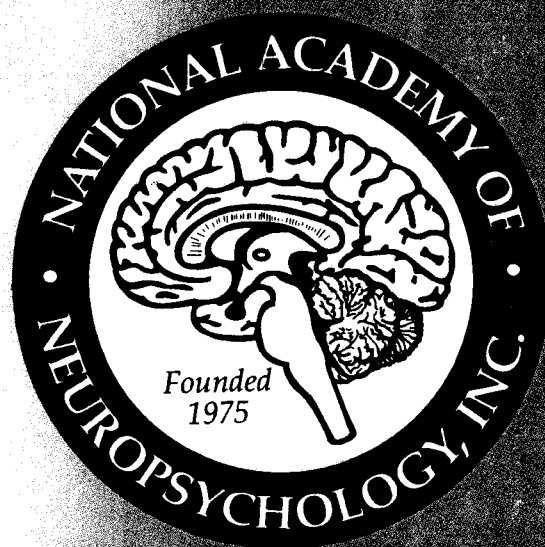


NATIONAL  
ACADEMY OF  
NEUROPSYCHOLOGY



2000-01  
Membership Directory

## FOREWORD

This year marks the 25<sup>th</sup> anniversary of the founding of the National Academy of Neuropsychology. The Academy continues to witness steady growth in its membership and has developed into a vibrant organization of scientist-practitioners, clinicians, and researchers in the field of neuropsychology. The involvement and contributions of the diverse membership will ensure NAN's continued success as a professional organization well into the future.

At the time of publication of the Directory, the NAN membership consisted of 3303 *dues paid* members in good standing.

<u>Category</u>	<u>Abbreviation</u>	<u>Number</u>
Professional	(P)	2041
Associate	(A)	542
Student	(S)	351
Affiliate	(AF)	221
Fellow	(F)	143
Special	(SP)	5
<b>TOTAL</b>		<b>3303</b>

Consistent with past editions, Alphabetical and Geographic listings of members are provided. The Language Designation section lists the members who have reported that they provide assessment in languages other than, or in addition to, English. The By-Laws of the Academy included for your reference. Updated information concerning International Classification of Diseases (ICD) diagnostic codes used in neuropsychological practice and guidelines for the use of Current Procedural Terminology (CPT) assessment codes are also included.

Members are encouraged to contact the office of the Executive Director ([office@NANonline.org](mailto:office@NANonline.org)) with any updates to Directory information. We welcome your comments and questions regarding membership and other Academy activities. Please note that membership in NAN is not intended to imply endorsement by the Academy or evidence of competency in neuropsychology.

Josette G. Harris, Ph.D.  
Executive Director

Acknowledgement: Special thanks to Barbara Braun, April Pope, Marcia Starke, and the expertise of Optimum Technologies, Inc. for their assistance in publishing this directory.

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## ARCHIVES OF CLINICAL NEUROPSYCHOLOGY

AN OFFICIAL JOURNAL OF NAN

Editor-in-Chief: ..... Cecil R. Reynolds, Ph.D.  
Associate Editor: ..... Tim Bennett, Ph.D.  
Associate Editor: ..... Nancy Nussbaum, Ph.D.  
Associate Editor: ..... Arthur MacNeil Horton, Jr. Ed.D.

## NEUROPSYCHOLOGY REVIEW

AN OFFICIAL PUBLICATION OF NAN

Editor-in-Chief: ..... Antonio E. Puente, Ph.D.  
Founding Editor: ..... Gerald Goldstein, Ph.D.

## BULLETIN OF THE NATIONAL ACADEMY OF NEUROPSYCHOLOGY

Editor: ..... Philip Schatz, Ph.D.

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## Neuropsychological CPT Codes and Reimbursement

### REIMBURSEMENT FOR NEUROPSYCHOLOGICAL SERVICES

Antonio E. Puente  
UNC-Wilmington

Following is a set of recommendations for obtaining reimbursement for and documenting of professional neuropsychological services. These recommendations are based on the author's work with American Medical Association - Current Procedural Terminology (CPT) Panel for the revisions of the 4th and the development of the 5th edition of the CPT as well as the Health Care Financing Administration - Medicare Coverage Review Committee and the Medical Director's Workgroup for the development of a model policy for mental health services. These recommendations are being constantly revised and serve as general guidelines. Legal and third-party state and federal regulations (e.g., Medicaid) may vary relative to their recommendations. More extensive information may be obtained from the NAN web site ([www.nanonline.org](http://www.nanonline.org)) or by contacting Antonio Puente at [apuente@uncwil.edu](mailto:apuente@uncwil.edu) or the NAN Policy and Planning Committee (call the office for this information). Suggestions for revision are welcomed.

