

Coding, Documenting & Billing Neuropsychological Services

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Local Review

- Medical Review Policy
 - National Policy Sets Overall Model
 - Local Coverage Determination (LCD) Sets Local/Regional Policy-
 - More restrictive than national policy
 - Over-rides national policy
 - Changes frequently without warning or publicity
 - Applies to Medicare and private payers
 - Information best found on respective web pages

Psychological & Neuropsychological Testing Codes:

Use of Professional and Technical/Computer Codes

- Local Carrier Policy Trumps National Policy
- Possibilities Include
 - No simultaneous use of prof. & technical codes
 - No problem in using both prof. & technical codes
 - Alternatives (e.g., modifier 59)
- The Use of Modifier 59
 - When professional codes and technical/computer codes are used simultaneously
 - The modifier is used with the non-professional code

Simultaneous Use of Testing Codes

1. When the provider administers at least one of the tests, then pre-existing problems with the simultaneous use of two testing codes do not apply (Niles Rosen, M.D., NCCI, Personal Communication, November, 2009)
2. When the professional and the technical services are not provided on the same date.

Simultaneous Codes: NCCI

(AMA Code Manager, 2009; Section M)

- “Two or more codes may be reported on the same date of service if and only if the different testing techniques are utilized for different neuropsychological tests”

Possible Origin to Problems with Simultaneous Use of Testing Codes

- www.gao/newitems/d09647.pdf
- When service are provided together, empirical evidence suggests increased efficiency but increased costs
- 95% reduction to 75% suggests increased savings to Medicare but not objective utilization
- 600 Services have been identified as high volume growth and/or performed together

Potential Problems with Simultaneous Use of Test Codes

- Some insurance companies may be excluding the use of professional and technical codes simultaneously
- Ingenix, McKessons other computerized edit systems, may be disallowing simultaneous test codes
- Compliance officers at large institutions

Modifier 59 & Testing Codes

- Modifier is not applicable if the professional provides the service.
- If the technician provides the service, it is advisable (pending MAC guidelines) to use the 59 modifier.
- The modifier should be applied to any of the testing codes though probably best to attach to technician and/or computer codes (CMS, September, 2006)

Official Q & As from CMS Regarding Testing Codes

- (https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/print_alp.php?faq_array=9177,9179,9176,9180,9181,9182,9183,9178)
- Probably will not be further revised and additional concerns will be handled at the local carrier level

Medical Necessity

- **Scientific & Clinical Necessity**
- **Local Medical Determinations of Necessity May Not Reflect Standard Clinical Practice**
- **Necessity = CPT x DX formulary**
- **Necessity Dictates Type and Level of Service**
- **Will New Information or Outcome Be Obtained as a Function of the Activity?**
- **Typically Not Meeting Criteria for Necessity;**
 - **Screening**
 - **Regularly scheduled/interval based evaluations**
 - **Repeated evaluations without documented and valid specific purpose**

Medically Reasonable and Necessary

Section 1862 (a)(1) 1963
42, C.F.R., 411.15 (k)

- “Services which are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member”
- Re-evaluation should only occur when there is a potential change in;
 - Diagnosis
 - Symptoms

Documentation: General Principles

- Rationale for Service
- Procedure
- Results/Progress
- Impression and/or Diagnosis
- Plan for Care/Disposition
- If Applicable, Time
- Date and Identity of Observer

Documentation: Basic Information

- Identifying Information
- Date
- Time, if applicable (total time Vs. *actual time*)
- Identity of Observer (technician ?)
- Reason for Service
- Status
- Procedure
- Results/Findings
- Impression/Diagnosis
- Plan for Care/Disposition

Quantifying Time for Testing

- Quantifying Time
 - Round up or down to nearest increment
 - **Actual time** not elapsed time (I.e., start/stop times)
- Time Does Not Include
 - Patient completing tests, scales, forms, etc.
 - Waiting time by patient
 - Typing of reports
 - Non-Professional (e.g., clerical) time
 - Literature searches, learning new techniques, etc.

Time: Suggestions for Documentation

- Therapy
 - Minimum: Date(s) Total Time Elapsed
 - Maximum: Date(s) Start and Stop Times
- Testing
 - Minimum: Date(s) & Total Time Elapsed
 - Maximum: Date(s) Start and Stop Times
- Backup
 - Scheduling System (e.g., schedule book; agenda, etc)
 - Testing Sheet with Lists of Tests with Start/Stop Times
 - Keep Time Information as Long as Records Are Kept

