

# Rapid Health Care Policy Changes & Rehabilitation Psychology: From Obamacare to Trumpcare to Nation's Care

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# Acknowledgments: Organizations

- ❑ North Carolina Psychological Association (NCPA)
- ❑ American Psychological Association (APA) Practice Directorate (PD); Ethics Committee
- ❑ American Medical Association (AMA) CPT Staff
- ❑ National Academy of Neuropsychology (NAN)
- ❑ Division of Clinical Neuropsychology of APA (40)
- ❑ Center for Medicare & Medicaid Services (CMS) Medical Policy Staff- Medicare
- ❑ National Academies of Practice (NAP)

(presented in chronological order of engagement of support for the work outlined)

# Acknowledgments: Individuals

- **AMA:** Marie Mindenman, and CPT Chairs (e.g., Ken Brill)
- **APA:** *Randy Phelps*, Katherine Nordal
  - (& APA Testing & Psychotherapy Groups)
- **NAN:** PAIC Former and Present Committees
- **Other: ,** *Neil Pliskin*, *James Georgoulakis*, Pat DeLeon
- **Roger W. Sperry Neuropsychology Laboratory**

# Roger W. Sperry

## Neuropsychology Laboratory



# Support Provided

- **AMA** = AMA paid travel and lodging for AMA CPT activities 2009-2016 (no salary, stipend and/or honorarium; stringent conflict of interest and confidentiality guidelines)
- **APA** = Expenses paid and pays for travel (airfare & lodging) associated with past CPT activities (no salary, stipend and/or honorarium historically nor at present)
- **NAN** = (from PAIO budget) Supported UNCW activities (no salary/honorarium obtained from stipend/paid to the university directly; conflict of interest guidelines adhered to) from 2002-2009
- **UNCW** = University salary & time away from university duties (e.g., teaching) plus incidental support such as copying, mailing, telephone calls, and secretarial/limited work-study student assistance
- **Stipends** = 100% goes to the UNCW Department of Psychology to fund training of students in neuropsychology

**Summary** = AMA CPT includes travel/lodging support but no salary/stipend. Any monies obtained, such as honoraria for presentations, are diverted to the UNCW Department of Psychology for graduate psychology student training. No funds are used to supplement the salary or income of AEP.

# Personal Background (1988 – present)

- ❑ North Carolina Psychological Association (e)
- ❑ *NAN's Professional Affairs & Information Committee (a); Division 40 Practice Committee (a)*
- ❑ *National Academy of Practice (e)*
- ❑ APA's Policy & Planning Board; Div. 40; Committee for Psychological Tests & Assessments (e); Ethics Committee
- ❑ *Consultant with the North Carolina Medicaid Office; North Carolina Blue Cross/Blue Shield (a)*
- ❑ Health Care Finance Administration's Working Group for Mental Health Policy (a)
- ❑ Center for Medicare/Medicaid Services' Medicare Coverage Advisory Committee (fa)
- ❑ American Medical Association's Current Procedural Terminology Committee Advisory Panel – HCPAC (IV/V) (a)
- ❑ *American Medical Association's Current Procedural Terminology – Editorial Panel (e; rotating and permanent seat/second term)*
- ❑ *Joint Committee for Standards for Educational and Psychological Tests (a)*



# Standards & Guidelines for the Practice of Psychology

- APA Ethics Code (2002)
- HIPAA and other federal regulations
- State or Province License Regulations (e.g., ASPBBB)
- Contractual Agreements with Third Parties
- Professional Standards (e.g., Standards for Educational and Psychological Tests, 2014)

# 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

# CPT: Copyright

- CPT is Copyrighted by the American Medical Association
- CPT Manuals May be Ordered from the AMA at 1.800.621.8335
- [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt)

# CPT: Composition

- AMA House of Delegates
  - 122 Medical Specialties
- HCPAC
  - 15 (?) Allied Health Societies (e.g., APA)
- CPT Editorial Panel
  - 17 Voting Members
    - 11 Appointed by AMA Board
    - 1 each from BC/BS, AHA, HIAA, CMS
    - 2 Voted on by HCPAC
      - Psychologist (AEP), permanent seat (until 06.01.2016)
      - Occupational Therapist
      - AEP being replaced by an Optometrist

# CPT Base Codes

- The core or fundamental code
- Typically billed once per event
- Provides the complete description of procedure
- Must be billed prior to subsequent and related codes are billed

# CPT Add-on Codes

- Further or expands what was started and described in the base codes
- Base code must be billed prior to including add-on codes
- May be billed multiple times

