Coding, Billing and Documenting Pediatric Neuropsychological Services

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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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- **NAP**: Marie DiCowden
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- *(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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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)

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

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
      - Physician's Assistant
      - Psychologist (AEP)

CPT: Theory

- Order of Value - Personnel
  - Surgeons, Physicians, Doctorate Level Allied Health, Non-Doctorate Level Allied Health
- Order of Value - Costs
  - Cognitive Work, Expense, Malpractice
  - X a Geographic Location Factor
  - X a Conversion Factor Set by Congress Yearly

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

Three Types of Codes

- Psychiatric/Mental Health (1970s?)
- Neuropsychological (added in 1990s)
- Health and Behavior (2000s)
- Miscellaneous
  - Preventative
  - Evaluation & Management (E & M)
  - Telehealth

Psychotherapy: History of Current Codes

- Mandated by CMS Five Year Review
- Developed by;
  - *CPT Panel* Planning Psychological and Psychiatric Services (Psychotherapy) Workgroup 2010-11; Puente as one of five members
  - CPT Advisor Workgroup Psychological and Psychiatric Services (Psychotherapy) Workgroup; 2011-12; Neil Pliskin and APA Representatives as members; Puente as an observer (consensus based)

    Included;

    Nursing
    Psychiatrists
    Psychologists
    Social Workers
  - APA Internal Psychotherapy Workgroup; 2011-2012 (led by Randy Phelps)

(note: some overlap between the planning and actual workgroup)

Brief Summary of Changes in Psychotherapy Codes

- Psychiatric Diagnostic Interviewing Changed
- Most Frequently Used Psychotherapy Codes Changed
- Two Major Changes
  - Time
  - Intensity

(documentation suggestions in the psychiatric interviewing and psychotherapy codes are in italics)

Time & Intensity in Psychotherapy

- Time
  - 30 Minutes
  - 45 Minutes
  - 60 Minutes
  - TBD- 90 Minutes
- Intensity
  - Standard
  - Interactive
  - Crisis

Psychiatric Diagnostic Interviewing Paradigm

Intensity
Standard Complexity
Interactive Complexity

Psychiatric Interviewing I

- Use ***90791*** to report psychiatric diagnostic evaluation, an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources, and review and ordering of diagnostic studies.
- Replaces 90801.

Psychiatric Interviewing II

90791

- *History and Mental Status*
- *Review and Order of Diagnostic Studies as needed*
- *Recommendations (including communication with family or other sources)*

90792

- Examination (CMS psychiatric specialty examination)
- Prescription of Medications when appropriate
- Ordering of Laboratory Tests as needed

Psychiatric Interviewing III

- Codes ***90791*** and ***90972*** are used for diagnostic assessment(s) or reassessment(s), if required, and do not include psychotherapy services.

- Psychotherapy services (***90832 - 90838***), including for crisis (***90839, 90840***), may not be reported on the same day as ***90791*** or ***90792*** .

Psychiatric Interviewing: IV

- Includes examination of patient, exchange of information with (or in lieu of the patient other informants such as nurses or family members and preparation of report
- Re-assessments are permitted (on different days)
- Report more than once when separate interviews are conducted with the patient and informant(s)

Psychiatric Interviewing: VI

- History obtained includes;
  - Past psychiatric history
  - Chemical dependency history
  - Family history
  - Social history
  - Treatment history
  - Medical history

Psychiatric Interviewing: VII

- Additional Information Obtained;
  - Review of systems
  - Safety
  - Lethality
  - Aggression
  - Competency

Psychiatric Interviewing: VIII

- Specialty Specific Examination
  - Mental status (see prior slides from pre-2013)
- Diagnosi(e)s;
  - Psychiatric diagnosi(e)s
  - Personality considerations
  - Contributing medical factors
  - Psychosocial stressors
  - Current level of functioning

