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WISC-III IQs: New Norms Raise Queries

A review of 22 studies comparing WISC-R to WISC-III IQ scores

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Part One

A primary reason for developing the *Wechsler Intelligence Scale for Children—Third Edition* (WISC-III, 1993) was to re-anchor the older norms of the earlier edition, *Wechsler Intelligence Scale for Children—Revised* (WISC-R, 1974). As norms become out of date, they yield increasingly inflated IQ scores. This is because children are generally smarter now than children of the same age were when WISC-R was normed in 1974. Today's children score higher than 100, on average, on the older test. The WISC-III re-anchored the norms on a contemporary

sample so that today's children score 100, on average. Therefore, most children who were previously tested using the WISC-R, will score lower when retested using the WISC-III.

In the three years since the publication of the WISC-III, a body of research has emerged on the topic of WISC-R to WISC-III IQ score differences. Twenty-two studies that include WISC-R to WISC-III comparison data were identified in the present review of the literature. A summary of these data is presented in Table 1 (see page 5).

Across all studies, the average difference (weighted for sample size) between WISC-R Full Scale Intelligence Quotient (FSIQ) and WISC-III FSIQ was -5.69 points, with WISC-III scores being lower than WISC-R scores. The smallest difference found was -1.35 points in a sample of 65 children with learning disabilities (Gridley, Arceneaux, Gayer, Buelow, & Palmer, 1994). The largest difference obtained was -18.09 points in a sample of 22 gifted children (Bryant, 1992).

For the Verbal IQ (VIQ), the (weighted) average difference between WISC-R VIQ and WISC-III VIQ scores across all studies was -4.57 points, with WISC-III scores lower. The smallest difference was +0.23 points obtained in a sample of 84 children with learning disabilities (Graf & Hinton, 1994). The largest difference was -14.57 points in a sample of 35 gifted children (Sevier, Bain, & Hildman, 1992).

For the Performance Intelligence Quotient (PIQ), the (weighted) average

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CPT Codes:

What are the Implications for Billing of Psychological Assessment Services?

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Q: What are CPT codes?

A: CPT, or Current Procedural Terminology, codes are numerical designations for types of health care procedures with associated definitions. The codes, which are published in the CPT 1995 by the American Medical Association, are recognized by the Health Care Financing Administration (HCFA), Medicare, Medicaid, and other third-party payers use them to determine what they will reimburse to providers.

Q: How are the CPT codes relevant for psychologists?

A: Reimbursement typically will only occur with the use of CPT codes.

Q: Who can use CPT codes?

A: Physicians and independently licensed psychologists and other health-care providers can use CPT codes pertinent to their area of practice. Medicare differentiates two classes of psychologists with different billing privileges: One type, (Specialty 62) Qualified Psychologist, is entitled to reimbursement only for outpatient testing and with required physician referral. Specialty 62 psychologists are excluded from reimbursement for inpatient testing and for psychotherapy. The second class of psychologists recognized by Medicare is Specialty 68, Clinical Psychologists. They are entitled to bill for

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Among the products in development are:
Wechsler Adult Intelligence Scale—Third Edition (WAIS—III). Measures a person's verbal, performance, and full-scale intelligence. Examiners administering WAIS—III will also administer *Wechsler Memory Scale—Third Edition* to the same examinees. Age range: 16–89 years. Standardization testing begins July 15, 1995

Wechsler Memory Scale—Third Edition (WMS—III). Assesses memory for verbal and visual stimuli, meaningful and abstract material, attention, and long- and short-delay recall. Examiners administering WMS—III will also administer WAIS—III to the same examinees. Age range: 16–89 years. Standardization testing begins July 15, 1995

Children's Memory Scale (CMS). A downward extension of the *Wechsler Memory Scale—Revised* for adults. Age range: 5–16 years. Standardization testing ends July 15, 1995. ■

CPT Codes

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both inpatient and outpatient testing as well as for psychotherapy. The HCFA defines Specialty 68 psychologists as those whose degrees are specifically and literally in "Clinical Psychology." However, being listed in the *National Register of Health Service Providers in Psychology* usually qualifies psychologists in addition to those with clinical psychology degrees (e.g., counseling psychologists and neuropsychologists) to be recognized by Medicare as Specialty 68 psychologists.