# CPT: Applicable Codes

- Total Possible Codes = Approximately 8,500
- Possible Codes for Psychology = Approximately 70+
- Sections = Five Primary Separate Sections
  - Psychiatry (e.g., mental health) *undergoing study & possible revision*
  - Biofeedback
  - Central Nervous System Assessment (testing)
  - Physical Medicine & Rehabilitation
  - Health & Behavior Assessment & Management
  - Team Conference
  - Evaluation and Management
  - Applied Behavior Analysis (Category 3)

# Screening Testing Code

(Effective 01.01.15)

- 96127
- Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit, hyperactivity disorder (ADHD) scale, with scoring and documentation, per standardized instrument

(CPT Insider's Guide: 2015)



# Screening Vs. Assessment

([www.apapracticecentral.org](http://www.apapracticecentral.org))

- Early identification of high risk disorders
- Determine need for further evaluation
- Administered as part of a routine visit
- Used to monitor results of treatment
- Administrable by professional, technician and/or computer
- Staff follow protocol for cut-off scores and guidelines for action
- Neither definitely diagnostic or indication of a condition or disorder

# Screening Vs. Assessment

([www.apapracticentral.org](http://www.apapracticentral.org))

- More complete clinical picture
- Addresses multiple domains
- Culturally competent
- Identifies problems, severity, & Rx
- Integrative of multiple procedures, interviews, observations, record reviews
- May include screening measures, including for the choice of instruments
- Domains examples; memory, language, problem solving, executive function, adaptive functioning, psychological status..

# Possible New Testing Codes

- New testing codes were presented in front of the AMA CPT Panel on 10.01.16.
- Response from CPT Panel posted on AMA website by 10.28.16.
- Proposed codes were approved then survey occurred during the month of November, submitted to the AMA RUC on 12.13.16.
- *A small number of surveys decided the reimbursement for testing codes.*

# Possible New Testing Codes

(cont.)

- All other information is confidential and subject to change pending finalization of issues and presentation of the CMS files.
- Codes were determined not to be viable
- Returned to CPT for redesigning codes
- On 08.31.18, further details will become available.

# Redesigning Testing Codes: Questions/Issues

- Historical Analysis (since 1994)
  - General structure of code set
  - Single Vs. multiple tests
  - Screening Vs. battery
  - Computerized Vs. non-computerized
  - Technical Vs. professional
  - Time – 15, 30, 60 ?
  - Describing professional (cognitive) work
  - Defining pre, intra and post work
  - Differentiating “record review” / “analysis of records”

# Health & Behavior: Assessment

- **96150**
  - Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires)
  - each unit = 15 minutes
  - face-to-face with the patient
  - initial assessment
- **96151**
  - re-assessment
  - each unit = 15 minutes
  - Face-to-face with the patient

# Health & Behavior: Intervention

- **96152**
  - Health and behavior intervention
  - each 15 minutes
  - face-to-face
  - individual
- **96153**
  - group (2 or more patients) ((usually 6-10 members))
- **96154**
  - family (with the patient present)
- **96155**
  - family (without the patient present; not being reimbursed)

# CPT: Cognitive Rehabilitation

- Application Rationale
  - Allied Health & Physical Medicine Code
- Acceptability
  - GN – Speech Therapists
  - GO – Occupational Therapists
  - GP – Physical Therapists
  - AH – Mental Health (not applicable)



# Team Conference Codes

- Medical Team Conference with Interdisciplinary Team by Non-Physician
- Allows for Billing Professional Work in Interdisciplinary Team Activities Including Diagnostic and Rehabilitative Services
- No Time Allocated but “Team conferences of less than 30 minutes are not reported separately”
- Effective 01.01.08

# Psychiatric Collaborative Care Model (CoCM)

- Primary care provide and case manager work with psychiatrist
- G0502-, -03, -04
- Accessible only to “physicians/psychiatrists”
- B0577 Behavioral Health Integration might be a plausible integrative care code in the future

# E & M Codes

- Accessible to professionals listed as “physicians” according to the Social Security Act of 1989.
- There are some exceptions.