Psychiatric Interviewing: IX

- Treatment Plan
  - Consideration of medications
  - Psychotherapy
  - Tests
  - Level of Care/Supervision
- Informed Consent for Treatment Plan
- Disposition of Patient (e.g., testing)

Psychiatric Interviewing: Basic Summary

Code Number	Code Descriptor
90791	Psychiatric interviewing
90792	Psychiatric interviewing with medication management

Psychotherapy Paradigm

TYPE of PSYCHOTHERAPY		TIME of PSYCHOTHERAPY	
	Brief	*Regular*	*Extended*
Standard	30’	45’	60’
Interactive	30’	45’	60’
Crisis	30-74’	add for every additional 30’	undefined

Psychotherapy: I

- “Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health professional, though definitive communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavioral and encourage personality growth and development.

Psychotherapy: II

- The new psychotherapy codes is used in all settings
  - There will no longer be separate inpatient and outpatient codes
- There will no longer be codes for interactive psychotherapy
  - Instead there is a new add-on code for interactive complexity ***90785***

Psychotherapy: III

- The psychotherapy service codes ***90832-90837*** include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or others in the treatment process. The patient must be present for all or some of the service.
- For family psychotherapy without the patient present, use code ***90846*** (this code did not change).

Psychotherapy Codes: IV

- Codes ***90832-90838***describe time-based face-to-face services with the family ***and/or*** patient, with times of 30, 45, and 60 minutes.
- The choice of code is based on the one that is closest to the actual time. In the case of the 30 minute codes, the actual time must have at least crossed the midpoint (16 minutes).
- Psychotherapy is never less than 16 minutes.

Psychotherapy: V

- **90832** or **90833- e/m** (30 minutes) for actual psychotherapy time of 16-37 minutes
- **90834** or **90836- e/m** (45 minutes) for actual time of 38-52 minutes
- **90837** or **90838- e/m** (60 minutes) for actual time of 53 minutes or more.

Psychotherapy- VI

- 30 minutes = 16-37 mins.
- 45 minutes = 38-52 mins.
- 60 minutes = 53 + mins.
- 90 minutes =
  - to be determined for code and time
  - For now, use 60 minute code plus 22 modifier
  - Note that one carrier has accepted prolonged E & M service

Psychotherapy: VII

- Site of Service is No Longer Recorded
- May Include Face-to-Face Time with Family Members as Long as Patient is Present for ***Part*** of the Session
- Intra-service Time includes;
  - *Objective Information*
  - *Interval History*
  - *Examination of Symptoms, Feelings, Thoughts and Behaviors*
  - *Mental Status Changes*
  - *Current Stressors*
  - *Coping Style*
  - *Application of a Range of Psychotherapies*

Psychotherapy: VIII

- Use 90837 in Conjunction with the Appropriate Prolonged Service Code (99354-99357) for face-to-face Psychotherapy Services with the Patient of 90 minutes or longer)

(tip = current prolonged services codes are E & M and thus not *typically* reimbursable for non-physicians)

Psychotherapy: Basic Summary

Code Number	Code Descriptor
90832	Psychotherapy, 30’ with patient and/or family member (other)
90833	Psychotherapy, 30’ with patient and/or family member (other) with E & M
90834	Psychotherapy, 45’ with patient and/or family member (other)
90836	Psychotherapy, 45’ with patient and/or family member (other) with E & M
90837	Psychotherapy, 60’ with patient and/or family member (other)
90838	Psychotherapy, 60’ with patient and/or family member (other) with E & M

Psychotherapy: Interactive Complexity I

- Interactive complexity, reported with add-on code ***90785***, refers to specific communication factors that complicate the delivery of certain psychiatric procedures (***90791, 90792, 90832 - 90838, 90853***).

