

THE NEW TESTING CODES:

AN INTERACTIVE WORKSHOP TO UNDERSTANDING AND WORKING WITH THE NEW TESTING CODES

Antonio E. Puente, PhD
2017 President of the American Psychological Association

Neil H. Pliskin, PhD
APA Advisor, AMA/CPT Health Care Professionals Advisory Committee



* No Disclosures. These are volunteer positions.

Workshop Objectives

1. Understand the history, foundation and evolution of the new neuropsychological testing codes.
2. How to use the testing codes in terms of providing services, documenting them, as well as billing them.
3. Implications for changes in the practice of professional neuropsychology and impact on traditional revenue streams.

History and Evolution of the New Psychological and Neuropsychological Testing Codes

Why did the codes have to change?
Who decided what the new codes would be?
Who is representing my interests?

AMA Owns CPT®

Psychology's CPT Billing Codes



- Psychological & Neuropsychological Assessment
- Mental Health/Psychotherapy
- Health & Behavior

Centers for Medicare and Medicaid Services (CMS)

- Largest agency of the federal government
- Annual budget of almost \$1 trillion
- Provides health coverage for 100 million Americans
- Commercial insurance benchmarks against Medicare



The Backstory: Big Push To Reduce Healthcare Costs

- 3.4 trillion dollars or over \$9900 per person was spent on healthcare in 2016, representing 17.8% of the nation's Gross Domestic Product (GDP).
- Furthermore, healthcare spending is projected to reach 20% of the GDP by 2025, attributed in large part to the aging population and rising prices for healthcare services.
- Hence the federal government's interest in reducing health care costs.

National Health Expenditure Accounts, 2016



Why do the codes have to change and who decides that?

- CMS uses “screens” to monitor the utilization and costs to the federal government of specific CPT procedures – the **Potentially Misvalued Codes Project**
- These screens are administered by the AMA RUC’s “Relativity Assessment Workgroup” (RAW)
- Psychology’s testing codes were first identified as problematic and “potentially misvalued” by CMS in 2013.

Screening vs. Assessment



AMERICAN PSYCHOLOGICAL ASSOCIATION PRACTICE ORGANIZATION

Distinguishing Between Screening and Assessment for Mental and Behavioral Health Problems: A Statement from an American Psychological Association and American Psychological Association Practice Organization Work Group on Screening and Psychological Assessment *

OXFORD UNIVERSITY PRESS

Journal of Clinical Neuropsychology 32(2017) 491-497

Journal of Clinical Neuropsychology

Cognitive Screening Tests Versus Comprehensive Neuropsychological Test Batteries: A National Academy of Neuropsychology Education Paper¹

Thomas M. Rothstein-Spencer¹, Tamaszil Csizsi², Antonio B. Passol³, Robert L. Doney^{4,5}, Ronald M. Paul⁶, Gejia Huotelin⁷, Kevin J. Stankovic⁸

T.M. Rothstein-Spencer et al. / *Archives of Clinical Neuropsychology* 32 (2017), 491-497

495

Table 1. Summary of distinctions between cognitive screening tests and comprehensive neuropsychological batteries

	Cognitive Screening Tests	Comprehensive Neuropsychological Batteries
Potential uses	<ul style="list-style-type: none"> • Early identification of individuals at potential risk for condition or disorder • May indicate need for further evaluation or intervention • May be used to monitor progression of symptoms or response to intervention 	<ul style="list-style-type: none"> • Determination of presence and magnitude of impairment • Determination of diagnosis • Determination of functional status, abilities, and capacities • Assistance with medical treatment planning
Administration	<ul style="list-style-type: none"> • Done in 10 minute definitive diagnosis • Generally brief (<30 min) • May be administered as part of routine clinical visit • Requires minimal training for administrator or can be self-administered 	<ul style="list-style-type: none"> • Verbal test typically several hours • Typically occur at a separate encounter or appointment • Requires specialized training in administration and interpretation
Domain assessed	<ul style="list-style-type: none"> • Narrow in scope 	<ul style="list-style-type: none"> • Multi-dimensional • Provides information about functioning across multiple domains

Screening

- Is used for the early identification of individuals at potentially high risk for a specific condition or disorder
- Can indicate a need for further evaluation or preliminary intervention
- Is generally brief and narrow in scope
- May be administered by clinicians, support staff, an electronic device (such as a computer), or self-administered
- There is a pre-established cut-off score and guidelines for individuals that score positive.

