1992
APA

Colorado Springs
Neuropsychology Laboratory
& Brain Training Clinic, P.C.

David A. Sena, Ph.D. • Licensed Psychologist

May 11, 1992

Antonio E. Puente, Ph.D.
National Academy of Neuropsychologists
UNC-Wilmington, Psychology Dept.
Wilmington, NC 28403-3365

Dear Tony:

I am enclosing a copy of the APA schedule card for your presentation, "A Final Model for Billing Neuropsychological Services", Sunday, August 16, 1992, 1:00 p.m. to 1:50 p.m. Please let me know your audio visual requirements and any other relevant support that you would like. I would also appreciate a brief blurb containing the essential information you would like me to include in my introductory comments. Since APA has asked me to respond before June 15, 1992, I would appreciate your information prior to that time.

I am looking forward to your program and feel honored by the chance to chair the program for you.

By the way, I was just elected President of the newly formed Colorado Neuropsychological Society at the April 30, 1992 inaugural meeting.

I'm looking forward to hearing from you soon.

Sincerely,

Dave

David A. Sena, Ph.D.
Licensed Psychologist
Clinical Neuropsychology

DAS:hc

Enclosure

Dear David:
Thanks for your recent letter regarding the CPT presentation. I would like a projector and a little salsa music in the background. Regarding the comments, you might simply say this is the outcome of a two year study of the Joint Task Force on CPT Codes. As things are changing, I'll give you more details later. Also, congratulations on your election.
Regards, AP

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CPT TASK FORCE MEMBERS

Name	Affiliation	Representing
Antonio E. Puente, Ph.D.	Department of Psychology University of N.C. - Wilmington Wilmington, North Carolina 28403-3297	Chair
Jeff Barth, Ph.D.	University of Virginia School of Medicine P O Box 203 Charlottesville, VA 22908	Virginia Psychological Association
Richard Berg, Ph.D	Department of Neuropsychology Cardinal Hill Hospital Lexington, Kentucky 40504	NAN
Keith Cicerone, Ph.D.	Center for Head Injuries Johnson Rehabilitation Institute Edison, New Jersey 08818-3059	American Congress of Rehabilitation Medicine
Billy Hinnefield, J.D.	Office of Professional Practice American Psychological Association 750 First Street, N.E. Washington, D.C. 20002-4242	OPP, APA
Jim Hom, Ph.D.	University of Texas Department of Psychology Southwestern Medical Center Dallas, Texas 75235-9070	Division 40, APA
Lawrence Majovski, Ph.D.	Department of Rehabilitation Huntington Memorial Hospital 100 Congress Street P O Box 7013 Pasadena, California 91109-7013	Southern California Rehabilitation
Patricia Pimental, Psy.D.	Department of Physical Medicine Rehabilitation (M/C 888) 901 South Wolcott Avenue, Rm. W-130 Chicago, Illinois 60612	Illinois and Psychological Association
Claire Rofsky	Billing Service Company P O Box 6256 Garden Grove, California 92645	California Psychological Association
James Schear, Ph.D.	Private Practice Suite A, Building C 3515 Wheeler Road Augusta, Georgia 30909	NAN
Jean Wilkins, Ph.D.	University of N.C. at Chapel Hill School of Medicine Department of Neurology CB # 7025, Clinical Service Building Chapel Hill, North Carolina 27599	North Carolina Psychological Association
Alan Yozawitz, Ph.D.	Neuropsychology Unit Hutchings Psychiatric Center 625 Madison Street Syracuse, New York 13210	Division 40, APA

Suggested Billing Practice

for Neuropsychological Services

(08-16-92)

I. Hourly vs. Battery

Services should be billed by the hour rather than by the battery. If a standardized battery is used, then indicate the number of hours used to complete the evaluation.

II. Hourly Billing Ratios

A. Assessment- Due to the complexities involved in neuropsychological evaluations, one hour of direct patient contact may equal up but not exceed to two hours of billable time. A ratio of one hour of contact to one and one/half hour of billable time is recommended. This ratio would include review of records, single/multiple/collateral interviews, selection of tests, administration of tests, scoring of tests, interpretation of test results, dictation of report, and follow-up with patient/family/significant other/referral.

B. Therapy- Due to the demands of documentation, scheduling, etc., twenty to thirty minutes of patient contact should be billed as thirty minutes while forty-five to fifty minutes of patient contact should be billed as sixty minutes.