(tip= significant complicating factor)

Psychotherapy: Interactive Complexity II

- “Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult with communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical patients are those who have third parties such as parents, guardians, other family members, interpreters language translators, agencies court officers, schools…” (AMA CPT)

Psychotherapy: Interactive Complexity III

- To report ***90785*** at least one of the following factors must be present:
  1. The need to manage maladaptive maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates the delivery of care.
  2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan
  3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient or other visit participants
  4. Use of play equipment, other physical devices, interpreter or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who;
     1. Is not fluent in the same language as the physician or other qualified health care professional, or
     2. Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment or receptive skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication

  (tip = time is determined by original base code)

Psychotherapy: Interactive Complexity IV

- May involve family, guardians or significant others instead of pt.
- May be reported more than once if more than one diagnostic evaluation is conducted.
- The service is reported only once per day.

Psychotherapy: Crisis (I)

- Psychotherapy provided to a patient in a crisis state is reported using codes ***90839*** and ***90840***
- Codes ***90839*** and ***90840*** may not be reported in addition to a psychotherapy code (***90832 – 90838***) nor with psychiatric diagnostic, interactive complexity or any other code in the psychiatry section

Psychotherapy: Crisis (II)

- The presenting problem is typically life threatening or complex and requires immediate attention.
- The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, with implementation of psychotherapeutic interventions to minimize the potential for psychological trauma.
- The service may be reported even if the time spent on that date is not continuous.
- However, for the time reported providing psychotherapy for crisis, the physician or other qualified health care professional must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during that time period.
- The patient must be present for all or some of the service.
- Time does not have continuous within a date of service.

Psychotherapy: Crisis (III)

- Codes ***90839*** and ***90840*** are used to report the total duration of time spent face-to-face with the patient and/or family by the physician or other qualified healthcare professional providing psychotherapy related to crisis.
- The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.
- Psychotherapy for crisis involves an urgent assessment involving;
  - *a history of a crisis state,*
  - *mental status examination,*
  - *and disposition*.

Psychotherapy: Crisis (IV)

- Codes ***90839*** and ***90840*** are time-based codes.
- Code ***90839*** is reported only once for the first 30-74 minutes of psychotherapy for crisis on a given date, even if the time spent by the physician or other health care professional is not continuous.
- Add-on code ***90840*** is used to report additional block(s) of time of up to 30 minutes each beyond the first 74 minutes reported by ***90839*** (i.e., total of 75-104 minutes, 105-134 minutes, etc.).
- Crisis coding (90839) must be at least 30 minutes in duration. Otherwise code standard psychotherapy.

Psychotherapy: Family I

- The codes for family psychotherapy (***90846, 90847 and 90849***) are not changing in 2013.

- The focus of family psychotherapy is the family or subsystems within the family, e.g., the parental couple or the children, although the service is always provided for the benefit of the patient.

Psychotherapy: Family II

- Use code ***90846*** to report a service when the patient is not physically present.
- Use code ***90847*** to report a service that includes the patient some or all of the time. Couples therapy is reported with code 90847.
- Use code ***90849*** to report multiple-family group psychotherapy.

Psychotherapy: Family III

- Unchanged from 2012
- 90846- when patient is not present
- 90847- when patient is present (partial or otherwise)
- 90849- Multiple Family group
- 90853- Group Psychotherapy

Psychotherapy: Non-Patient

- CPT codes describe time spent with the patient and/or family member (significant other).
- Medicare only pays for services provided to diagnose or treat a Medicare beneficiary.
- Obtaining information from relatives or significant others is appropriate in some circumstances, but *should not substitute for direct treatment of the beneficiary*.

(See Chapter 1, section 70.1 of the *Medicare National Coverage Determinations Manual*, Pub. 100-03 for discussion on caregivers; K. Bryant, CMS, undated)

Other Psychotherapy: Basic Summary

Code Number	Code Descriptor
90839	Psychotherapy for crisis, first 60’
90840	…crisis for each additional 30’
90845	Psychoanalysis
90846	Family psychotherapy (without patient)
90847	Family psychotherapy (with patient)
90849	Multiple family psychotherapy
90853	Group psychotherapy
90863	Pharmacologic management when performed with psychotherapy

