

# 1 ☐ Reimbursement for Neuropsychological Services

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## 2 ☐ Outline of Presentation

- Introduction
- Basics of Reimbursement
- Coding Professional Services
- Time
- Incident to
- Medical Necessity
- Documentation

## 3 ☐ Outline (continued)

- Model Billing
- Relative Value Units
- Allowable Charges
- Denials, Exclusions, and Audits
- Managed Care Issues
- Expected Trends
- Summary and Conclusions

## 4 ☐ Basics of Reimbursement

- Degree
- Locale
- Diagnosis
- Procedure

## 5 ☐ Degree

- PhD = PsyD = EdD = MD
- HCFA, October 31, 1997; Federal Register

## 6 ☐ Locale

- In vs Outpatient
- Nursing Home vs Hospital
- In vs Outhouse

## 7 ☐ Diagnoses

- DSM vs ICD
- DSM = 290 - 319 of ICD
- ICD & Referral Diagnosis

- Rule Out

8 ☐ Procedure Code

- WHO/ICD
- AMA/CPT (Current Procedural Terminology)

9 ☐ Psychiatry Codes

- Interview
- Psychotherapy
- Psychophysiological Therapy

10 ☐ Biofeedback

- “Regular” Biofeedback
- “Anorectal” Biofeedback

11 ☐ Physical Medicine & Rehabilitation

- Cognitive Rehabilitation

12 ☐ CNS Assessment/Testing

- Psychological Testing
- Developmental Testing
  - Limited
  - Extended
- Aphasia Testing
- Neurobehavioral Status Exam
- Neuropsychological Testing

13 ☐ Suggested Codes

- Interview; 96115
- Testing, interpretation, dictation & follow-up; 96117
- Intervention 97770

14 ☐ Psychiatry Codes

- 90801=Interview
- 90820=Interactive Interview\*
- 90825=Evaluation of Hospital Records\*
- 09846=Family Psychotherapy w/o Patient\*
- 90847=Family Psychotherapy w/ Patient\*
- 90849=Multi-Family Psychotherapy\*
- 90853=Group Psychotherapy\*
- 90857=Interactive Group Psychotherapy\*

15 ☐ Psychiatry Codes (continued)

- 90875= Psychophysiological Training-30'
- 90876= Psychophysiological Training- 60'

16 ☐ Biofeedback Codes

- 90901= Biofeedback Training, any modality
- 90911= Biofeedback Training, anorectal

17 ☐ Physical Medicine & Rehabilitation Codes

- 97535= Self-Care Management Training-15'\*
- 97537= Community Work Reintegration- 15'\*
- 97770= Development of Cognitive Skills, 15'

18 ☐ CNS Assessment/Testing Codes

- 96100= Psychological Testing
- 96105= Assessment of Aphasia
- 96110= Developmental Testing
- 96111= Extended Developmental Testing
- 96115= Neurobehavioral Status Exam
- 96117= D\Neuropsychological Testing

19 ☐ Coding Modifiers

- CPT Assistant Survey, 09-1997
- Medicare= 95% acceptance
- BC/BS= 65% acceptance
- Other Payors= 79% acceptance

20 ☐ Time

- Definition:
  - Physician also spend time during work before or after the face-to-face time with the patient, performing such tasks as reviewing records and tests, arranging for further services, and communicating further with other professionals and the patient through written reports and telephone contacts (CPT Assistant, 10-1997, pg 8)

21 ☐ Time (continued)

- Quantifying;
  - Direct Service Time Only
  - Round Up or Down to Nearest Hour
  - Everything, except brief therapy and cognitive rehabilitation, is coded per hour

22 ☐ Time (Continued)

- Applying to Neuropsychological Services;
  - Preparing to see patient
  - Review of records
  - Communicating with others
  - Interviewing patient or others
  - Selection of tests
  - Administration of tests
  - Scoring of tests

23 ☐ Time (continued)

- Interpretation of tests
- Preparation and report writing
- Communicating further with others
- Follow-up with patient, family, or others
- arranging for ancillary or further services

24 ☐ Time (continued)

- Pre, During, and Post Face-to-Face Contact
- Not Included;
  - Completing forms or tests
  - Waiting time
  - Typing of reports
  - Non-professional time (secretary, etc.)
  - Literature searches, reviews, etc.

25 ☐ Incident to

- Definition:
  - such services and supplies furnished as incident to his service
- Description:
  - Commonly furnished service
  - Services are integral
  - Under direct personal supervision
  - Included in bill

26 ☐ Incident to (continued)

- Outpatient:
  - Direct supervision in the office setting as "present in the office suite and immediately available to provide assistance and direction through the time the aide is performing the services"

27 ☐ Incident to (continued)

- Inpatient:
  - No incident to in inpatient settings

28 ☐ Medical Necessity

- Consistent with symptoms or diagnosis
- Appropriate with regard to standard of care
- Not for convenience of doctor, etc.
- To restore (physiologic) function
- Most appropriate supply, level, or setting of service

29 ☐ Medical Necessity (continued)

- Definition of Investigational or Experimental Procedure:
  - Use of service or supply, including but not limited to treatment, procedure, facility, equipment, drug, or device, not recognized as standard medical care of the condition, disease, illness, or injury being treated.