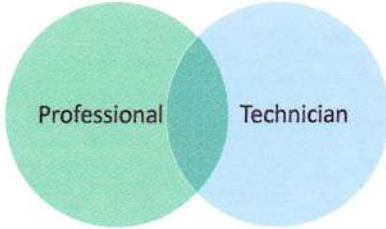
Big Push To Reduce Healthcare Costs Affects Psychology Again in 2016

- In 2016, the Centers for Medicare and Medicaid services (CMS) targeted the CPT family of psychological and neuropsychological testing codes as being “high-expenditure services” that required updated “valuation”.
- The principal reason for revisions to the psychological and neuropsychological testing codes is the federal government’s interest in **reducing health care costs**.
- The economic stakes for psychology are high – in 2015, the codes were worth an estimated \$115M in Medicare, and over \$500M in the overall US healthcare system

Problems We Faced With Current Testing Codes

- Even prior to CMS mandate to update the codes, clinicians, coders and compliance specialists have been confused by existing codes, including:
 - how to apply the codes when work is performed by the professional and technician together,
 - how to bill across multiple days,
 - how to bill for feedback sessions and
 - how to bill for non-face to face work (i.e., integration) by the professional.

“Double Dip” Problem – Prof time in tech code
(Since 2006)



Assessment of Aphasia and Cognitive Performance Testing

96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96128	Standardized cognitive performance testing (e.g., Cross Informative Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time integrating these test results and preparing the report

Cognitive performance testing: assesses the patient's ability to complete specific functional tasks applicable to the patient's environment in order to identify or quantify specific cognitive deficits. The results are used to determine impairments and develop therapeutic goals and objectives.

APA Response and Timeline

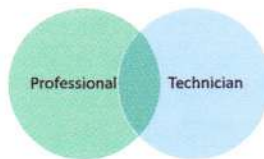
- Convened **Testing Advisory Group (TAG)** and revised the codes
- **September 2016:** Passed revised CPT Testing Codes
- **November 2016:** Completed multi-society RUC survey
- **June 2017:** Another TAG code set revision and presentation to CPT Panel
- **July-August 2017:** Round 2 multi-specialty RUC Survey

Problems Addressed by the TAG in Crafting New Testing Codes

- The “double dip” perception when unique work performed by both the professional and technician on the same day
- Not being compensated for non-face to face work by professional and/or technician
- Billing across multiple days of service has been confusing
- Single test interpretation vs. data integration
- How to code the “Interactive feedback”
- Computer screening tests billed as psychological and neuropsychological testing

Priority #1:

Clearly distinguishing professional work from the technical/data gathering



Professional Evaluation Services Uniquely Performed By the (Neuro)psychologist

- Interpretation of standardized test results and clinical data
- Integration of patient data
- Clinical decision making*
- Treatment planning and report
- Interactive feedback to the patient, family member, caregiver

Technician/Data Gathering

- Administer a series of tests
- Record behavioral observations made during testing
- Score test protocol(s) according to the latest methods for each test*
- Transcribe/input all test scores onto a data summary sheet*

**Note that these activities are NOT face to face*

The Second "Double Dip" (Reason for Second Code Revision)



Neuropsychological Assessment



- | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>Preliminary Test Selection
Record Review
Call to ascertain referral Q.</p> | <p>Interpretation of Tests
Integration
Clinical Decision Making
Diagnosis and Tx Planning
Creation of Report
Interactive Feedback.</p> | <p>Transcription of Report
Report Distribution
Arrangement of Referrals</p> |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

In the current system we are billing multiple times for Pre/Post work: that's a double dip!