Psychotherapy: RVUs

Code	Descriptor	RVU
90785	Interactive Complexity	0.11
90791	Psychiatric Diagnostic Int.	2.80
90832	Psychotherapy; 30 minutes	1.25
90834	Psychotherapy; 45 minutes	1.60
90838	Psychotherapy; 60 minutes	2.56
90839	Crisis Psy Rx; first 60 mins.	Carrier Priced (for now)
90840	Crisis Psy Rx: each 30 mins.	Carrier Priced (for now)
90863	Pharmacologic Mngmt.	CMS based (tbd)

Psychotherapy: Summary

Interview
90791/90792

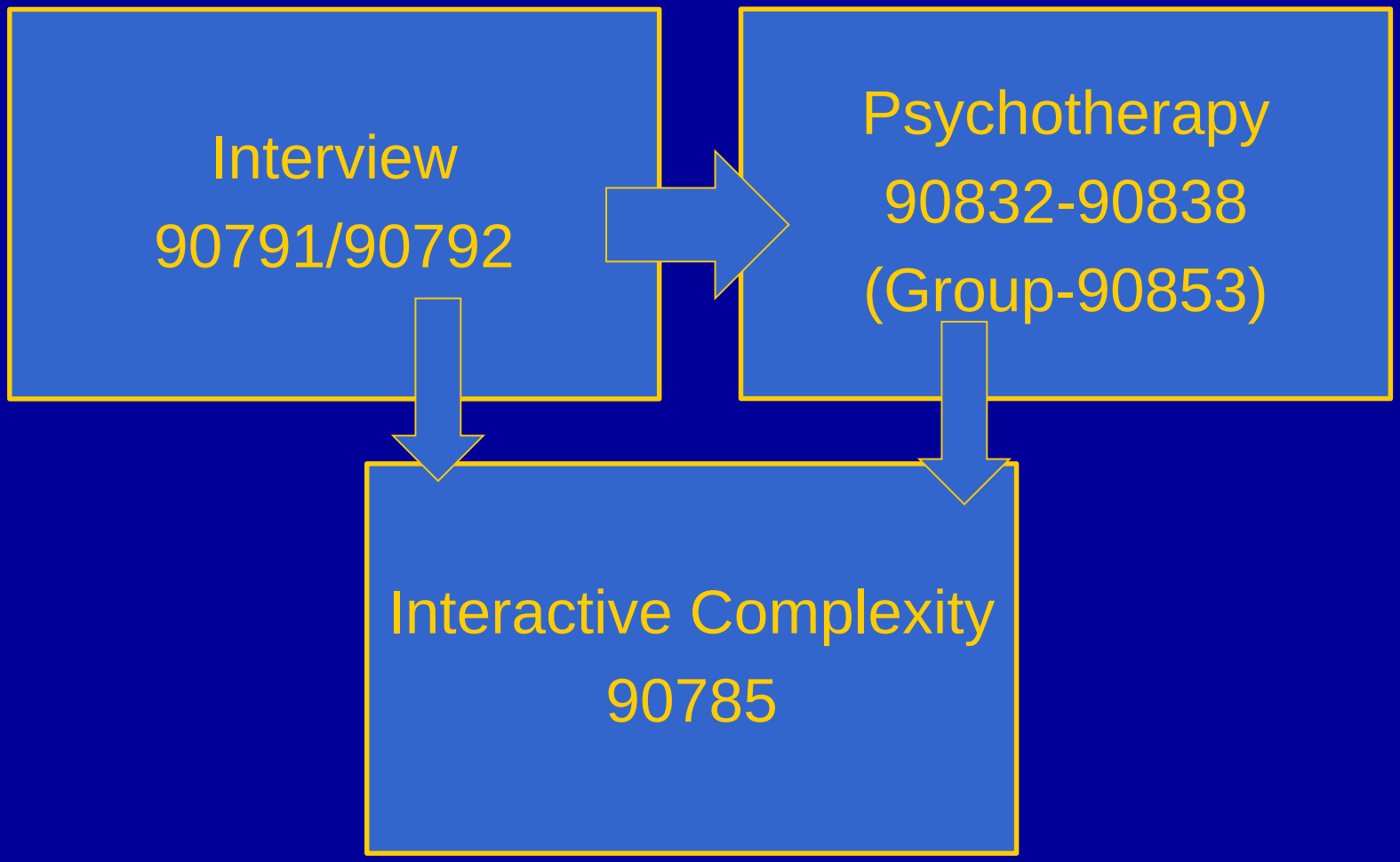
Psychotherapy
90832-90838

Crisis Therapy
90839-90840

Interactive Complexity
90785

Psychopharm Management

Dx X Rx x Complexity



New Interventions

Crisis Therapy 90839-90840

Psychopharm Management

Emerging Issues with New Psychotherapy Codes

- 60 Minutes
  - Pre-authorization required by some companies
  - Does not equal previous 45’ code
- 90 Minutes
  - In E & M section, hence CMS is not covering
  - Other carriers may

Neuropsychological (and psychological testing)

- Psychiatric
- Health and Behavior

Neurobehavioral Status Exam

(01.01.06; Revised 02.09.07; Implemented 01.01.08)

- ***96116*** - Neurobehavioral status exam
  - Clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual-spatial abilities) 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

Neuropsychological Testing: By Professional

(Revised 02.09.07; Implemented 01.01.08)
(*revisions in italic and underlined*)

- ***96118*** – Neuropsychological Testing
  - (e.g., Halstead-Reitan Neuropsychological, WMS, Wisconsin Card Sorting) **per hour of 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**

(96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician- and computer-administered tests.)

(Do not report 96118 for the interpretation and report of 96119 or 96120.)

Neuropsychological Testing by Technician (01.01.06)

- ***96119***- Neurosychological Testing by Technician
  - 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

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

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 %

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

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