III. Specialty Codes

A. Assessment- Until December 31, 1992 typically use the standard testing code (90830). However, consider using specialty codes if reimbursable. For example, in North Carolina, BC/BS accepts 9083A for neuropsychological assessment. Thereafter use the new neuropsychological testing code (probably 90884). Alternatively, consider the revised neurology codes (90880 - assessment of higher cerebral function; 90881 - developmental testing; 90882 - cognitive testing).

B. Therapy- At present no recommendation is being made for cognitive rehabilitation. It is recommended that all psychologically related therapy use standard codes for now (i.e., 90830).

IV. Single vs Multiple Codes

Whenever possible, simplify billing by using a single code for assessment and another single code for therapy.

V. Diagnoses

A. ICD vs DSM III-R- Whenever possible, use the current ICD nomenclature and coding instead of the DSM system. If the disorder is a "functional" one (e.g., depression) use the DSM system.

B. Diagnoses- Whenever possible, use the diagnoses of the actual physical problem resulting in the reason for referral (e.g., cerebrovascular accident).

VI. Technicians

Identify and explain the role of technicians in the assessment process.

VII. Level of Training, Degree, and Credentialing

Although unclear at present, insurance carriers may be reimbursing according to a variety of variables including but not limited to the type of training, degree, and credentialing received. For example, generic clinical psychologists may not be reimbursed at similar levels to Clinical Psychologists. The same may apply to listings with the National Register and specific national organizations (e.g., National Academy of Neuropsychology). The legal implications of this, if any, are unclear.

VIII. Peer Review

Until such time that a viable system of credentialing clinical neuropsychologists exists, it is recommended that clinical neuropsychologists encourage insurance carriers to establish peer review with recognized members of the clinical neuropsychological community.

IX. Education

Continuing education of both insurance carriers and professionals will be the key to the acceptance of these recommendations. Consider providing insurance companies a one page generic summary describing clinical neuropsychological services. Extended evaluations may require customized and more detailed explanations.

X. Electronic Claims

Electronic claims are more difficult to use for testing than for therapy. These claims may require both the number of hours and tests used in the evaluation.

1991
NAN
Presentation

A FINAL MODEL FOR BILLING NEUROPSYCHOLOGICAL SERVICES

This Conversation Hour will provide the final version of the model for billing neuropsychological services. This model is an outgrowth of a joint Task Force sponsored by Division 40 (APA), the National Academy of Neuropsychology and the American Council of Rehabilitation Medicine. Representatives from these organizations were joined with representatives from several state psychological associations (e.g., Virginia) and other groups (Office of Professional Practice, APA).

Several issues will be addressed including:

1. Billing by the hour vs the Battery.
2. Neurological vs psychiatric coding.
3. Special codes for neuropsychological services.
4. Single vs multi code billing, especially for testing.
5. Therapeutic intervention billing.
6. Patient contact vs billed time.
7. Related issues such as billing for collateral interviews, record reviews, and follow-up.

The Conversation Hour will be hosted by the Task Force's Chair, Antonio Puente, along with several other members of the Task Force.

(Note: This presentation may be audiotaped by APA.)

Suggested Billing Practices

for Neuropsychological Services

(02-21-92)

I. Hourly vs. Battery

Services should be billed by the hour rather than by the battery. If a standardized battery is used, then indicate the number of hours used to complete the evaluation.

II. Hourly Billing Ratios

A. Assessment- Due to the complexities involved in neuropsychological evaluations, one hour of direct patient contact may equal up to two hours of billable time. A ratio of one hour of contact to one and one/half hour of billable time is recommended. This ratio would include review of records, single/multiple/collateral interviews, selection of tests, administration of tests, scoring of tests, interpretation of test results, dictation of report, and follow-up with patient/family/significant other/referral.

B. Therapy- Twenty to thirty minutes of patient contact should be billed as thirty minutes while forty-five to fifty minutes of patient contact should be billed as sixty minutes.

III. Specialty Codes

A. Assessment- Whenever possible with a carrier, use specialty codes. For example, in North Carolina, Bc/BS accepts 9083A for neuropsychological assessment.

B. Therapy- At present no recommendation is being made for cognitive rehabilitation. It is recommended that all psychologically related therapy use standard codes for now.

IV. Single vs Multiple Codes

Whenever possible, simplify billing by using a single code for assessment and another single code for therapy.

V. Description of Services

Provide insurance carriers a one page summary describing neuropsychological services with each insurance submission.

