1 Coding & Documentation for Professional Psychological Services

2 Antonio E. Puente, 1999 State Leadership Conference, American Psychological Association, Washington, DC

3 Economic Changes in Health Care
- Early 1990s- National Health Insurance
- Mid 1990s- Balanced Budget
- Late 1990s- Application of Fiscal Responsibility

4 Fiscal Responsibility
- Background
  - Congress Mandated an Audit of Medicare in 1990
  - Inspector General Requested an Audit in 1992
  - 5,000 Claim Sample in 1994

5 Fiscal Responsibility (continued)
- Results of Survey
  - Location of Errors
    - Providers= 29%
    - Inpatient= 20%
    - Home Health= 10%
    - Outpatient= 10%
  - Type of Errors
    - Incorrect Documentation= 47%
    - Lack of Medical Necessity= 37%
    - Incorrect Coding= 9%

6 Fiscal Responsibility (continued)
- On Surface, 98% Correct
- Problems Arose With Audit
- Implications Include;
  - Beginning of Audits for All Providers
  - Development of Fraud and Payback Claims
  - Need for Coding, etc. Guidelines
  - Public Policy and Education

7 Model for Professional Psychological Services
- Procedure Coding
- Diagnosing
- Documenting
- Billing

8 Procedure Coding

- Defining Coding
  - Description of Professional Service Rendered
- Purpose of Coding
  - Research/Archival
  - Reimbursement
- Coding Systems
  - SNOMED
  - WHO/ICD
  - AMA/CPT

9 Background & Mechanics of the Current Procedural Terminology
- First Developed in 1966
- Currently Using CPT 4th Edition
- 7,500 Discrete Codes
- AMA Developed & Owns the CPT
- Under Contract with the Health Care Financing Administration (HCFA)
- American Psychological Association has 1 Seat on the Advisory Panel to the CPT

10 CPT Codes Applicable to Psychological Services
- Total= Approximately 40
- Sections= Four Separate Sections
  - Psychiatry
  - Biofeedback
  - Central Nervous System Assessment
  - Physical Medicine & Rehabilitation

11 Psychiatry Codes
- Sections
  - Office or Other Outpatient
  - Inpatient Hospital, Partial Hospital or Residential Care Facility
  - Other Psychotherapy
  - Other Psychiatric Services or Procedures
- Insight Oriented, Behavior Modifying, and/or Supportive Vs Interactive Therapy

12 Biofeedback Codes
- Purpose
- Types
  - General
  - Anorectal

13 Central Nervous System Assessments/Tests
- 96100= Psychological Testing
- 96105= Aphasia Testing
- 96110/11= Developmental Testing
- 96155= Neurobehavioral Status

- 96117= Neuropsych Testing

14 ☐ Physical Medicine and Rehabilitation
- 97770= Cognitive Skills Develop.

15 ☐ Current Problems With Coding
- Total Possible Codes Which Are Usable in the CPT System= 60
- Total Number of Possible Codes Which Are Almost Always Reimbursable= 6
- Total Number of Possible Codes Which Are Sometimes Reimbursed= 35
- Total Number of Possible Codes Which Are Rarely Reimbursed= 19

16 ☐ Typically Reimbursed Codes
- Interviewing
  - 90801
- Assessment
  - 96100
- Intervention
  - 90804, 90806, 90816, 90818

17 ☐ Coding Modifiers
- Acceptability
  - Medicare= 95%
  - Other= Approximately 80%
- Modifiers
  - 22= Unusual Procedure
  - 51= Multiple Procedure
  - 52= Reduced Service
  - 53= Discontinued Service

18 ☐ Diagnosing
- If Psychiatric= DSM
- If Neurological= ICD

19 ☐ Documenting
- Purpose
- Payer Requirements
- General Principles
- History
- Examination
- Decision Making

20 ☐ Purpose of Documentation
- Evaluate and Plan for Treatment
- Communicate and Continuity of Care for Other Professionals
- Claims Review & Payment
- Research & Education

21 ☐ Payer Requirements
- Site of Service

- Medical Necessity for Service Provided
- Appropriate Reporting of Activity

22 ☐ General Principles of Documentation
- Complete & Legible
- Reason for Encounter
- Assessment, Impression, or Diagnosis
- Plan for Care
- Date & Identity of Observer
- Also;
  - Rationale for requested service
  - Risk factors
  - Progress or changes should be noted

23 ☐ Documentation of History
- Chief Complaint
- History of Present Illness
- Review of Systems
- Past, Family, and/or Social History

24 ☐ Chief Complaint
- Concise Statement Describing the Symptom, Problem, Condition, Diagnosis

25 ☐ History of Present Illness
- Chronological Description of Illness
- Include the Following Elements;
  - Location
  - Quality
  - Severity
  - Duration
  - Timing
  - Context
  - Modifying Factors

26 ☐ Review of Systems
- 14 Body Systems
- Applicable to Neuropsychology are;
  - Neurology
  - Psychiatry

27 ☐ Neurology
- Orientation to Time, Place, Person
- Recent & Remote Memory
- Attention Span & Concentration
- Language
- Fund of Knowledge

28 ☐ Psychiatry

- Speech
- Thought Processes
- Abnormal or Psychotic Thoughts
- Judgment

29 ☐ Psychiatry (continued)
- Mental Status
  - Orientation
  - Memory
  - Attention
  - Language
  - Fund of knowledge
  - Mood and affect

30 ☐ Usable CPT Code Documentation
- Found in the 1998 NAN Membership Directory
- Being Presented to AMA for Consideration on 11-06-98