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)

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)

Telehealth Services

(http://www.cms.hhs.gov/manuals/102_policy/bp102index.asp)

- Effective 01.01.08, 96116 is available as a TeleMedicine/Telehealth Code; note 22 states have laws regulating telehealth; may require separate licensing and/or credentialing)
- Remote patient face-to-face services seen via live video conferencing
- To be used in rural areas or where there are a shortage of providers
- Non face-to-face services that can be conducted either through live vide conferencing or via "store and forward" telecommunication services
- Home telehealth services
- Must be submitted with modifier "GT" (telehealth modifier)
- (see APA Good Practice, Summer, 2010)

Telehealth Requirements

(www.cms.hhs.gov/telephealth)

- Must Use both Audio and Video at both Sites
- Must Have a Site that Has Professional Shortage or outside of Metropolitan Area
- Could Originate from Practitioner's Office, Hospital, Clinic, etc.
- Assumption is that it is the same service as if it was “face-to-face”

Telehealth Services

- Individual Psychotherapy
- Psychiatric Diagnostic Interviewing
- All Health and Behavior Codes
- Neurobehavioral Status Exam
- Presently discussing Testing Services

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

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

Health & Behavior: Intervention

- ***96152***
  - Health and behavior intervention
  - each 15 minutes
  - face-to-face
  - individual
- ***96153***
  - group (2 or more patients) ((usually 6-10 members))
- ***96154***
  - family (with the patient present)
- ***96155***
  - family (without the patient present; not being reimbursed)

Team Conference Codes

- Medical Team Conference with Interdisciplinary Team by Non-Physician
- Allows for Billing Professional Work in Interdisciplinary Team Activities Including Diagnostic and Rehabilitative Services
- No Time Allocated but “Team conferences of less than 30 minutes are not reported separately”
- Effective 01.01.08

Team Conference Codes (cont.)