VI. Diagnoses

A. ICD vs DSM III-R- Whenever possible, use the current ICD nomenclature and coding instead of the the DSM system. If the disorder is a "functional" one (e.g., depression) use the DSM system.

B. Diagnoses- Whenever possible, use the diagnoses of the actual physical problem resulting in the reason for referral (e.g., cardiovascular accident).

VII. Technicians

Until such time that a viable system of credentialing technicians exists, do not identify the use of technicians on insurance forms. However, if the insurance carrier understands and accepts the use of technicians, explicitly state their role in the assessment process.

VIII. Level of Training, Degree, and Credentialing

Although unclear at present, insurance carriers may be reimbursing according to a variety of variables including but not limited to the type of training, degree, and credentialing received. For example, generic clinical psychologists may not be reimbursed at similar levels to Clinical Psychologists. The same may apply to listings with the National Register and specific national organizations (e.g., National Academy of Neuropsychology). The legal implications of this, if any, are unclear.

IX. Peer Review

Until such time that a viable system of credentialing clinical neuropsychologists exists, it is recommended that clinical neuropsychologists encourage insurance carriers to establish peer review with recognized members of the clinical neuropsychological community.

X. Education

Education of both insurance carriers and professionals will be the key to the acceptance of these recommendations.

Suggested CPT Codes

for Neuropsychological Services

(02-22-92)

Type of Service	Code
Record review; Interview(s), individual, repeated, collateral; Testing, selection, administration, scoring, interpretation, dictation; Follow-up, patient, family, significant other, referral.	90830 or 9083A (psychiatric) or 95882 or 95880 (neurological) or 90830AH (Medicare)
Therapy (any type); 20-30 minutes,	90843 or 90843AH (Medicare) or 98854 (Champus)
45-50 minutes.	90844 or 90844AH (Medicare) or 90855 (Champus)

Suggestions for the Acceptance

of Task Force Recommendations

on Neuropsychological Billing

(02-22-92)

(These Suggestions Are Not Intended For Public Circulation/Review)

I. Directions

A. Specific CPT Code- Initial efforts will be placed on obtaining an assessment code. Later efforts will be placed on therapy codes.

B. Unified CPT Code- Recommendations will be made that all carriers, including Medicare, use similar CPT codes.

C. Tests- Commonly used tests, such as those described in recent practice surveys will be tabulated. Next, it will be determined (survey?) how long it takes to select, administer, score, and interpret these tests. The end result will be a table of tests with time values added.

II. Approval Timetable

A. The respective Board of Directors will review and presumably approve these recommendations by 07-01-92.

B. Later recommendations involving such issues as therapy and cognitive rehabilitation will be addressed between 07-01-92 and 07-01-93.

III. Release of Recommendations

A. The first public announcement of these recommendations will be made at the APA Centennial Convention in Washington, D.C. in August, 1992.

B. The second public announcement of these recommendations will be made the 1992 annual meeting of the National Academy of Neuropsychology in Pittsburgh, PA.

C. If acceptable with Newsletter Editors, these recommendations will be published in respective organization newsletter (e.g., Division 40 Newsletter).

D. A more comprehensive article will be published detailing the background, rationale, etc. of these recommendations. The journal The Clinical Neuropsychologist has expressed interest in publishing such an article.

E. With the assistance of respective organizations, the Task Force will then proceed to educate insurance carriers. Representatives from the Task Force will solicit from appropriate groups (e.g., national insurance conventions) the opportunity to present these recommendations to the insurance industry.

F. Specific efforts will be made to educate the national insurance programs (e.g., Medicare) and larger private companies (e.g., Blue Cross/Blue Shield).

G. Until such time that these steps can be taken, it is recommended that grass roots efforts be applied at the state level with specific carriers and programs.