For Example: 6 Units of 96118 won't result in calling and clarifying the referral question 6 times

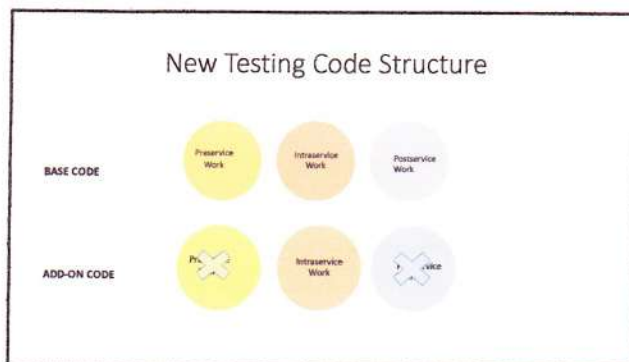
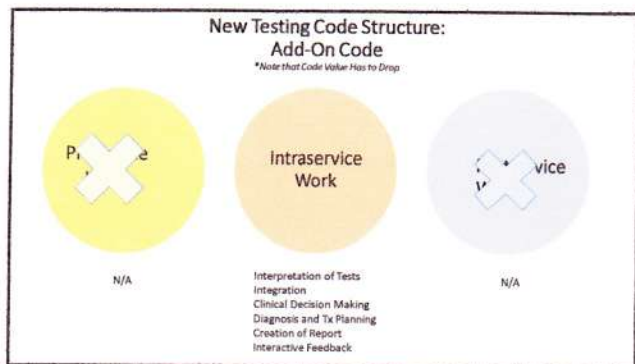
Switch to "Base" and "Add-On" Code Model

**Modernized coding system typical to medicine that ensures that some elements of physician work are not counted/paid too many times*

New Testing Code Structure: Base Code for Testing Evaluation Services



- | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <p>Preliminary Test Selection
Record Review
Call to ascertain referral Q.</p> | <p>Interpretation of Tests
Integration
Clinical Decision Making
Diagnosis and Tx Planning
Creation of Report
Interactive Feedback.</p> | <p>Transcription of Report
Report Distribution
Arrangement of Referrals</p> |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|



We are a bifurcated group when it comes to technician use

Table 17. Findings associated with use of a testing assistant

	Yes		No		p
	n	Mean (SD)	n	Mean (SD)	
% of number of hours for a single evaluation ^a	261	9.5 (3.4)	118	15.6 (4.0) ^{***}	1
Weekly clinical loads ^b	261	26.8 (15.6)	118	23.4 (16.5)	1
Hours of clinical load ^b	408	235.7 (81.6)	161	227.4 (81.1)	1
Estimated gross psychology revenue ^c	437	144.1 (40.5)	200	142.9 (37.5)	0
Distress due to time spent testing ^d	638	1.7 (2.6)	471	1.4 (2.5)	1
Income satisfaction ^e	721	54.1 (21.9)	386	50.2 (21.1)	2
Job satisfaction ^f	717	54.5 (18.6)	374	51.6 (22.0)	1
Work-life balance ^g	716	60.7 (24.6)	367	68.8 (23.9)	0

YES = 56%
NO = 44%

^a Excludes postdoctoral trainees.
^b Excludes all licensed clinicians who work full-time or more; excludes postdoctoral trainees and income within 150,000; incomes are expressed in 1000s of dollars.
^c n = 461.
^d n = 681.
^e n = 681.
^f n = 681.
^g n = 681.

Sweet, Benson, Nelson & Moberg, 2016
*NAN Co-Sponsored with AACN and SCHMD

Priority 2:
Preserve the Differentiation Between Technician Administration of Testing From the Psychologist Doing Their Own Testing

(*Its not the same)

96118 Neuropsychological testing services, including Wechsler Adult Intelligence Scale (WAIS) and Wisconsin Card Sorting Test (WCST), administered by technician, per hour of face-to-face time, face-to-face

96119 Neuropsychological testing services, including Wechsler Adult Intelligence Scale (WAIS) and Wisconsin Card Sorting Test (WCST), administered by technician, per hour of face-to-face time, face-to-face

December 31, 2018

New Testing Code Family

Thirteen new CPT codes that describe developmental/behavioral screening and testing services and psychological and neuropsychological testing services.

Code	Description
96118	Neuropsychological testing services, including Wechsler Adult Intelligence Scale (WAIS) and Wisconsin Card Sorting Test (WCST), administered by technician, per hour of face-to-face time, face-to-face
96119	Neuropsychological testing services, including Wechsler Adult Intelligence Scale (WAIS) and Wisconsin Card Sorting Test (WCST), administered by technician, per hour of face-to-face time, face-to-face
96120	Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed (first time)
96121	Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed (subsequent time)
96122	Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed (first time)
96123	Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed (subsequent time)
96124	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first time (initial)
96125	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, subsequent time (retest)

CPT Time Rule

- For time-based codes, the CPT code set states that the following standards shall apply to time measurement:

A unit of time is attained when the mid-point is passed.