# A Coding Model

Psychiatric	Neuropsych	Health Psych
DSM	ICD	ICD
Interview 90791	Interview 96116	Interview 96150
Testing 96101	Testing 96118	Testing 96150
Therapy e.g., 90834	Rehab e.g., 96152	Rehab e.g., 96152

# International Classification of Diseases

- Recent past
    - ICD-9-CM (Clinical Modification)
    - Since 1978
  - Present
    - ICD-10-CM (Clinical Modification) \*
    - ICD-10-PCS (Inpatient Procedures)
    - Start date – October 1, 2015
- \* CM is what is used for clinical activities

# Interpretations of ICD-10

- Uncertainty about applicability by carriers
- For further information about ICD 10 consult ~  
200 slide set found at  
[www.psychologycoding.com](http://www.psychologycoding.com)

# DSM V & ICD X-CM

- DSM IS A DESCRIPTIVE SYSTEM APPLIED TO PSYCHIATRIC CODES
- ICD IS THE DIAGNOSTIC SYSTEM

PROBLEMS?

CHAPTER 5

VS

OTHER CHAPTERS?

# Current Payment Problems

- Continued challenges with compliance officers relative to the use of professional and technical testing codes on the same day
- Shifting from *salary to productivity*
- When compensated by productivity shifting *from CPT codes to RVUs*



# Physician Fee Schedule

- CMS/Medicare payment coverage system
- Yearly, released every November
- For 2017
  - .5% increase before reduction
  - Overall result = 2% loss because sequestration/Congressional budget cuts in 2013
  - Telehealth will not include testing

# The Present & Future of CPT: General Trends

- Integrative Healthcare
- Non-Face-to-Face
- Telehealth

# Health Care Bill:

How Health Care Will Be Revolutionized by 2018

Bill:

<http://thomas.loc.gov/cgi-bin/bdquery/z?d111:H.R.4872>

Timetable:

<http://www.commonwealthfund.org/Content/Publications/Other/2010/Timeline-for-Health-Care-Reform-Implementation.aspx#2010>

(also, [www.healthcare.gov](http://www.healthcare.gov))

# Health Care Reform Bill Summary

- Costs - \$940 billion over 10 years
- Savings- Reduce deficit by \$130 billion over 10 years, \$1.2 trillion over next 10 years
- Coverage- Expand by 32 million people
- Exchanges for Uninsured and Self-employed (133-400% of poverty level)
- Exchanges for Small Businesses- 2014

# Health Care Bill- Executive Summary

- Expand Affordable Health Insurance to Those Without Coverage
- Increase Affordability of Insurance for Those Who Have It
- Slow the Rise of Health Care Costs and Control National Deficit

# Alternative Payment Models

- **Quality** Metrics
- **Outcome** Metrics
- **Bundled** Payment/Episode Care System
- **Population** Based Systems (e.g., Accountable Care System)
  
- CPT is excellent for single episode of care

# MERIT-BASED INCENTIVE PAYMENT SYSTEMS (MIPS)

- Replaces PQRS
- Shift from volume to quality
- Final rules out before 01.01.17 with 2017 being a transition year (for physicians around 2018-19 and for psychologists in 2019)
- In 2017, exempt if 100 or fewer Medicare beneficiaries or bill \$30,000 (Medicare).
- PQRS replaced by QCDR

# MIPS (continued)

- Combination of PQRS, Value Based Modifier (VBM), & Meaningful Use Rules
- Ranks peers nationally
- Reports scores publicly
- Budget neutral (funded by losers)
  - Winners = 9% over base
  - Losers = 9% below base
  - » Difference is 18%



# Merit Based Incentive Systems

VARIABLE	PERCENTAGE
MEASURED QUALITY	30%
RESOURCE USE	30%
MEANINGFUL USE	25%
CLINICAL IMPROVEMENT	15%

# Qualified Clinical Data Registry Reporting (QCDR)

([www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/qualified-clinical-data-registry-reporting.html](http://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/qualified-clinical-data-registry-reporting.html))

- Started in 2014
  - Primary purpose to collect and submit PQRS measures
- Focus in 2016 shifted
  - Collects clinical data for patient and disease tracking to improve care
  - Participation in 2016 avoids a 2% penalty in 2018
  - **APA = PQRSPRO \$199/year**

# QCDR DEFINED

(AHRQ Registry guide; see [apapractice central](#) for more info)

- “An organized system that uses observational study methods to *collect uniform data* to *evaluate specific outcomes* for a *population* defined by a particular disease, condition, or exposure that serves one or more predetermined *scientific, clinical or policy purposes*”

# Alternative Payment Models

- Delivery of Healthcare:
  - Currently = **fee for service (FFS)**
  - By 2018/2020= **fee for documentation (MIPS)**
  - By 2019 = **fee for performance (MACRA)**
- Costs of Healthcare:
  - Inpatient hospitalization
  - Qualified Health Providers (16%)
  - Prescription Drugs

