountable Care Organization

- Expand Medicaid Eligibility
- Provider Based
- Competency Based
- Approximately 15% of the US population signed up
- Expected to save Medicare up to \$1 billion in first 5 years

(Kaiser Health News, 04.15.2014)

# Electronic Medical Record(EMR/EHR)

- EMR is broadly defined as a patient's health record in an electronic format
- Required by Congress
- Connected to a Health Information Exchange
- Minimum amount of information
- Start date- 2012
- Required date- any day now

# Another Example

- Health Insurance Exchanges
    - Selection of beneficiaries
    - Large numbers and varied samples
    - Choice without complexity
    - Transparency and disclosure
    - Increased competition
    - Limit internal and external costs
    - Geographic limits(Regional/ State/National?)
- (Jost, 2010)

# Health Insurance Exchange

- Medicare “Light” or Expanded Medicaid Model
- Focus on Increasing Insurers AND Decreasing Costs
- Prevention & Integrative Care Will Be Central

(see [apapracticecentral.org/update/2013/08-29/medicaid-hie.aspx](http://apapracticecentral.org/update/2013/08-29/medicaid-hie.aspx))



# Applications of Bill

- Development of Performance Metrics
- Increasing Transparency & Reporting
- Improving CMS Delivery

(Stremikis, Davis & Audet, The Commonwealth Fund, July, 2010)

# Present Trends at Federal Level

- GOAL OF LOWER COSTS
- INCREASED EFFICIENCY (E.G., DUPLICATION OF SERVICES, INNOVATION IN DELIVERY AND PAYMENT)
- INCREASING TRANSPARENCY/ACCOUNTABILITY (E.G., PQRS)

# Medicare Release Data

- Public access of Medicare information
- Website: -----

# Timelines

- CMS
  - [Cciio.cms/gov](http://Cciio.cms/gov)
- ACA
  - [Healthcare.gov/center](http://Healthcare.gov/center)
- US DOL
  - [Dol.gov/ebsa/faqs/faq-aca2.html](http://Dol.gov/ebsa/faqs/faq-aca2.html)
- White House
  - [Whitehouse.gove/healthreform/timeline](http://Whitehouse.gove/healthreform/timeline)

# Emerging Initiatives: Integrative Care

- Comprehensive assessment
- Identification of health care home
- Comprehensive intervention
- Shared record, development and decision making to reduce duplication and enhance effectiveness
- Engagement of consumer in the preceding  
*Could be geographic or virtual*

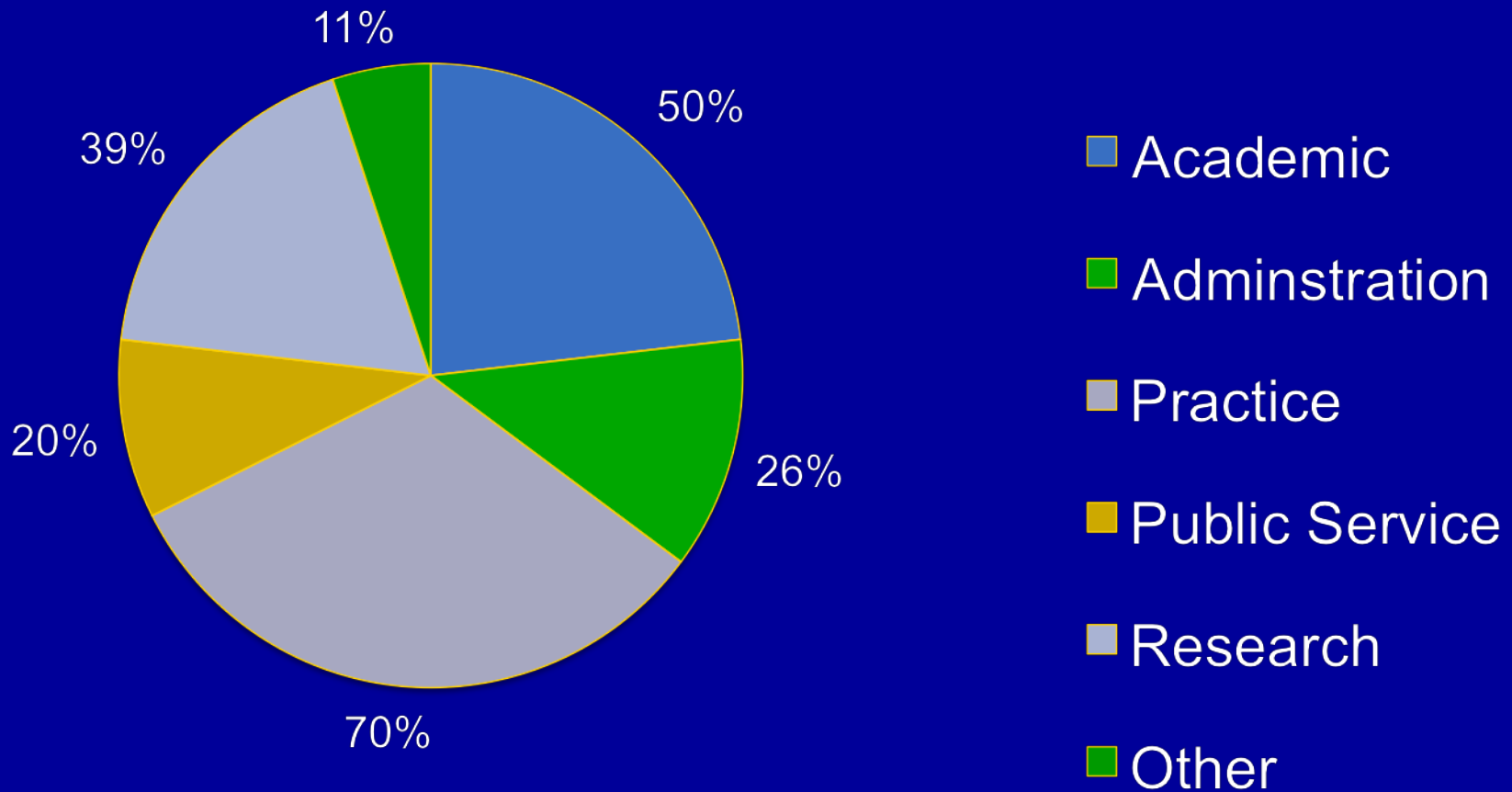
# XI. APA Presidential Initiatives: Survey