This means:

- A minimum of 16 minutes must be provided for 30-minute codes
(Two 30-minute units can be billed when 46 minutes of service is provided)

A minimum of 31 minutes must be provided for 60-minute codes
(A second hour is attained when a total of 91 minutes)

CPT Time Rule – Example

- When performing a neurobehavioral exam, the first hour of service is billed with CPT® code 96116.
- However, if the service is not complete, the neuropsychologist must perform at least an additional 31 minutes of work to bill the first unit of the add-on code 96121.

These rules apply to all time-based codes in the new code set; however, it is important to pay close attention to the units of time stated in each code descriptor as they vary from 30 minutes to 1 hour.

Neurobehavioral Status Examination

Neurobehavioral status exam: a clinical assessment of cognitive functions and behavior, and may include an interview with the patient, other informant(s), and/or staff, as well as integration of prior history and other sources of clinical data with clinical decision making, further assessment and/or treatment planning and report. Evaluation domains may include acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities.

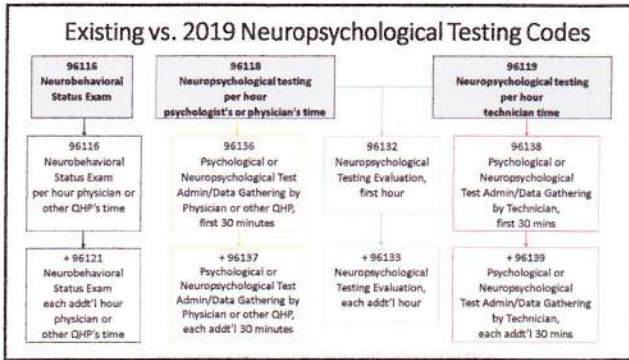
Neurobehavioral Status Exam

96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
+96121	each additional hour (List separately in addition to code for primary procedure)

Neurobehavioral Status Exam Crosswalk

2019 CPT Code	2018 CPT Descriptor	2019 CPT Code	2019 CPT Descriptor
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the procedure by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report.	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
		96121	separately each additional hour (List in addition to code for primary procedure)

Neuropsychological Testing Services



Neuropsychological Testing Evaluation Services

96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+96133	each additional hour (List separately in addition to code for primary procedure)

Use the Testing Evaluation Services Add-On Code (96133) for "Interactive Feedback"

Interactive feedback: used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient-specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans; educating and engaging the patient about his or her condition to maximize patient collaboration in their care; addressing safety issues; facilitating psychological coping; coordinating care; and engaging the patient in planning given the expected course of illness or condition, when performed.

Test Administration & Scoring By Qualified Healthcare Professional (e.g. clinical neuropsychologist)

96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
+96137	each additional 30 minutes (List separately in addition to code for primary procedure)

Neuropsychological Testing & Scoring and Evaluation Services by Professional Crosswalk

2019 CPT Code	Neuropsychological Testing by Psychologist or Physician		Neuropsychological Testing Evaluation Services by Technician	
	2018 CPT* Descriptor	2019 CPT* Code	2018 CPT* Code	2019 CPT* Descriptor
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scale, and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting test results and preparing the report	96132*	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
		96133*	each additional hour (List separately in addition to primary procedure)	
		96136**	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	
		96137**	each additional 30 minutes	
		96138**	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	
		96139**	each additional 30 minutes	

Neuropsychological Testing & Scoring By Technician

96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
+96139	each additional 30 minutes (List separately in addition to code for primary procedure)

Neuropsychological Testing & Scoring by Technician and Evaluation Services by Professional Crosswalk

CPT Code	Neuropsychological Testing Evaluation Services by Professional		Neuropsychological Testing Evaluation Services by Technician	
	2019 CPT Code	2019 CPT Code	2019 CPT Code	2019 CPT Code
96127	96127	96127	96127	96127
96128	96128	96128	96128	96128
96129	96129	96129	96129	96129
96130	96130	96130	96130	96130
96131	96131	96131	96131	96131
96132	96132	96132	96132	96132
96133	96133	96133	96133	96133

Typical Case:
Differential Diagnosis of Memory Loss/Early Alzheimer's Disease
(1 hour NSE + 4 hours of psychological testing + 2 hours of professional services)