IV. Feedback

Until further notice specific feedback may be provided to:

Antonio E. Puente, Ph.D.
Department of Psychology
University of North Carolina at Wilmington
Wilmington, North Carolina 28403-3297

SUGGESTED BILLING PRACTICES FOR NEUROPSYCHOLOGICAL ASSESSMENT

HOURLY BILLING

RATIO OF 1.5 TO 2.0 OF CONTACT VS BILLED TIME

NEUROLOGY CODES

SINGLE CODES

ICD-9

ACCEPTANCE OF

NEUROPSYCHOLOGICAL CPT CODES

AMERICAN PSYCHOLOGICAL ASSOCIATION

AMERICAN MEDICAL ASSOCIATION

AMERICAN PSYCHIATRIC ASSOCIATION

AMERICAN ACADEMY OF NEUROLOGY

NATIONAL ACADEMY OF NEUROPSYCHOLOGY

HEALTH CARE FINANCING ADMINISTRATION

LETTER FQA-542

FROM: BERNARD PATASHNIK
DIRECTOR, DIVISION OF MEDICAL SERVICES PAYMENT,
HEALTH CARE FINANCING ADMINISTRATION

TO: JANICE STIERS
MEDICARE SPECIALIST, APA

AUGUST, 1993

NOTE: INCLUDED IN THIS ACCEPTANCE ARE THE FOLLOWING PROVISIONS;

1. THESE CODES ARE ACCEPTABLE
2. CODES CAN BE USED BY PSYCHOLOGISTS
3. TESTING ADMINISTRATION AND TIME ARE INCLUDED

IMPLEMENTATION FOR NEUROSPYCHOLOGICAL CPT CODES

AMERICAN MEDICAL ASSOCIATION

CURRENT PROCEDURAL TERMINOLOGY

RELATIVE VALUE UNIT

CPT ASSISTANT
(VOLUME 3, ISSUE 1, SPRING 1993, PP. 38-39)

HEALTH CARE FINANCING ADMINISTRATION

WORKING GROUP ON NEUROPSYCHOLOGICAL CPT CODES

DEFINITION OF WORK

PRE	INTRA	POST
PREPARATION	WORKING WITH PATIENT	COMMUNICATE
RECORD REVIEW		INTERPRET
COMMUNICATION		REPORTS
		SERVICES

DIRECTIONS FOR CPT TASK FORCE

DISSEMINATION OF INFORMATION

SPECIAL EMPHASIS AT STATE & INDIVIDUAL CARRIER

ADDRESS THE ISSUE OF TECHNICIANS

LIST OF TESTS AND TIME DATA

NEUROPSYCHOLOGICAL REHABILITATION CODE

Neuropsychological Assessment CPT Codes and Billing Recommendations

Antonio E. Puente, Ph.D.
University of North Carolina at Wilmington
In Collaboration with
Joint CPT Task Force of
The National Academy of Neuropsychololology
and
The Division of Clinical Neuropsychology (40)
of the
American Psychological Association

Requests for reprints should be forwarded to:
Antonio E. Puente, Department of Psychology,
University of North Carolina at Wilmington,
Wilmington, NC 28403-3297.

Current Procedural Terminology
Neuropsychological Assessment Code
Final Recommendations
(Codes Accepted by NAN, Division 40 and Practice Directorate of APA, AMA, ApA, NAN, HCFA)
April 1, 1994

I. Neuropsychological Testing Codes

A. Infants and Children
95881- Developmental testing

B. Adolescents and Adults
95883- Neuropsychological testing battery

II. Other Neuropsychological Assessment Codes

A. Aphasia
95880- Assessment of aphasia

B. Non-standardized evaluations (e.g., behavioral neurology)
95882- Neurobehavioral status exam

III. Billing Issues

A. Bill by the hour (not by the battery)
1. Direct service time only
2. Round up or down to nearest hour

B. Service time includes;
1. preparing to see patient
2. reviewing of records
3. communicating with others
4. interviewing
5. selection of tests
6. administration of tests
7. scoring of tests
8. reviewing results/interpretation
9. preparation and report writing
10. communicating further with others
11. follow-up with patient/family
12. arranging for further services

IV. Definition of a Clinical Neuropsychologist
(Accepted by NAN and Division 40 of APA)

A. Level I

Certification by examination by either the American Board of Clinical Neuropsychology or the American Board of Professional Neuropsychology

B. Level II

1. Education-
Doctorate degree in psychology from a regionally accredited institution with a program in psychology

2. Experience-
Three years (minimum of 500 hours per year) of clinical neuropsychological experience at either pre or postdoctoral levels

3. Supervision-
Two years supervision in clinical neuropsychology satisfied by one or more of the following;

a. two years postdoctoral supervision;
b. one year predoctoral and one year postdoctoral supervision;
c. successful completion of a postdoctoral fellowship

4. License-
State or province licensure at the level of independent practice

5. Definition-
Clinical neuropsychology is defined as the study of brain-behavior relationships based on a combination of knowledge from basic neurosciences, functional neuroanatomy, neuropathalogy, clinical neurology, psychological assessment, psychopathology, and psychological interventions.