03.01.14

# Demographics

<i>Demographics N= 427</i>								
<u>Gender &amp; Age</u>			<u>Highest Degree</u>			<u>Areas of Interest(s)</u>		
Males	187	44%	PhD	280	66%	Academic	210	50%
Females	236	55%	BA/BS	48	11%	Administration	109	26%
Other	2	1%	MA/MS	36	9%	Practice	296	70%
Mean age	51		PsyD	32	8%	Public Service	86	20%
Age range	18-89		Others	28	6%	Research	164	39%
SD	14					Other	45	11%

# Areas of Interest(s)





# Previous APA Presidential Initiatives Ranking

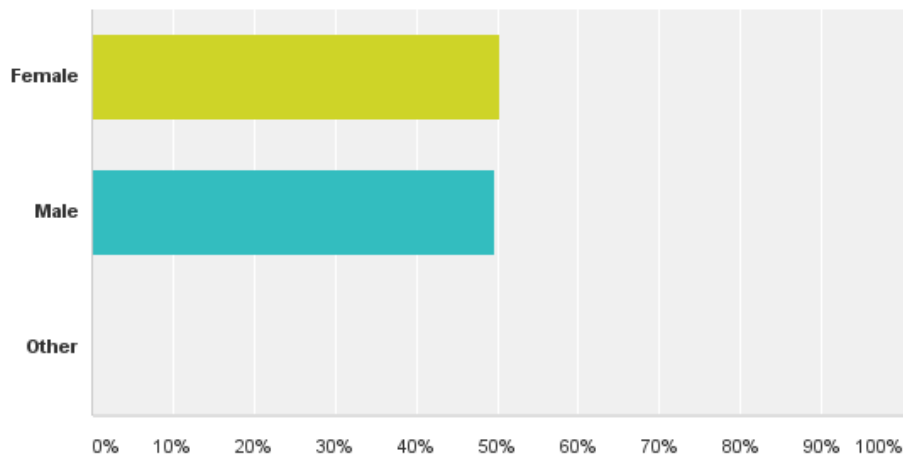
<u>Ranking</u>	<u>Topic</u>	<u>Average Rating</u>
1	Integrative healthcare	10.61
2	Translating science for the public	8.94
3	Education/engagement for next generation	7.91
4	Psychological services to military	7.53
5	Attracting/retaining academicians & scientists	7.43
6	Addressing obesity	5.96
7	Service and science of homelessness	5.78
8	Promoting diversity	5.55
9	Psychological science and public policy	5.48
10	Psychology of immigration	4.8
11	IRBs and psychological science	4.45
12	Psychology and interrogation	3.66