- **Clinical Interview/Neurobehavioral Status Examination (NSE)**
 - Hour 1 96116 (Base Code; 1 unit)
 - Each additional hour 96121 (Add-on; 1 unit)
- **Test Administration/Data Gathering Psychologist**
 - First 30 minutes 96136 (Base Code; 1 unit)
 - Each additional 30 minutes 96137 (Add-on; 7 units)
- **Neuropsychological Testing Evaluation (Professional) Services**
 - Hour 1 96132 (Base Code; 1 unit)
 - Hour 2 96133 (Add-on; 1 unit)

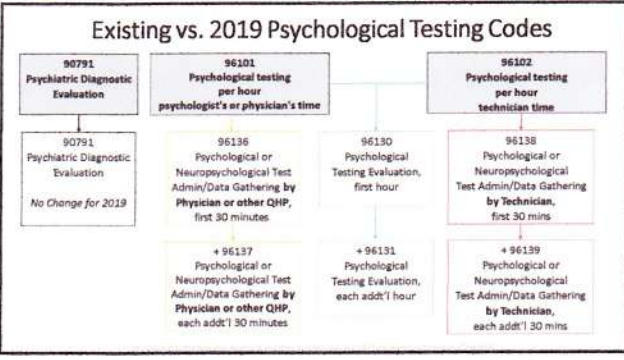
Clinical Example:
 A 46-year-old male with a history of coronary artery disease and recent myocardial infarction with reported symptoms of memory loss, anxiety, and depression

- **Clinical Interview/Neurobehavioral Status Examination**
 - Hour 1 96116 (Base Code; 1 unit)
- **Data Gathering By Technician**
 - First 30 minutes 96138
 - Each additional 30 minutes 96139 (Add-on; 7 units)
- **Testing Evaluation Services By QHP**
 - Hour 1 96132 (Base Code; 1 unit)
 - Hour 2 96133 (Add-on; 1 unit)

Psychological Testing Services

Psychiatric Diagnostic Evaluation

90791 Psychiatric diagnostic evaluation



Psychological Testing Evaluation Services	
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+96131	each additional hour (List separately in addition to code for primary procedure)

Test Administration & Scoring By Qualified Healthcare Professional (eg, clinical psychologist)	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
+96137	each additional 30 minutes (List separately in addition to code for primary procedure)

	Psychological Testing By Psychologist or Physician		Psychological Testing Evaluation Services By Professional	
	2018 CPT® Code	2018 CPT® Descriptor	2019 CPT® Code	2019 CPT® Descriptor
Psychological Testing & Evaluation BY PROFESSIONAL	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	96130*	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
			96131*	each additional hour (List separately in addition to code for primary procedure)
			Test Administration and Scoring By Professional	
			96136**	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
			96137**	each additional 30 minutes (List separately in addition to code for primary procedure)

Psychological Testing & Scoring By Technician	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
+96139	each additional 30 minutes (List separately in addition to code for primary procedure)

	Psychological Testing By Psychologist or Physician		Psychological Testing Evaluation Services By Professional	
	2018 CPT® Code	2018 CPT® Descriptor	2019 CPT® Code	2019 CPT® Descriptor
Psychological Testing and Scoring By Technician & Evaluation By Professional	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	96130*	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
			96131*	each additional hour (List separately in addition to code for primary procedure)
			Test Administration and Scoring By Technician	
			96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
			96139	each additional 30 minutes (List separately in addition to code for primary procedure)

Typical Scenario:
Pediatric ADHD Assessment
(Diagnostic Interview + 3 units of psychological testing + 3 hours of professional services)

- Diagnostic Interview 90791 (1 unit)
- Test Administration/Data Gathering **By Psychologist**
 - First 30 minutes 96136 (Base Code; 1 unit)
 - Each additional 30 minutes 96137 (Add-on; 5 units)
- Psychological Testing Evaluation (Professional) Services
 - Hour 1 96130 (Base Code; 1 unit)
 - Hours 2 & 3 96131 (Add-on; 2 units)

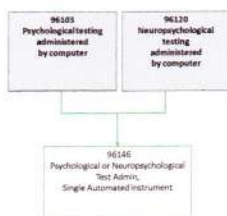
**Typical Scenario:
Adult Pain Assessment**