Q: What CPT codes can be used for psychological testing services?

A: The following six codes are the most common assessment codes:

90801 Diagnostic Interview

90830 Psychological Testing With Interpretation and Report (per hour)

Includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., by *Wechsler Adult Intelligence Scale—Revised*, *Rorschach Technique*, *MMPI*

95880 Assessment of Aphasia with Interpretation and Report (per hour)

Includes assessment of expressive and receptive speech and language functions, language comprehension, speech production ability, reading, spelling, and writing, e.g., by *Boston Diagnostic Aphasia Examination*

95881 Developmental Testing with Interpretation and Report (per hour)

Includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, such as the *Bayley Scales of Infant Development*

95882 Neurobehavioral Status Exams with Interpretation and Report (per hour)

Clinical assessment of thinking, reasoning and judgment, (e.g., acquired knowl-

edge, attention, memory, visual spatial abilities, language functions, planning.)

95883 Neuropsychological Testing Battery with Interpretation and Report (per hour)

Neuropsychological Testing Battery, e.g., *Halstead-Reitan*, *Luria-Nebraska*, *Wechsler Adult Intelligence Scale—Revised*

Q: Does use of CPT codes guarantee uniformity in reimbursement rates throughout the country?

A: No. CPT codes guarantee only uniformity of description of the reimbursable service provided. There are numerous differences across states, cities, and carriers regarding the amount reimbursed for the same service.

Q: Is report writing time billable according to CPT code definitions?

A: Yes. Billing, according to CPT codes 90830 and 95880–95883, is by the hour. Reimbursable services include (1) preparing to see the patient; (2) review of records; (3) communicating with others; (4) interviewing the patient; (5) selection of tests; (6) administration of tests; (7) scoring of tests; (8) reviewing results and interpretation; (9) report writing; (10) communicating further with others; (11) follow up with patient and family; and (12) arranging for further services.

Q: What percentage does Medicare pay for psychological services billed using CPT codes?

A: It depends on the type of service and whether it is given on an inpatient or outpatient basis. However, only Clinical Psychologists (Specialty 68) are reimbursed for inpatient testing. Testing is paid at 80% regardless of whether it is done on an inpatient or outpatient basis. Qualified Psychologists (Specialty 62) are limited to reimbursement for outpatient testing and only for patients referred by a physician. They are not reimbursed for psychothera-

py. For psychotherapy, Medicare pays 80% of inpatient and, effectively, only 50% of outpatient allowable fees and only when services are conducted by Clinical Psychologists (Specialty 68).

Q: Sometimes several CPT codes seem applicable for services I have rendered. Are there any guidelines for choosing CPT codes for neuropsychological services?

A: Yes. A full battery, which includes language assessment and/or developmental assessment along with assessment of other domains, can be billed per hour, using code 95883, Neuropsychological Testing Battery with Interpretation and Report. The suffix, -22, can be added to indicate an "extended" evaluation, but may not yield additional reimbursement.

If the evaluation is limited to assessment of language, use 95880, Assessment of Aphasia with Interpretation and Report. This code can be used for children and adults.

If the evaluation is limited to developmental testing of infants or children, and broader than language testing, use 95881, Developmental Testing with Interpretation and Report. For evaluation of central nervous system functioning which does not entail use of standardized test (e.g., qualitative evaluation of clients whose level of impairment precludes administration of standardized tests) use CPT Code 95882, Neurobehavioral Status Examination with Interpretation and Report.

There is some leeway in combining and breaking out the above codes as applicable to a given case.

References

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