Neuropsychology as a professional discipline has emerged as an important specialty in modern day health care. The development of organizations (e.g., National Academy of Neuropsychology and the Division of Clinical Neuropsychology- 40- of the American Psychological Association) in conjunction with a wide assortment of journals, workshops, and more recently certification requirements have made gone far in formalizing the specialty (see Puente, 1990 for further information). Several practice surveys have been conducted that provide a glimpse into the clinical activities of the neuropsychologists during this decade of the brain (e.g., Putnam and De Luca, 1990). However, still lacking is an understanding of the specialty practices by third party payors.

To ameliorate this condition, the National Academy of Neuropsychology and the APA's Division of Clinical Neuropsychology formed a Joint Task Force in 1991. After numerous meetings, discussions and presentations at both the NAN and APA national meetings, several guidelines were proposed. The American Medical Association assisted in the formation and a new neuropsychological assessment code and the revamping the other neurological assessment codes. These codes were reviewed by several organizations

including the American Psychiatric Association, American Academy of Neurology, the Health Care Financing Administration, and the Practice Directorate of the American Psychological Association.

To help implement the use of these codes, the joint Task Force and both the NAN and Division 40 Boards assisted in developing guidelines for obtaining reimbursement for these codes. As with any project of this nature, additional issues need to be resolved and include but are not limited to: test times, dissemination of information, additional work with related CPT codes, acceptance of relative values, and acceptance by third party payors.

Numerous individuals were involved in the this project. The Task Force consisted of: Jeff Barth (University of Virginia School of Medicine; Virginia Psychological Association), Richard Berg (Wilmington Health Associates; NAN), Gordon Chelune (Cleveland Clinic; Ohio Psychological Association), Keith Cicerone (Johnson Rehabilitation Institute; American Congress of Rehabilitation Medicine), Robert Elliott (Federal Aviation Administration; California Psychological Association), Jim Hom (Neuropsychology Center, Dallas; Division 40), Patricia Pimental (Neurobehavioral Medicine

Consultants, Chicago; Illinois Psychological Association), Amy Rabinove (Practice Directorate, APA) Claire Rofsky (Billing Service Company; California Psychological Association), James Schear (Augusta, Georgia; NAN), Jean Wilkins (University of North Carolina School of Medicine; North Carolina Psychological Association), Nancy Wilcockson (University of Nebraska School of Medicine; Nebraska Psychological Association), Allan Yozawitz (Hutchins Psychiatric Center; Division 40). Nancy Wilcockson was instrumental in the writing of the CPT codes and has been working with APA and HCFA on the Relative Values for these codes. Erin Bigler assisted in writing the brief article on neuropsychological assessment which appeared in the AMA CPT Assistant, Spring, 1993. Finally, the Practice Directorate of the APA has been instrumental in the development of these codes and guidelines through the assistance of Janice Stiers, Medicare Policy and Reimbursement Analysts, and Amy Rabinove, J.D., Director of Federal Regulatory Affairs.

A more comprehensive version of this topic will be submitted to the Archives of Clinical Neuropsychology and the The Clinical Neuropsychologist at a later date. The current version will simultaneously be published in the newsletters of both

the National Academy of Neuropsychology and the Division of Clinical Neuropsychology of the American Psychological Association.

References

Puente, A. E. (1990). Historical perspectives in the development of neuropsychology as a professional specialty. In C. R. Reynolds & E. Fletcher-Janzen (Eds.). Handbook of child clinical neuropsychology. New York: Plenum.

Putnam, S. H., & De Luca, J.W. (1990). The TCN Professional Practice Survey: Part I: General practice of neuropsychologists in primary employment of private practice settings. The Clinical Neuropsychologist, 4, 199-243.

NEUROPSYCHOLOGICAL ASSESSMENT

95880 Assessment of aphasia (includes assessment of assessment of expressive and receptive speech and language function, (including language comprehension speech production ability, reading, spelling, writing, e.g. Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

95881 Developmental testing (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized development instruments e.g. Bayley Scales of Infant Development)with interpretation and report, per hour

95882 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement e.g. acquired knowledge attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour

95883 Neuropsychological testing battery (e.g. Halstead-Reitan, LURIA, WAIS-R) with report, per hour

NEUROPSYCHOLOGICAL ASSESSMENT

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