(Diagnostic Interview + 3 hours of psychological testing + 4 hours of professional service)

- **Diagnostic Interview** 90791 (1 unit)
- **Test Administration/Data Gathering By Psychologist**
 - First 30 minutes 96136 (Base Code; 1 unit)
 - Each additional 30 minutes 96137 (Add-on; 5 units)
- **Psychological Testing Evaluation (Professional) Services**
 - Hour 1 96130 (Base Code ; 1 unit)
 - Hours 2 & 3 96131 (Add-on; 2 units)

Single Psychological or
Neuropsychological
Automated Testing & Result

Existing vs. 2019 Automated Test via Electronic Platform



Automated Testing and Result

96146 Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only

Crosswalk for 2019 Computerized Test CPT® Codes

Psychological & Neuropsychological Testing By Computer		Single Psychological or Neuropsychological Automated Test with Automated Result	
2018 CPT® Code	2018 CPT® Descriptor	2019 CPT® Code	2019 CPT® Descriptor
96136	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report	96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only
96130	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report		

Clinical Example (96146):

A 70-year-old female presents with a history of failing memory. Her physician arranges for the administration of a single automated cognitive test handed to her by the clinical staff.

- **Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only**

• 1 Unit 96146

[Note: no physician work, just practice expense]

How to Use the Testing Codes

Providing Services
Documentation
Billing

Clinical Decision Making

Clinical Decision Making = Cognitive Work

- Physicians highly attuned to capturing and quantifying the cognitive work that goes into medical and clinical decision making
- This is work we take for granted but occurs throughout the evaluation process.
- The ability to accurately and appropriately document our cognitive work will be important for psychologists in the new testing code structure

The Neuropsychologist Engages in Clinical Decision Making Whether They Do Their Own Testing or Use Technician Support


- The neuropsychologist determines how patient is responding throughout the psychological and neuropsychological testing process.
- Examples of intra-session clinical decision making:
 - Level of functioning
 - Level of impairment
 - Nature of symptoms
 - Emotional/behavioral response,
 - Level of literacy,
 - Level of language proficiency and/or acculturation,
 - Isn't providing valid data
 - Requires higher level or more nuanced tests for accurate diagnosis

Transparency and comprehensiveness in documentation is the key!

January 1, 2019
New codes and fees in effect

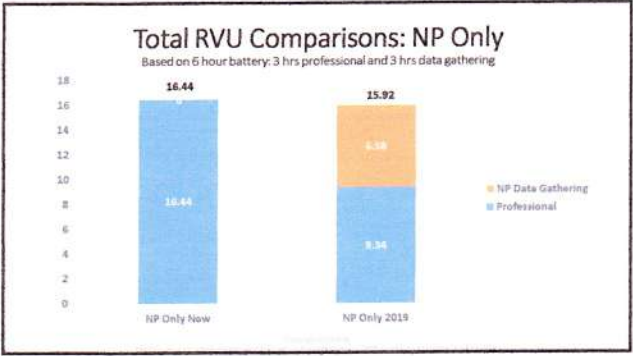
Implications for Changes in the Practice of Professional Neuropsychology

- ### Implications for Clinical Practice
- Starting January 1, 2019 there will be a new method for coding and documentation of (neuro)psychological testing services.
 - Within this new system, there will be different ways to preserve your role and income (think documentation of cognitive work and clinical decision making)*



Three (3) Components of a Relative Value Unit (RVU)

Total RVU = Work RVU + Practice Expense RVU + Professional Liability Insurance RVU

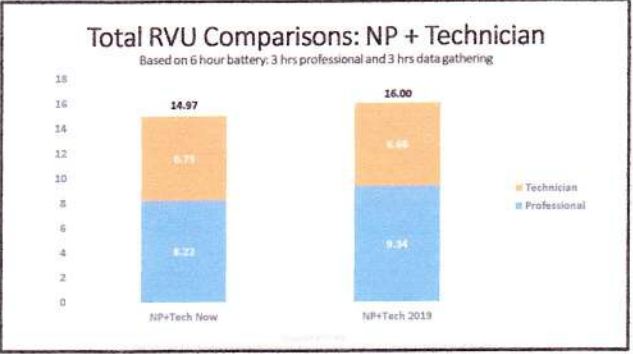


RVU Comparison:

