

NATIONAL
ACADEMY OF
NEUROPSYCHOLOGY

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FACSIMILE TRANSMISSION COVER SHEET

FAX NO. (919) 341-3419

DATE: July 28, 1993

TO: Antonio Puente, Ph.D.

FROM: C. Munro Cullum, Ph.D.

RE: CPT Codes

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3
(If total number of pages not received, please call)

I made a few changes, let me know if you wish to add or change anything. We are thinking of including this in portfolios at the upcoming conference. I will be awaiting your reply!

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CPT CODE INFORMATION

In response to recent inquiries about the new CPT codes, NAN wants to update members with the following information. As you may know, the joint task force of NAN and APA Division 40, chaired by past NAN President Antonio Puente, Ph.D., has made tremendous advances in the CPT codes used in billing for neuropsychological services. At this point, the new CPT codes have been approved by the American Psychiatric Association, the American Neurologic Association, the American Medical Association, and the Health Care Financing Administration (HCFA) (ref: Letter to Antonio Puente, Ph.D., Task Force Chairman, from Tracy Gordy, AMA CPT Panel, October 19, 1992.) They have also been authenticated by Amy Rabinove, J.D., Office of Federal Regulatory Affairs, Office of Professional Practice, American Psychological Association.

As of January 1, 1993, the following CPT Codes should be used for billing of Neuropsychological Services:

- 95883 Neuropsychological Testing with Interpretation and Report (per hour)
- 95882 Neurobehavioral Status Examination
* Clinical assessment of thinking, reasoning and judgment (e.g. acquired knowledge, attention, memory, visual-spatial abilities, language functions, planning, etc.)
* Replaces Clinical Interview
- 95880 Assessment of Aphasia with Interpretation and Report (per hour)
* Assessment of expressive and receptive speech and language functions including comprehension, speech production, ability in reading, spelling, writing, etc. (e.g. BDAE)
- 95881 Developmental Testing with Interpretation and Report (per hour)
* Assessment of motor, language, social adaptive and/or cognitive functioning by standardized instruments (e.g. Bayley Scales of Infant Development)
- 90830 Psychological Testing with Interpretation and Report (per hour)
* Psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, etc. (e.g. WAIS-R, Rorschach, MMPI-2)

Use of these new codes should be helpful in obtaining appropriate reimbursement from third party payors as neuropsychological services are now coded under "Neurology" rather than "Psychiatric" services. This should reduce ceiling effects that limited services under the old codes.

(Over)

The following are some important principles to note when using the new codes:

1. Evaluations should be billed by the hour(s) required rather than per battery. This includes time for selection of tests, administration, scoring, analysis, interpretation and report(s). Reports **DO NOT** have to be in a written format. Please note that neuropsychological evaluations should be billed for the total number of hours involved (e.g. Neuropsychological Evaluation = 15 hrs.), **NOT** by subcategory (i.e. administration, scoring, analysis, etc.).
2. The task force recommends **NOT** listing specific tests for billing purposes.
3. As a rule of thumb, the task force suggests billing evaluations at a ratio of 1.5 billable hours for each 1.0 hour of client contact, unless you accurately keep track of all non-client time spent on the case.
4. Since neuropsychological technicians are commonly used and seen as an acceptable means of providing neuropsychological services, the task force believes that it is appropriate to **NOT** identify them for billing purposes.
5. The task force also recommends the use of ICD diagnostic codes rather than DSM-III-R codes for neuropsychological diagnoses.

Please be advised that the joint task force is continuing to work on billing-related matters. Revision of therapy codes for neuropsychological treatments will be undertaken next. Codes will include neuropsychological therapy and cognitive retraining. Lastly, Relative Value figures for payment of neuropsychological services are currently under development.

Dr. Puente and his task force members are to be commended for a major breakthrough that took years of persistence. Updates on CPT developments will be made at upcoming meetings.

IMPORTANT REFERENCES

REFERENCE

INFORMATION

CPT	1993	95883
CPT	1994	95880, 95881, 95882

AMA CPT ASSISTANT
(3, #1, SPRING, 1993)

EXTENDED DESCRIPTION OF 95883

FQA - 542 LETTER
(PATASHNIK TO STIERS)

USE OF CODES 95880 - 3
PRE, INTRA AND POST SERVICE
TIME INCLUSION

SERVICE TIME

DEFINITION OF WORK

OUTPATIENT

PRE

DURING

AFTER

PREPARING TO SEE PATIENT

WORK WITH PATIENT

ARRANGING FOR FURTHER SERVICES

REVIEWING OF RECORDS

REVIEWING RESULTS OF STUDIES

COMMUNICATING WITH

COMMUNICATING FURTHER

OTHER PROFESSIONALS

WITH PATIENT AND OTHER

PROFESSIONALS

SERVICE TIME

DEFINITION OF WORK

INPATIENT

DURING

BEFORE/AFTER

REVIEWING PATIENT'S CHART

COMMUNICATING WITH OTHER

SEEING THE PATIENT

PROFESSIONALS AND/OR FAMILY

WRITING NOTES

WRITTEN AND TELEPHONE REPORT

COMMUNICATING WITH OTHER

PROFESSIONALS AND/OR FAMILY

SERVICE TIME

NEUROPSYCHOLOGICAL TESTING

DO'S

DONT'S

Bill By The Hour

Bill By The Battery

Bill Between .5 to 1 x Direct

Bill For Time Spent By The

Contact Time

Patient Completing Self-Report,

For Scoring and Interpretation Time

Non-interactive Tests and

(Post Testing Time)

Questionnaires

Bill For Time Spent

Bill in Partial Hours

Explaining and Monitoring Tests

(e.g., 4½ hours)

**PROBLEMS FOR IMPLEMENTATION
OF**

NEUROPSYCHOLOGICAL CPT CODES

USE OF TECHNICIANS

LENGTHY EVALUATIONS

DEFINITION OF NEUROPSYCHOLOGIST

CPT PROPOSAL

TITLE: Neuropsychological Rehabilitation

DESCRIPTION: Neuropsychological rehabilitation (e.g.,
Cognitive rehabilitation) per hour

NUMBER: 95884

REVIEW: Initial = November 12 - 14, 1993

Final = February 18 - 20, 1994