- Codes
  - 99366 (direct contact)/ only one available for non-physician use
  - 99368 (without direct contact)
- Number of Participants Required
  - Minimum of 3 from different specialties
  - Must have performed an evaluation within 60 days
  - Patient/Family/Legal Guardian/Caregiver
- Typical Services Provided
  - Presentation of findings
  - Recommendations for treatment
  - Formulation of integrated care
  - Comprehensive and complex (Vs. standard interactions)

Team Conference Codes (cont.)

- Coding Rules
  - Documentation of their participation & information contributed
  - No more than one individual per specialty may report these codes
  - Professionals should not report these codes when they are contractually obligated by the facility where the team conference is provided
  - Conference starts when the team reviews the individual patient and ends at the conclusion of the team's review
  - Time is not used for record keeping and report generation is not used
  - Reporting participant shall be presented for all time reported
  - Time is broadly defined as all time used for diagnostic and treatment discussion

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)

New Codes: Preventative Health (Healthier Life Steps)tm

(*CPT Assistant*, Vol. 19, #2, 2009)

- Preventative Medicine (group or individual counseling: 99401-404, 99411-12
- Behavior Change Interventions (individual): 99406-09 (tobacco & alcohol)

Modifier 33 and Prevention

(*CPT Assistant*, December 2010, pgs. 3-6, 19)

- Can Use Modifier 33 for:
  - Depression Screening- adolescents or adults
  - Health diet Counseling
  - Obesity counseling
  - Tobacco Cessation counseling
  - STI (sexually transmitted infection) counseling
  - No co-pay in some preventive care and screenings- Bright Futures (children/women)

Modifier 33 Examples for Preventative Care

(*CPT Assistant*, 12.10, *20*, #12)

- Alcohol Misuse Counseling (04.04)
- Depression Screening: Adolescents (03.09)
- Depression Screening: Adults (12.09)
- Health Diet Counseling (01.03)
- Obesity Screening/Counseling: Adults 12.03)
- Obesity Screening/Counseling: Children (01.10)
- STI Counseling (10.08)
- Tobacco Counseling/Prevention: Non-pregnant Adults (04.09)
- Tobacco Counseling/Prevention: Pregnant Women (04.09)

CPT: Model System

- General Areas
  - Psychiatric
  - Neurological
  - Health
- Specific Approaches
  - Individual (standard) Vs. Team (emerging)
  - Face-to-Face Vs. Telehealth

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

III. 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
  - 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

ICD's Seven Levels

- 1-3- category
- 4-6 etiology, site, severity, etc.
- 7- extension

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

D. 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

- History
- General Principles
- Assessment
- Intervention

Documentation: Basic Components

(CPT Assistant, November, 2008, *18*, #11, 3-4)

- History
- Examination
- Medical Decision Making
- Counseling
- Coordination of Care
- Nature of Presenting Problem
- Time

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: Chief Complaint

- Concise Statement Describing the Symptom, Problem, Condition, & Diagnosis
- Foundation for Medical Necessity
- Must be Free-Standing, Complete & Exhaustive (i.e., other information is not needed to understand the situation)

Documentation: Present Illness

- Symptoms
  - Location, Quality, Severity, Duration, timing, Context, Modifying Factors Associated Signs
- Follow-up
  - Changes in Condition
  - Compliance

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: Intervention

- Identifying Information
- Reason for Service
- Date
- Time (face-to-face time; actual)
- Status of Patient
- Intervention Performed
- Results Obtained
- Impression(s) or Diagnosi(e)s
- Disposition

Documentation: CPT X Report

- Each CPT Code Should Generate a Separate Report (or at least a separate section)
- If Separate Sections Within One Report, Clearly Label/Title Sections of the Report to Match Code Used (e.g., Neuropsychological Testing by Technician)

V. Time

- Time is Broadly Defined as What the Professional Does
- For Intervention – Time is face-to-face
- For Assessment - Time could be either face-to-face (i.e., H & B) or professional time (e.g., Psych & Neuropsych)

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

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
  - 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)

