

Applications to the Study of Traumatic Brain Injury", Monday from 3:00 to 4:50; (Chair: Dr. Donald T. Stuss). On Friday from 11:00 to 11:50 Dr. Adele Diamond will deliver her invited address on "Prefrontal Cortex Function in Young Children" (Chair Dr. Maureen Dennis). Also on Monday (2:00 to 2:50 P.M.) Dr. Stephen Kosslyn will deliver an invited address on "Visual Mental Images in the Brain" (Chair Dr. Endel Tulving).

There are other areas in need of development as well. One of the purposes of this column is to solicit suggestions and ideas, as well as to determine support for these ideas. We hope to keep the members apprised of the Science Advisory Committee activity, and to provide an open forum for discussion of science related topics.

Finally, it is hoped that in the future this column can provide a forum for turning attention to some of the scientific accomplishments of Division 40 members. Recognition of achievement in such a manner is also likely to facilitate interest in scientific neuropsychology. Sharing the Division 40 newsletter with non-neuropsychologist colleagues who might not otherwise have an opportunity or reason to read it may also enhance the science image of the division.

We look forward to comments and feedback about the science advisory committee. If you are interested in more information about the committee, or would like a list of members, please contact me at the address below. Also, please send your ideas, comments, and feedback to either Dr. John Deluca (editor of the newsletter) or myself.

Michael Westerveld, Ph.D.
Yale University School of Medicine
333 Cedar St.
PO Box 208039
New Haven, CT 06520-8039
E-Mail westerm@msn.com

CPT Changes for 1996.

Antonio E. Puente, PhD, University of North Carolina at Wilmington.
(Dr. Puente represents the American Psychological Association on the American Medical Association's Current Procedural Terminology's Health Care Professional Advisory Panel)

Reimbursement for neuropsychological services hinges on three requirements. First, a provider must be approved by the carrier that is reimbursing for the service provided. Next, a diagnosis must be used (preferably an International Classification of Diseases diagnosis vs. a DSM one). Finally, a code which describes the service provided must be used. The most commonly accepted coding system and one approved by contract by the federal government's Health Care Financing Administration is the Current Procedural Terminology (CPT) of the American Medical Association.

Traditionally, neuropsychological services were coded similarly for psychological and psychiatric services on the psychiatric section of the CPT system. Recently, neuropsychological assessment codes were created and inserted in the Neurology section of the CPT system.

Due to the ongoing discussions with the AMA and the evolution of our field, it appeared appropriate to create a separate section for these codes. That section has been created with the numerical values of the 96100 series and is found between the sections on Neurology and Physical Medicine. A cognitive rehabilitation code (97770) is found in the Physical Medicine section. The following summarizes these changes, as described in the AMA's publication The CPT Assistant, Winter 1995, pages 25-26.

CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (eg. NEUROCOGNITIVE, MENTAL STATUS, SPEECH TESTING)

The following codes are used to report the services provided during testing of the cognitive function of the central nervous system. The testing of cognitive processes, visual motor responses, and abstract abilities is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report.

(For development of cognitive skills, see 97770)
*96100 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.)

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Neuropsychologists who received most if not all of their graduate and postdoctoral training in neuropsychology are treated no differently than other psychologists who may have taken a few workshops or completed one rotation in neuropsychology. I am particularly concerned that the field of clinical neuropsychology has become more "clinical" and less about "neuropsychology". For example, many neuropsychologists are now expected to be fully trained in projectives techniques and psychotherapy. I consider this unnecessary training for a neuropsychologist. Clinical neuropsychology is a specialty unto itself and has been traditionally associated with the fields of neurology and neurosciences and well as with experimental, clinical, and cognitive psychology. Clinical neuropsychology has always had a very strong research base. If these traditions are no longer held to be important, then clinical neuropsychology will become synonymous with clinical psychology and our subspecialty will cease to exist.

The APA and Division 40 have attempted (poorly) to address these concerns by pushing the Diplomate on us, yet one more hurdle for legitimate neuropsychologists to overcome. I use the term "hurdle" because getting through the application procedures is a formidable task, and the money and time involved are prohibitive for most practicing neuropsychologists. Why not a doctoral program, postdoctoral program, or other agency, documenting that they have received the requisite training and experience in neuropsychology? Supervisors' letters similar to what are filled out for the state licensing boards are more than adequate for most purposes. This format would save valuable time, money, resources, and aggravation.

I would also like for your newsletter to address clinical questions regarding the appropriate scope for neuropsychological evaluations of the current "vogue" (and vague) disorders like "Adult ADD" and "PTSD", among others. I feel I'm working in the dark and there seems to be no agreed-upon assessment methods for evaluating these syndromes, and no research literature to guide us.

I am pleased that you are planning a column documenting the history of the field of neuropsychology. I think everyone needs to be reminded of where neuropsychology came from so we have a good idea of where it should be going.

Jane M. Healey, PhD, Assistant Professor of Psychiatry (Psychology), Mount Sinai School of Medicine, New York, NY

***96105** Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Aphasic Examination) with interpretation and report, per hour.

***96110** Developmental testing, limited (eg, Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report.

***96111** Extended (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour.

***96115** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment; eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour.

***96117** Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.

A new section has been added to CPT for Central Nervous System Assessments/Tests (eg, neurocognitive, mental status, speech testing), resulting in the relocation and renumbering of the developmental testing and measurement codes 90830, 95880, 95881, 95882, 95883, and 99178 into this section. This new section/area has been revised to differentiate its services apart from 96111 (formerly 95881). Code 96117 (formerly code 95883) has been revised for consistency with other codes to include "interpretation" as well as report, and to better define the test listed as "URIA" to "LURIA".

Announcements

Reviewers Sought: *Neuropsychology Review*, a quarterly review journal published by Plenum, is seeking neuropsychologists to review manuscripts for the journal. If interested, please send a letter indicating two or three areas of expertise plus a CV to Antonio E. Puente, Editor, *Neuropsychology Review*, Dept. of Psychology, University of North Carolina at Wilmington, Wilmington, NC 28403-3297.

Robert A. and Phyllis Levitt Early Career Award: Division 40, Neuropsychology, and the American Psychological Foundation announce the third annual Robert A. and Phyllis Levitt Early Career Award in Neuropsychology for an APA member psychologist who is not more than 10 years post-doctoral degree and who has made a distinguished contribution.

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