30 ☐ Medical Necessity (continued)

- Minimal=                      Straightforward
- Limited=                      Low Complexity
- Multiple=                      Moderate Complexity
- Extensive=                      High Complexity

31 ☐ General Principles of  
Medical Documentation

- Complete and legible
- Rationale for tests should be provided
- Past and present Dx should be provided
- Response to treatment or changes in Dx should be documented

32 ☐ Principle of Documentation (continued)

- Each encounter should include;
  - reason
  - assessment
  - impression/diagnosis
  - plan for care
  - date
  - identity of observer

33 ☐ History of Present Illness

- Location
- Quality
- Severity
- Duration
- Timing
- Context
- Modifying Factors

- Associated Signs and Symptoms
- 34 ☐ Documentation of History
- Chief Complaint
  - History of Present Illness
  - Review of Systems
  - Past Family and Social History
- 35 ☐ Family and Social History
- Past History
  - Family History
  - Social History
- 36 ☐ Psychiatric Examination
- Speech
  - Thought Processes
  - Associations
  - Abnormal Thoughts
  - Judgment
  - Mental Status Examination
    - orientation, memory, attention, language, fund of knowledge, mood and affect
- 37 ☐ Development of Cognitive Skills
- Remediation of:
    - Attention
    - Memory
    - Problem Solving
  - Through the Use of:
    - Compensatory training and/or
    - Sensory Integrative Activities
- 38 ☐ Neurobehavioral Status Exam
- Thinking
  - Reasoning and Judgment
    - Acquired knowledge
    - Attention
    - Memory
    - Visuo-spatial abilities
    - Language functions
    - Planning
- 39 ☐ Psychological Testing
- Personality

- Emotionality
- Intellectual Abilities

40 ☐ Neuropsychological Testing

- Identifying Information
- Reason for Referral
- Evaluation Procedure (e.g., tests)
- History
- Presenting Problem
- Neurobehavioral Status Exam
- Testing
- Summary, Conclusion, and/or Recommend.

41 ☐ Model for Billing  
Neuropsychological Services

- Do not;
  - Bill by the battery
  - Non-professional time

42 ☐ Professional Service

- Preparing to See Patient
- Review of Records
- Communicating with Others
- Interviewing Patient, Family, and Others
- Selection of Tests
- Administration of Tests
- Scoring of Tests

43 ☐ Professional Service (continued)

- Review Results/Intepretation
- Preparation and Report Writing
- Communicating Further with Others
- Follow-up with Patient, Family, and Others
- Arranging for Ancillary or Further Services

44 ☐ Relative Value Units

- Definition:
  - Actual assigned value of a professional activity for reimbursement purposes
  - The higher the value the more the reimbursement

45 ☐ Relative Value Units (continued)

- Determined by:

- Surveys done by the interested organizations
- Components:
  - Physician Work
  - Practice Expense
  - Malpractice
  - Geographic

46 ☐ Relative Value Units (continued)

- Interventions/Therapy:
  - All values available
- Assessment:
  - No physician work value for any testing code
  - Other values (including practice expense just decided)

47 ☐ Allowable Charges

- Charges Allowed Usually Higher Than Provided
- Medicare Publishes Values; Standard for Industry

48 ☐ Allowable Charges: Selected Examples

- 90801= 120.47
- 90843= 63.28
- 90844= 88.66

49 ☐ Denials, Exclusions, and Audits

- Denials= Not Now
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50 ☐ Denials, Exclusions & Audits

- Denials= Not Now
- Exclusions= Never
- Audits= Not Sure

51 ☐ Examples of Exclusions for Psychotherapy

- Conditions not Favorable for Modification
- Counseling when Attributable to a Mental Condition
- Treatment for Pain with Physiological Origin

52 ☐ Examples of Exclusions for Testing

- Specific Dx's
  - Hyperkinetic syndromes
  - Learning disabilities
  - Mental retardation
  - Behavioral problems



53 ☐ Testing Exclusions (continued)

- Mismatched Diagnoses X Procedure
- Exceeding Time Limits

54 ☐ Top Seven Denials for HCFA

- No Identification
- Services not Covered
- Duplicate Items Being Processed
- Fragmented Service
- Exceeded Time Limits
- Invalid or Incorrect Dx Codes
- CPT does not Match Dx

55 ☐ Triggers for Investigations

- Mismatch Between CPT and Dx
- CPT Code Usage Shifts
- High Percentage of Same CPT Code

56 ☐ Avoiding Fraudulent Billing Investigations: Priorities

- Billing by Providers Within 72 Hours of Inpatient Stays
- Faculty Physician Billing Actually Provided by Residents
- Excessive or Unnecessary Visits to Nursing Facilities

57 ☐ Specific Managed Care Issues

- Panels
- Authorizations
- Psychiatric vs Medical
- Newer Generation of HMOs
- Establishing an HMO

58 ☐ Expected Trends

- Production vs Custom
- Psychiatric vs Medical
- Carve-outs vs Menu-Driven
- Fee-for-service vs. Forensic/Contractual
- Exclusionary vs Inclusiveness
- Concept-Driven vs Outcome-Driven

59 ☐ Future Efforts

- Incident to
- Evaluation and Management Codes

- Carrier Education
- Documentation Guidelines
- Publication of Preceding