H. Technicians

- What is the Minimum Level of Training Required for a Technician?
 - Malek-Ahmadi, M., Erickson, T., Puente, A.E., Pliskin, N., & Rock. R. (in press). The use of psychometrists in clinical neuropsychology: History, current status and future directions. *Applied Neuropsychology*.
 - National Association of Psychometrists/Board of Certified Psychometrists
 - www.napnet.org/www.psychometriciancertification.org
 - 40 & NAN Position Paper
 - Level of Education- Minimum of Bachelors
 - Level of Training
 - Level of Supervision

Technician: Definition

Federal Register, Vol. 66, #149, page 40382

- Requirement
 - Employee (e.g., 1099); “employees, leased employees, or independent contractor”
 - Most common is independent contractor
 - “We do not believe that the nature of the employment relationship is critical for purposes of payment to the services of physician...as long as...(the personnel) is under the required level of supervision.”
- Common Practice
 - Independent Contractor
 - In Institutional Settings – institutional contract (source- NAP)

Technician: 1500 Forms

- HCFA/CMS Line 25
 - This is the line that identifies in a common insurance form who is the “qualified health provider” that is responsible for and completing the service
 - That individual is the person with whom the contractual relationship is established
 - Anybody else, from high school graduate to post-doctoral fellow to independently licensed psychologist (but not contractually related professional), is, for all practical purposes, a technician
 - That technician is not a new class of provider and cannot bill independently of a doctoral level provider

Technician: Federal Government's Definition

- DM & S Supplement, MP-5, Part I
 - Authority: 38 U.S.C. 4105
 - Appendix 17A Change 43
 - Psychology Technician GS-181-5/7/9
- Definition
 - Bachelor's degree from accredited college/university with a major in appropriate social or biological sciences (+ 12 psy. hours)

Technician: NAN's Definition

- Approved by NAN Board of Directors
 - 08.2006
- Archives of Clinical Neuropsychology-
 - 2006 (e.g., Puente, et al)

Technician: NAN's Definition Explained

- Function- administration & scoring of tests
- Responsibility- supervisor
- Education- minimum, bachelor's level
- Training- include ethics, neuropsych, psychopath, testing
- Confidentiality- APA ethics, HIPAA...
- Emergencies- contingencies must be in place
- Cultural Sensitivity- must be considered
- Supervision- general (Medicare) level
- Contract- must be in place
- Liability Insurance- must be in place

Technicians: Application

- Practice Expense & Practice Implications
 - Each tech code has .51 work value
 - This means that the professional is engaged in the work, namely, supervision (and interpretation)
 - That supervision would include;
 - Selection of tests
 - Determination of testing protocol
 - Supervision of testing
 - Interpretation of individual tests
 - Reporting on individual tests
 - Assisting with concerns raised by the patient

Technicians: Interfacing with Professionals

- The Qualified Health Provider must;
 - See the patient first
 - Supervise the activity
 - Interpret and write the note/report
 - Engaged in an ongoing capacity

NOTE: Pattern similar to medical and other health providers

Students as Technicians

- Medicare Interpretation
 - Medicare has never reimbursed for student training for any health disciplines
 - The assumption is that GME pays training programs and double dipping would occur if the Medicare and the CPT reimbursed for student activity
 - Two caveats:
 - This limitation probably applies to Medicare only
 - Students can perform as technicians as long as they are not being trained and their activity is not part of their educational requirements (e.g., a neuropsychologist in the community employs the student as a technician in their practice)

Supervision

(Federal Register, 69, #150, August 5, 2004, page 47553)

- Hold Doctoral Degree in Psychology
- Licensed or Certified as a Psychologist
- Applicable Only to “clinical psychologists” (and not “independent” psychologists as defined by Medicare)
- Rationale
 - Allows for higher level of expertise to supervise
 - Could relieve burden on physicians and facilities
 - May increase services in rural areas

Supervision

Program Memorandum Carriers
Department of Health and Human Services- HCFA
Transmittal b-01-28; April 19, 2001

- **Levels of Supervision**
 - **General**
 - Furnished under overall direction and control, presence is not required
 - **Direct**
 - Must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure
 - **Personal**
 - Must be in attendance in the room during the performance of the procedure

Supervision: Levels

42 CFR 410.32

- According to Medicare published guidelines as of July, 2006;
 - General- activity is directed and supervised by the doctoral level provider but the provider does not need to be in office suite

Supervision: Supervision Vs. Incident to

- Supervision - Clinical Concept
 - Behavior of a “qualified health professional” and a “technician”
- Incident to - Economic Concept
 - The concept of a contractual relationship (e.g., 1099) between a “qualified health professional” and a “technician”

Supervision: Malpractice Issues

- Adding a Psychometrist to Malpractice Insurance, as a Independent Contractors, Makes Good Sense
- However, This Protects the Doctoral Level Provider From Illegal and/or Ethical Acts by the Psychometrist but Not the Reverse
- Hence, the Psychometrist May Want to Obtain Insurance on Their Own