Financial Practice Patterns in Clinical Neuropsychology: A Preliminary Study

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Abstract. Examined some financial practice patterns in a selected group of practicing neuropsychologists. A short questionnaire was sent to 52 neuropsychologists throughout the United States and North Carolina. Of those returned, 30 were usable and tabulated. It appears that most neuropsychologists work in both in and out patient settings with most performing primarily neuropsychological assessments. Salaries are generally determined using a cost accounting method (e.g., collection minus costs) with overhead expenses ranging from less than 15 to 60%, with an average of approximately 35%. Two thirds of respondents used technicians with typical weekly billings of slightly over 26 hours. Problems reported by this sample of neuropsychologists centered around reimbursement issues.

Introduction. Nobody would argue that health care is in the midst of an economic revolution. Colleagues in medicine have been extremely concerned about this issue. An on-line review of Medline over the last approximately 15 years yielded close to 7,000 articles on reimbursement alone. A review of the articles published in health journals (e.g., Cykert, Hansen, Layson, & Joines, 1997; Patterson, Whitley, & Porter, 1997) suggest significant concerns for financial aspects of practice patterns. In contrast, psychologists have published relatively little on this topic (less than 500 on a PsychLit search). Further, articles published on these issues are typically by psychiatrists (American Psychiatric Association, 1996) involving generic "mental health". This situation is far worse in neuropsychology where even fewer articles are found in the literature. Outside of several pieces published in non-traditional outlets (e.g., Puente & Lazarus, 1996), a recent study by Sweet, Westergaard, and Moberb, 1995) and the practice surveys by Putnam and colleagues (Putnam and DeLuca, 1992a & b) little else exists on the topic of financial aspects of professional practice. This preliminary study attempts to extend these earlier studies by focusing on financial parameters involving the practice of neuropsychology during the later portions of the Decade of the Brain.

Method. A total of 52 surveys with a brief letter were sent to all voting and non-voting members of the Board of Directors of the National Academy of Neuropsychology and Division 40 (neuropsychology) of the American Psychological Association. In addition, 10 neuropsychologists involved with the development of a state-wide neuropsychological society in North Carolina were also included. Of the surveys, 30 were returned in usable format.

Results & Discussion. These preliminary findings provide a window into the practice patterns of neuropsychologists considered leaders by their peers. Findings are reported in Table 1. The results indicate that neuropsychologists are typically involved in both in and outpatient activity. Inpatient services tend to be in medical settings while outpatient services tend to be in group with medical settings while outpatient services tend to be in group but equally distributed between medical and non-medical settings. Most respondents provided assessment rather than rehabilitation services. Indeed, very few neuropsychologists appeared to be involved with rehabilitation of patients. As Table 1 indicates, 96117 was clearly the most commonly used CPT. When interviews were conducted, 90801 instead of 96115 was used. This poses some difficulties in that 90801 is in the Psychiatry section of the CPT manual whereas the 96117 assessment code is in a separate 96XXX series for Central Nervous System Assessment.

Cost accounting systems were used over other alternatives in determining salaries by an overwhelming margin. Interestingly, several respondents who worked in institutional settings indicated that they did not know exactly how their salary was determined. Overhead ranged from less than 15 to over 60% with the average being 35%. Technicians were used by 20 of the 30 respondents with the typical technician averaging about 26 hours billed per week. All technician hours were credited to the supervising neuropsychologist. Finally, by far the most common problem facing the professional activity of the respondents was reimbursement, typically from HMOs.

In comparison to the Putnam and DeLuca (1992 a & b) surveys, this study represents a small sample (respondents were 872 to 30, respectively). However, the respondents for the Putnam and DeLuca surveys were Division 40 members, by definition an interest group. Hence, the data in these previous surveys may have not reflected accurately neuropsychological practice. However, the overall pattern appears to have remained the same. That is, most neuropsychologists still engage primarily in

assessments (versus rehabilitation) and most use technicians. What the current study provides is not only a more recent assessment of limited practice issues but a focus on current economic concerns.

Clearly, this small sample precludes wide generalizability. However, considering that the Putnam surveys are almost 10 years old (surveys were sent in 1989) and that they did not focus on issues involving contemporary contract negotiations (e.g., overhead costs), these findings provide a current, albeit limited, window into the complex and changing economics of the practice of neuropsychology. Clearly, a replication and expansion of both the Putnam and DeLuca and the current survey are in order.

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TABLE 1. Specific Data for Survey Questions.

Inpatient:	Medical = 14
	Psychiatry = 4
	Rehab. = 4
	Other = 1
Outpatient:	Solo = 7
	Group = 20 (Medical= 10; Non-Medical= 10)
Assessment Codes:	90801 = 13%
	96100 = 15.7%
	96113 = 7.5%
	96115 = 20.7%
	96117 = 71.2%
Therapy Codes:	90842 = 25.5%
	90843 = 14%
	90844 = 33.3%
	90876 = 0%
	97777 = 10%
Salary Basis:	
	Collection = 18
	RVUs = 0
	Putnam = 1
	Other = 8
Overhead Costs:	35.3% (range 12-60%)
Technicians:	Yes = 20; No = 10
	# Supervised = 2.08 hrs. (range 1 - 7)
	Hours Billed per Week = 26.35 (range 2 - 40)