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

Developing a Fee Schedule

- Medicare
  - Conversion Factor in 2008 = $34.1350
- Standard Method of Developing Fee Schedule
  - Obtain Medicare RVU values for selected CPT codes
  - Multiply by 150%
  - Revise fee schedule as RVUs change

Evolution of Payment Practices

- Evolution of Compensation
  - Gross Charges
  - Adjusted Charges
  - RVUs
  - Receivables

Payment: Billing Model

- Components
  - Procedure Completed
  - Number of Units of that Procedure
  - Location or Site Where the Service was Provided
  - Date of Service
- CPT ***X*** # of Units ***X*** Dx ***X*** Site of Service ***X*** Date

Payment to Practice

- Economics (e.g., GDP) Shapes Payment Policy
- Payment Policy Shapes Practice
- Payment Shapes Documentation
- Documentation Shapes Cognitive Processes
- Cognitive Processes Shapes Practice Patterns

VIII. Fraud: Definition

- Fraud
  - Intentional
  - Pattern
- Error
  - Clerical
  - Dates

Federal Definition of Fraud (*CPT Assistant*, 2010, *20,* 2)

- Billing Unnecessary Services
- Failure to Produce Documentation
- Billing for Ineligible Patients
- Billing for ineligible Providers

Fraud: Office of Inspector General

- Primary Problems
  - Medical Necessity (approximately $5 billion)
  - Documentation
- Psychotherapy (oig.hhs/gov/reports/region5/50100068)
  - Individual
  - Group
  - # of Hours
  - Who Does the Therapy
- Psychological Testing
  - # of Hours
  - Documentation

IX. The Future: Pay for Performance (P4P) Initiatives

- Premise
  - Evidence-based guidelines
  - Outcome more than procedure based
- Estimated Application in Payment Systems
  - First Set 01.01.07
  - Work Group included Jean Carter, Katherine Nordal, & Paula Hartman-Stein (Gerontologist)

Information in P4P section comes primarily from Hartman-Stein (Center for Healthy Aging)

PQRS Measures

- Measure #280 – Staging of Dementia
- Measure #281 – Cognitive Assessment
- Measure #282 – Functional Status Assessment
- Measure #283 – Neuropsychiatric Symptom Assessment
- Measure #284 – Management of Neuropsychiatric Symptoms
- Measure #285 – Screening for Depressive Symptoms
- Measure #286 – Counseling Regarding Safety Concerns
- Measure #287 – Counseling Regarding Risks of Driving
- Measure #288 – Caregiver Education and Support

Other PQRS Measures

- Advising Smokers to Quit (#115)
- Preventive Care and Screening: Body Mass Index Screening and Follow-Up (#128)
- Documentation of Current Medications in the Medical Record (#130)
- #173 - Preventive Care and Screening: Unhealthy Alcohol Use – Screening
- #181 - Elder Maltreatment Screen and Follow-Up Plan
- #226 - Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention

Trends

- See Keynote Address on How Pediatric Neuropsychology Fits in Health Care Reform
- Prevention
- Integration
- Screening
- Testing Codes
- ABA

Conclusions

- Increase in number of clients & services
- Increase in audit requiring greater attention to details and policy
- Focus on documentation today
- Focus on performance tomorrow
- Big changes and big opportunities

Resources

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

Resources (continued)

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

Resources (continued)

- ICD
  - www.who.int/icd/vol1htm2003/fr-icd.htm (who)
  - www.cdc.gov/nchas/about/otheract/icd9/abticd9.htm (ccd)
- PQRS
  - www.centerforhealthyaging.com
- Coding Web Sites
  - www.catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp (ama cpt)
  - www.aapcnatl.org (academy of coders)
  - 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
  - Link to;
    - catalog.ama-assn.org/Catalog/cpt/issue_search.jsp
- Telephone
  - 312.464.5116

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  - P.O.Box 38129
  - Colorado Springs, Colorado 38129

Puente Contact Information

- Websites
  - Coding= www.psychologycoding.com
  - Univ = www.uncw.edu/people/puente
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