**GOAL = REDISTRIBUTE ABOVE COSTS BY  
CHANGING THE DELIVERY MODEL**

# Alternative Payment Models

## SPECIFIC APPROACHES TO REDUCE COSTS

1. Payment for Specific Services That Reduce Avoidable Spending
2. Condition-Based Payment for Alternative Less Expensive Treatment by Qualified Health Provider (QHP)
3. Bundled Payment to QHP and Hospital or Other Facility
4. Bundled Payment for Multiple Choices of Services and Providers
5. Warranted Payment for Planned Services

# Bottom Line

## 1. Who gets paid?

- » Bundled (e.g., ACA, hospitals, etc.)
- » Individual (i.e., Qualified Health Provider)

## 2. How do they get paid?

- » RVBRS
- » Performance based

# REPLACING ACA



# TRUMPCARE

- Repeal ?
- Replace ?
- Improve ?
  - What ?
  - How ?
  - When?



# SCIENCE DRIVING POLICY

The Future of Trumpcare — What Is Seen  
and What is Not Seen  
1501 Healthcare-  
Protester-Jan-13-2017-NYC-Getty

# SCIENCE DRIVING POLICY

- PINKERTON: The Future of Trumpcare — What Is Seen and What is Not Seen  
1501Healthcare-Protester-Jan-13-2017-NYC-Getty
- SOURCE: JAMES P. PINKERTON 30 Jan 2017, 12:29 PM PST, BREITBART NEWS

# STRATEGY DEVELOPMENT

- EMPIRICAL
- ETHICAL
- STRATEGIC
  - OPPOSE
  - ENGAGE
  - NEUTRAL

# APA POLICY DEVELOPMENT

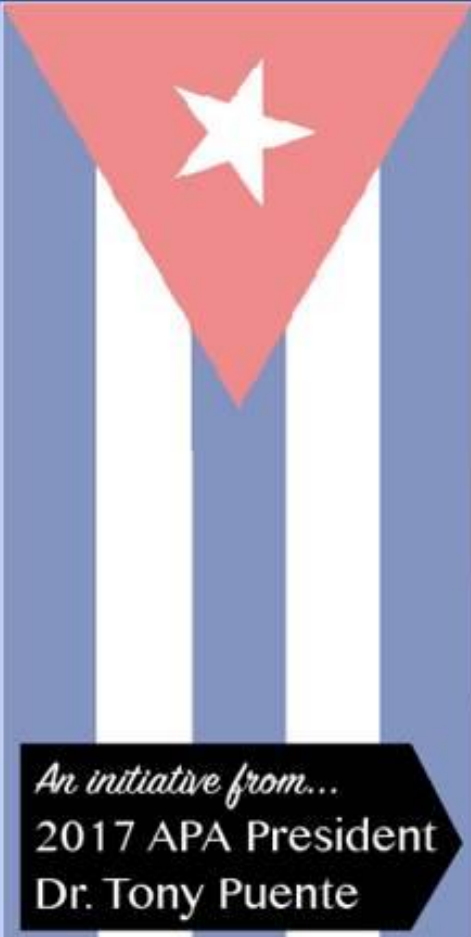
- STANDING ROCK
- VA HIRING FREEZE 2017
- VA HIRING FREEZE 2017 +
- DACA
- TORTURE
- IMMIGRATION
- **PHYSICIAN DEFINITION**

# My View of APA's Future

- The Rebirth of APA

- From the IR to the 125th anniversary
- Staffing of 80% of the top Executive Management Group
- From IBM Watson to Cuba and beyond
- Physician Definition (including GME)
- From Trumpcare to Our Nation's Care

# Cuba Book Drive



*An initiative from...*  
2017 APA President  
Dr. Tony Puente

**APA-CUBA BOOK DRIVE!**

Please mail your **PSYCHOLOGY** books to our Cuban colleagues! Books can be published in **SPANISH** or **ENGLISH**.

**MAIL TO:** Dr. Alexis Lorenzo Ruiz  
Calle San Rafael No.1168 entre  
Mazón y Basarrate Vedado  
Municipio Plaza de la Revolución  
La Habana, Cuba

(Be sure to email [aclinton@apa.org](mailto:aclinton@apa.org) a picture of you with the donated book and we'll post it on our APA-OIA Twitter feed!)

# MY VIEW OF REHAB PSYCHOLOGY'S FUTURE

- Historical Perspective
  - Rehab Psychology as a specialty of psychology fully integrated into medicine
- Future Perspective
  - Physician Definition
  - Behavioral Health
  - Integration
  - ICD-11

# Gracias

(Cojimar, Cuba; The harbor from “Old man and the sea”)





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  - P.O.Box 38129
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