APA Directorates:  
Key Policies Survey  
05.05.14

# Key Policies Survey

## Q1 What is your gender?

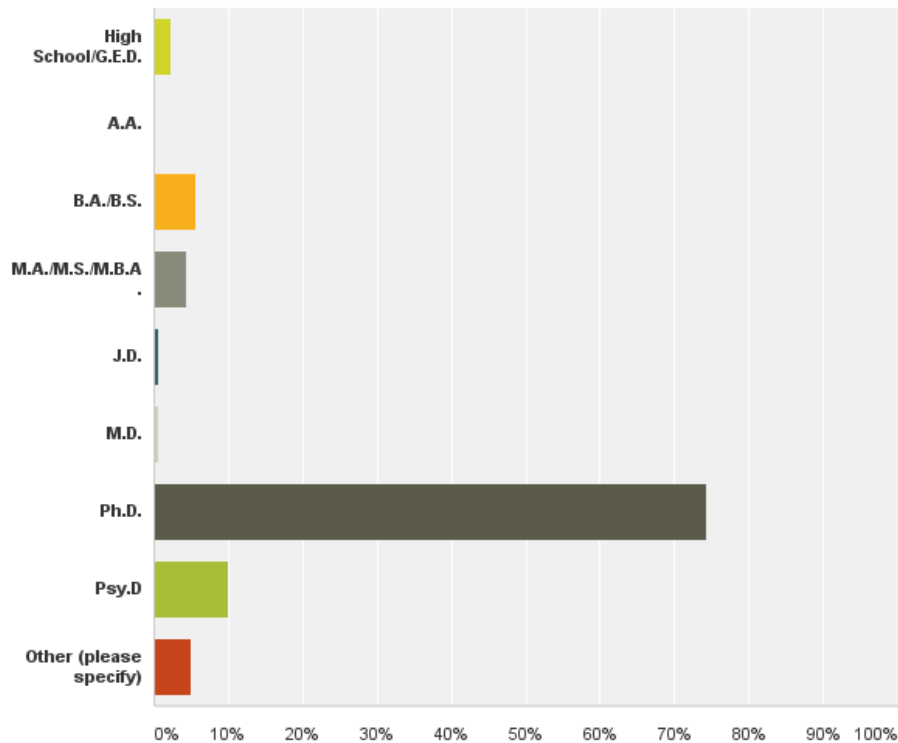
Answered: 181 Skipped: 1



# Key Policies Survey

## Q3 What is your highest attained degree?

Answered: 179 Skipped: 3



Practice: 83.24%

Academic: 51.96%

Research: 44.69%

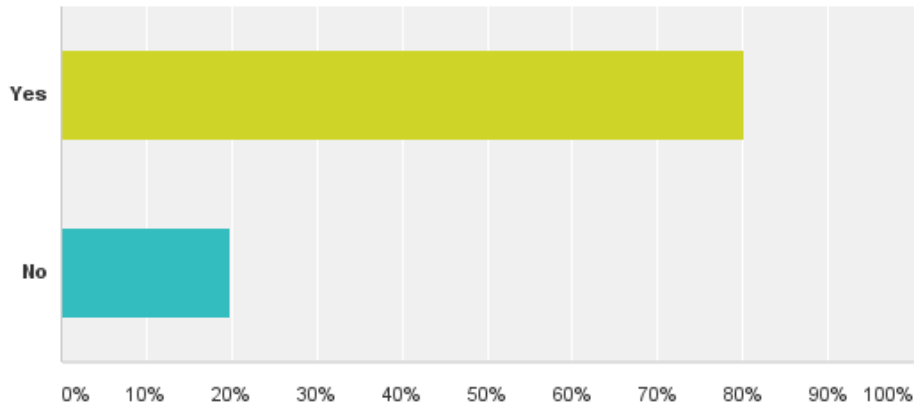
Administration: 30.73%

Public Service: 26.26%

# Key Policies Survey

## Q5 Are you a member of the American Psychological Association?

Answered: 181 Skipped: 1

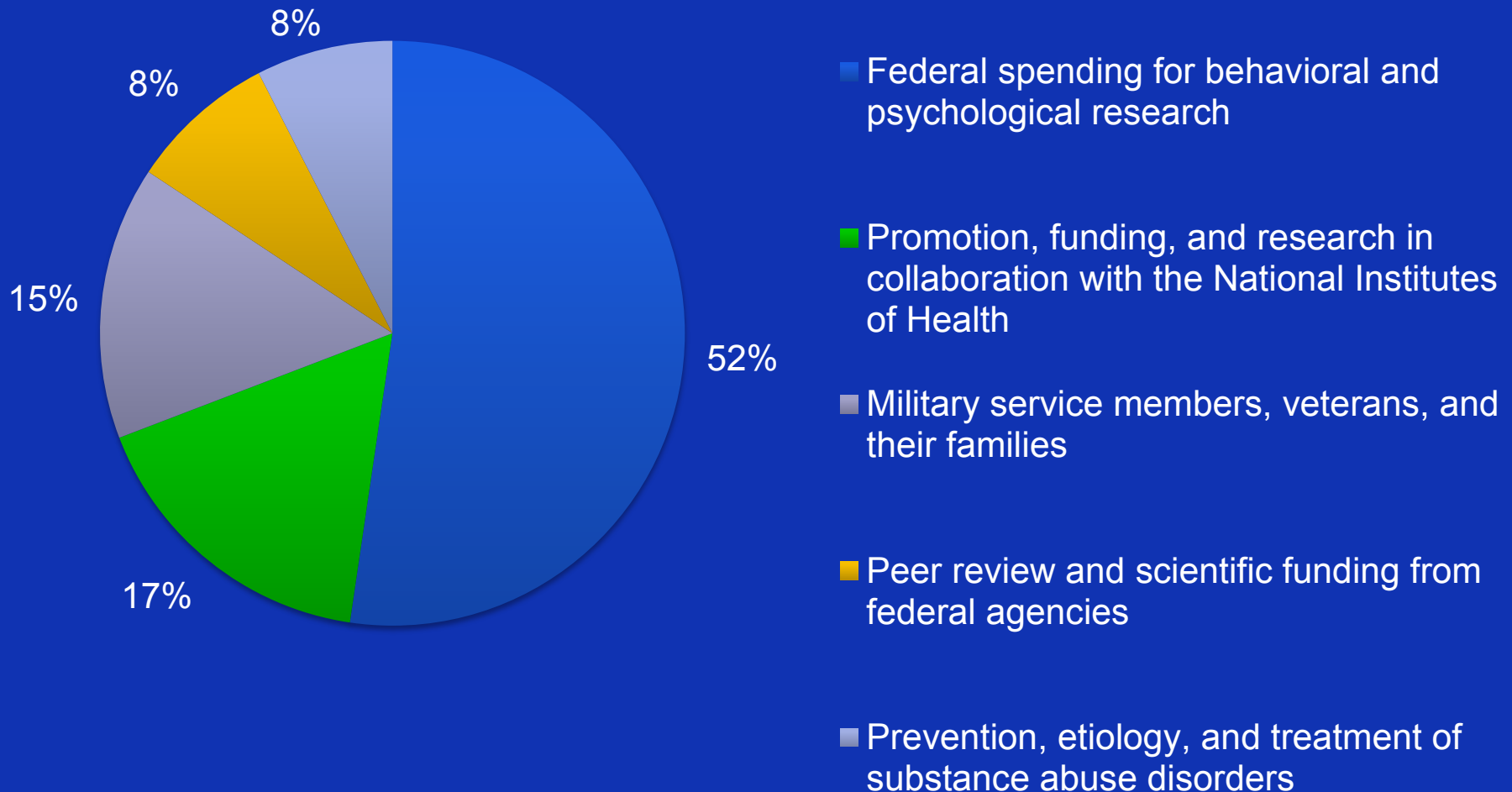


Yes: 80.11%  
No: 19.89%

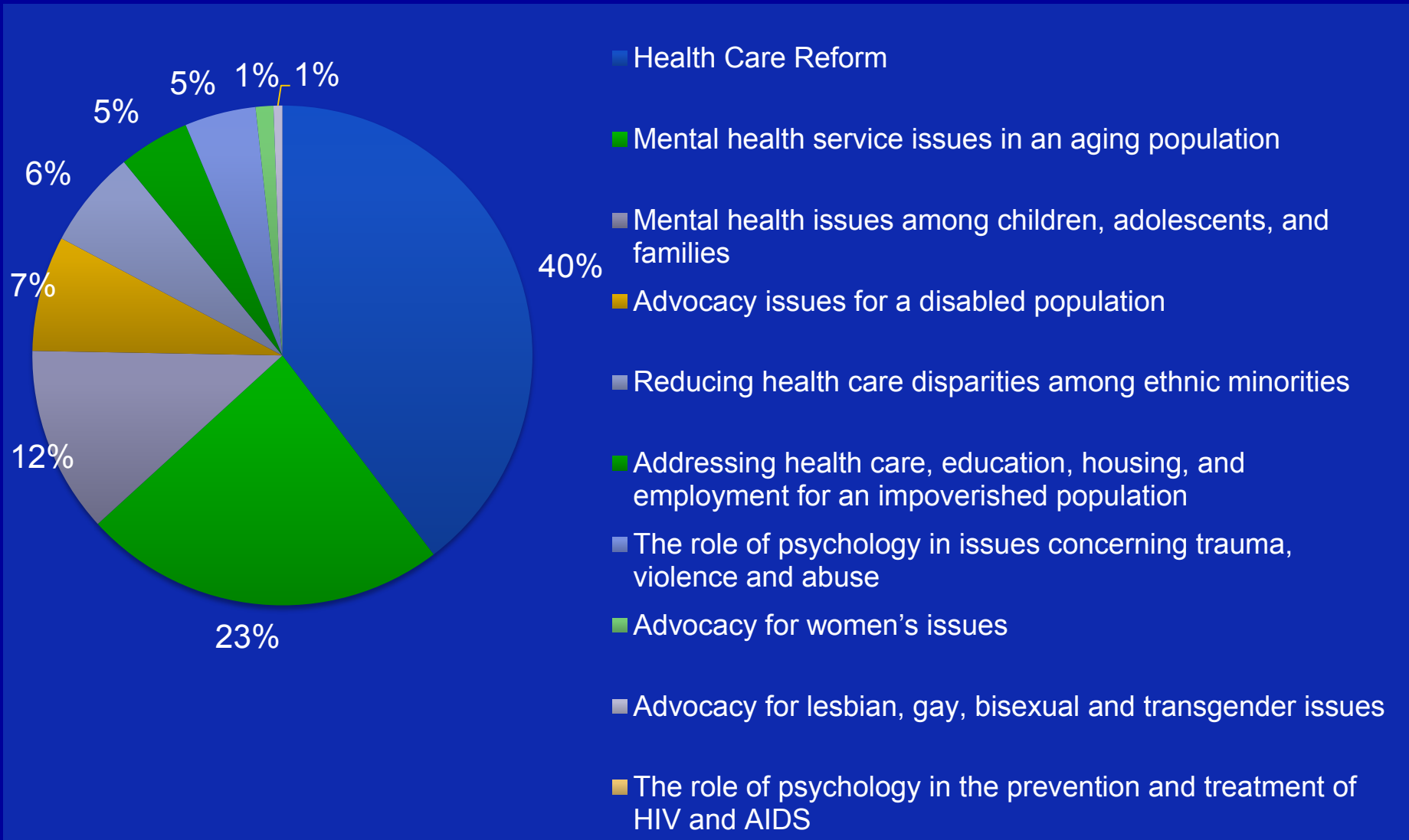
# Key Policy Areas in Education



# Key Policy Areas in Science

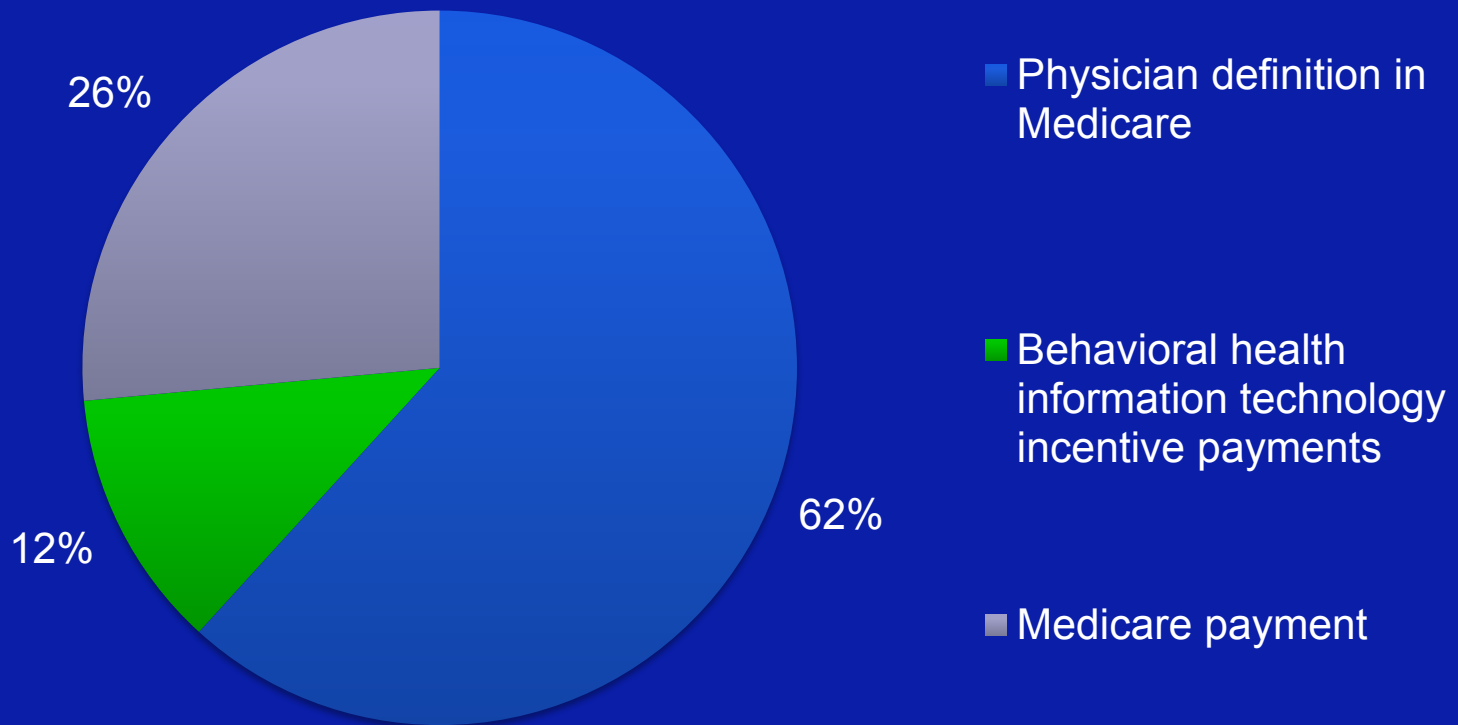


# Key Policy Areas in Public Interest





# Key Policy Areas in Practice



# XII. Health Care Trends

(from : P. Hollman, 10.13.11; AMA CPT meeting)