### CODING

#### DEFINITIONS OF CPT- CURRENT PROCEDURAL TERMINOLOGY

The following are definitions of descriptive terms for reporting professional services that are the most widely accepted nomenclature used to report health services.

**Developed by** = American Medical Association

**First Edition** = 1966

**Current edition** = 4th

**Latest Edition** = 5th, 2002

#### DIAGNOSTIC

**Review**

**Psychiatric** = 90801

**Neurological** = 96115

**Testing**

**Psychiatric** = 96100

**Neurological** = 96117

**CODING - PSYCHOTHERAPY/REHABILITATION**

- Psychiatric = 908xx  
(see NAM web-page for further information)
  - Individual vs group
  - Brief vs Regular vs Extended
  - Inpatient vs Outpatient
  - Regular vs Interactive
- Neurological
  - Cognitive Rehab = 97770 (and others)
  - Biofeedback = 90875 or 90901

**CODING - GUIDELINES**

- Match the DX with the RX
  - Psychiatric = DSM with 90801
  - Neurological = ICD with 96115
- Defining time
  - Professional time - pre, during, post
  - Not patient activity alone (e.g., MMPI)

**DOCUMENTATION**

**BASIC DOCUMENTATION GUIDELINES**

- Complete and legible
- Assessment, impression, or DX
- Plan for care
- Date & identity of observer
- Testing rationale should be clear
- Risk factors should be identified
- Confidentiality

**PSYCHOLOGICAL INTAKE INTERVIEW**

- Name
- Date
- History
- Chief Complaints
- Mental Status
- Disposition
- Communication with others
- Ordering or interpreting tests
- Diagnosis
- Observer

**MENTAL STATUS EXAM**

- Name
- Date
- Language
- Thought Process
- Insight
- Judgment
- Reliability
- Reasoning
- Perceptions
- Suicidality
- Violence
- Mood & Affect
- Orientation
- Memory
- Attention
- Intelligence
- Mini-Mental Status

**NEUROBEHAVIORAL STATUS EXAM**

- Name
- Date
- Reason for Service
- Attention
- Memory
- Visual-Spatial
- Language
- Planning
- Impression / DX
- Disposition
- Identity of observer
- Time
- Observations

**TESTING DOCUMENTATION**

- Date
- Reason for service
- Name of tests used
- Interpretation of test results
- Impression / Diagnosis
- Disposition
- Identity of observer
- Time

**PSYCHOTHERAPY**

- Psych Therapeutic procedures:
  - Purpose: resolving problems or alleviating of emotional disturbances, or changing maladaptive patterns of behavior, or encouraging personal growth and development
- Approaches:
  - Regular - development of insight or affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality...
  - Interactive - the use of physical aids or non-verbal communication

**Psych/REHABILITATION DOCUMENTATION**

**Psych Therapy:**

- Date
- Reason
- Intervention
- Results
- Impression
- Disposition
- Identity
- Time

**Cog Rehab:**

- Date
- Reason
- Training Activity
- Identity
- Time

**INCIDENT TO**

**Definition:**

technical services that are an extension of the professional (services)

inpatient is generally considered as any service provided in an inpatient setting (e.g., hospital), in an office associated with or located within the physical building or related legally or financially to an inpatient setting; and most likely most, if not all, nursing homes and skilled nursing facilities

**Billing:**

it is acceptable to provide technical services at any location (within the scope of practice and the law)

it is incorrect to bill for incident to services in an inpatient situation for Medicare patient

**World Health Organization  
International Classification of Diseases  
Neuropsychological Disorders  
(with permission of The World Health Organization)**

**Antonio E. Puento, Ph.D. and Theophilus Lazarus, Ph.D.  
University of North Carolina at Wilmington**

Development of new Current Procedural Terminology (CPT) codes has led for more accurate billing of neuropsychological services. This has led, in part, because the new neuropsychology codes are located in a section of the CPT system, outside of the psychiatry codes. However, neuropsychologists have continued to use the *Diagnostic and Statistical Manual (DSM)* system to code diagnoses. This combination of psychiatric procedural codes and psychiatric diagnostic codes reflects consistency when describing professional neuropsychological services. It is recommended that non-psychiatric (e.g., neurological) codes be used in conjunction with the new neuropsychological procedure codes.

We reviewed the International Classification of Diseases (9th revision) commonly used neurological and related diagnostic codes. These codes have been used during the last year in our clinical practice with input from members of the Academy. Further, these diagnostic codes are listed both alphabetically and categorically (with the assistance of Dr. Rosenstein, Ph.D.; Scott & White Memorial Hospital, Temple, Texas)

These codes are being reprinted with permission of the World Health Organization, developers and publishers of the International Classification of Diseases system. However, the publication of this list does not imply their endorsement. This list is preliminary and we look forward to input from you for eventual revision both in terms of codes and categories. Please address your suggestions to:

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