31 ☐ Billing
- Interview
  - If Dx is psychiatry, then 90801
  - If Dx is neurological, then 96115
- Testing
  - If Dx is psychiatric, then 96100
  - If Dx is neurological, then 96117
- Intervention
  - If Dx is psychiatric, then use 90804+
  - If Dx is neurological, then use 97770

32 ☐ Billing (continued)
- Diagnoses
  - If Dx is psychiatric, then use DSM
  - If Dx is neurological, then use ICD
    - Note: Avoid rule out diagnoses

33 ☐ Billing (continued)
- Issues Associated With Fraudulent Claims
  - Upcoding
  - Excessive or Unnecessary Visits to Nursing Facilities
  - Outpatient Billing Within 72 Hours of Hospital Discharge
  - CPT Code Usage Shifts
  - High Percentage of Same Code
  - Use of Same Time for Testing Across All Pts.

34 ☐ Billing (continued)
- Typical Denials

- Service Not Covered
- No Prior Authorization Obtained
- Exceeded Allocated Time Limits
- Invalid or Incorrect Dx Codes
- CPT and Dx do not Match

35 Time
- Defining
  - Professional (not patient) Time Including;
    - pre, during, and post-clinical service activities
- Interview & Assessment Codes
  - Use Hourly Increments
- Intervention Codes
  - Use 15, 30, or 60 Minutes Increments

36 Time (continued)
- AMA Definition of Time
  - Physicians also spend time during work, before, or after the face-to-face time with the patient, performing such s\tasks as reviewing records and tests, arranging for services and communicating further with other professional and the patient through written reports and telephone contact

37 Time (continued)

[1]
- Preparing to see pt
- Reviewing of records
- Interviewing pt, family, and/or others
- Selection of tests
- Scoring of tests
- Reviewing results
- Interpretation of results

[2]
- Preparation and report writing
- Communicating further with others
- Follow-up with patient, family and/or others
- Arranging for ancillary and/or other services

38 Time (continued)
- Quantifying Time
  - Round Up or Down to Nearest Increment
- Time Does Not Include
  - Patient Completing Tests, Forms, etc.
  - Waiting Time by Patient
  - Typing of Reports
  - Non-Professional (e.g., clerical) Time
  - Literature Searches, Learning New Techniques, etc.

39 Information Regarding Specific Issues

- Practice Patterns
- Reimbursement Practices
- Test Usage
- Relative Value Units

40 Relative Value Units
- Definition
  - Work Value
  - Practice Expense
  - Also; Malpractice & Geographical
- Recommended Vs Accepted Values
  - Intervention Codes (RUC/HCFA)
  - Testing Codes (RUC Recommendation Only)
    - Non-neuropsychological= 2.0
    - Neuropsychological= 2.2

41 Current Problems in Reimbursement
- Relative Value Units
- Incident to
- Technicians
- Medical Necessity
- Defining Neuropsychology
- Medical Vs Psychiatric

42 Relative Value Units
- Assessment Code Values
  - RUC Recommendation= 2.2
  - HCFA Work Value= 0
  - Potential Solutions
    - Convince HCFA That Neuropsychologists Do Work
    - Focus on the Practice Component

43 Incident To
- Definition
  - Such Services are Furnished as Incident to
- Test Criteria
  - Are They Commonly Furnished?
  - Are They Integral, Though Incidental?
  - Are They Performed Under Direct Supervision?
  - Are Services Furnished Part of the Psych. Bill?
  - Is the Person Providing the Service an Employee of the Psychologist?

44 Incident To
- Inpatient
  - Qualified No
    - Hospital Might Still Pay for Services

- Services Might Still Be Provided but Not Reimbursed
- Outpatient
  - Yes

45 Technicians
- Site of Service
  - Inpatient= Either No $ or Possibly No Service
  - Outpatient= Acceptable
- Qualifications
- Special Situations
  - General Medical Education
  - 42 CFR Section 415.10, 415.172 Does Not Apply to Psychologists (Kay, 08-12-996)

46 Medical Necessity
- Defining Necessity
  - Is the Service Standard and Proven?
- Value Added
  - What is Neuropsychological Service Worth?

47 Medical Vs Psychiatric
- Why is Medical Better
  - Lifetime & Yearly Limits
  - Co-Pays
  - Pre-Authorizations
- Future of Where Neuropsychology is Placed
  - Parity (Is it Really Parity?)
  - Otherwise, Remain in Psychiatry

48 Summary, Directions & Resources
- Summary
- Directions
  - New Codes
  - CPT 5
  - HCFA Interface
  - Dissemination & Education
  - Future

49 Resources
- American Psychological Association
- National Academy of Neuropsychology
- Division of Clinical Neuropsychology of the American Psychological Association
- Health Care Financing Administration
- National Institutes of Health

50 Resources (continued)
- APA; Practice Directorate, Practitioner's Guide; www.apa.org

- NAN; Directory; www.nan.drexel.edu
- Division 40; Practice Committee, Web Page
- HCFA; www.hcfa.gov
- NIH; http://odp.od.nih.gov/consensus/cons/109/109_statement.htm

51 Resources (continued)

- NAN Bulletin
  - 1994, Spring- Original Suggestions for Billing
  - 1998, Summer- Practice Patterns
  - 199?- Top 25 Tests, Costs, & Longevity
- Journal of Psychopathology & Behavioral Assessment (Puente, 1997)
- Professional Psychology (Camara, Nathan, & Puente, in press)
- Reimbursement for Clinical Neuropsychological Services