- Unsustainable Cost Trends
- Increased Audits
- Electronic Health Records
- Health Care Homes
- Tele-health
- New Diagnostic Codes
- Chronic Care Model (and elderly patients)
- Redefinition of Diseases

# 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	Health Care Home

# ***Final Summary***

- **Negative News**

- Decrease in Reimbursement Using Traditional Approaches (about 2-5%)
- Transparency & Accountability (negative?)

- **Positive News**

- Transparency & Accountability
- Much Wider Scope of Practice
- Larger Number of Patients
- Newer Paradigms (telehealth; ABA: team & coordinated care)
- Increase in Professionalism
- Mainstream Integrated Health Care (Vs. Silo/Isolated)

# Ongoing & Upcoming Activities

- Development of New Codes (2014-15)
  - Prolonged Psychotherapy (one)
  - All testing codes
  - Coordination of Care for Integrated Care (several)
- Applied Behavior Analysis
- Revision of Existing Codes (2014)
  - 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

# Tsunami Explained: Present Paradigms

- Comprehensive
- Uniformity
- Transparency
- Documentation
- Integrative
- **Performance**



# Tsunami Explained: Future Paradigms

- Traditional Paradigms
  - Yearly reduction of 1-5% for foreseeable future
  - Unsustainable by 2020
- New Paradigms
  - Boutique services
  - Prevention
  - Integrative & multi-disciplinary (geographic or virtual)
  - Consultative (e.g., ABA)
  - Interface with other industries (e.g., legal, industrial, sports)

# A Summary of Approximately 25 Years

- Expanded from a Approximately 3-4 Codes to Over Several Dozen Codes and Continuously Expanding
- Total Revision of all Diagnostic, Testing and Psychotherapy Codes
- Addition of Prescription Privilege Code
- Expanded from Psychiatric Only to All of Medicine and Health Care
- Expanded from No Uniformity and Lack of Understanding to High Levels of Professionalism and Recognition & Collaboration With Psychology and Medicine/Health Care
- Reimbursement Increases Has Outpaced Other Health Care Disciplines by a Significant Factor

# Take Away Message?

Health care has become one big

Category Test

with the categories being determined as

the test is being administered...

# 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. 2002
- Association for the Advancement of Psychology
  - [www.aapnet.org](http://www.aapnet.org)
  - P.O.Box 38129
  - Colorado Springs, Colorado 38129

# 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