Differential Diagnosis of Memory Loss/Early Alzheimer's Disease

(Clinical Interview + 4 hours of cognitive testing + 4 hours of professional services)

• Clinical Interview/Neurobehavioral Status Examination	<u>RVU</u>
• Hour 1 96116 (Base Code; 1 unit)	2.70
• Data Gathering By Psychologist	
• First 30 minutes 96136 (Base Code; 1 unit)	1.18
• Each additional 30 minutes 96137 (Add-on; 7 units)	7.56
• Professional Services By Psychologist	
• Hour 1 96132 (Base Code; 1 unit)	3.70
• Hour 2 96133 (Add-on; 1 unit)	<u>2.82</u>
2019 TOTAL RVU 17.96	
<small>*2018 TOTAL RVU 19,147,542.48)</small>	



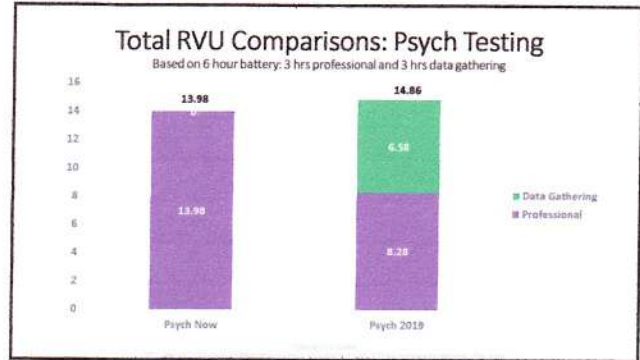
RVU Comparison

Differential Diagnosis of Memory Loss/Early Alzheimer's Disease

(1 hour(s) + 4 hours of technician services + 2 hours of professional service)

		<u>RVU</u>
• Clinical Interview/Neurobehavioral Status Examination		
• Hour 1	96116 (Base Code; 1 unit)	2.70
• Data Gathering By Technician		
• First 30 minutes	96138 (Base Code; 1 unit)	1.11
• Each additional 30 minutes	96139 (Add-on; 7 units)	7.77
• Professional Services By Psychologist		
• Hour 1	96132 (Base Code ; 1 unit)	3.70
• Hour 2	96133 (Add-on ; 1 unit)	2.82

2019 TOTAL RVU 18.10
*2018 TOTAL RVU 17.13 (+534.9%)



RVU Comparison:

Pediatric ADHD Assessment

(1 Diagnostic Interview + 3 hours of psychologist testing + 3 hours of professional services)

		<u>RVU</u>
• Diagnostic Interview	90791 (1 unit)	3.91
• Data Gathering By Psychologist		
• First 30 minutes	96136 (Base Code; 1 unit)	1.18
• Each additional 30 minutes	96137 (Add-on; 5 units)	5.40
• Professional Services By Psychologist		
• Hour 1	96130 (Base Code ; 1 unit)	3.30
• Hours 2 & 3	96131 (Add-on ; 2 units)	4.98

2019 TOTAL RVU 18.77
*2018 TOTAL RVU 17.77

RVU Comparison:

Adult Pain Assessment

(1 Diagnostic Interview + 3 hours of psychologist testing + 3 hours of professional services)

		<u>RVU</u>
• Diagnostic Interview	90791 (1 unit)	3.91
• Data Gathering By Psychologist		
• First 30 minutes	96136 (Base Code; 1 unit)	1.18
• Each additional 30 minutes	96137 (Add-on; 5 units)	5.40
• Professional Services By Psychologist		
• Hour 1	96130 (Base Code ; 1 unit)	3.30
• Hours 2 & 3	96131 (Add-on ; 2 units)	4.98

2019 TOTAL RVU 18.77
*2018 TOTAL RVU 17.77

The Broader Context and Next Steps

How the New CPT® Codes Benefit Psychology: What you can expect

Clarifies that work done by the professional and technician can and should be billed together

Recognizes both face-to-face and non-face-to-face work (integration/interpretation/decision/clinical decision-making) by the professional

Specifically states that you can bill across multiple days

"Interactive feedback" now explicitly in the code descriptor

How the New CPT® Codes Benefit Psychology: What you can expect (continued)

- Modernized the code set to distinguish computer screening tests from psychological and neuropsychological testing
- New code structure puts us in sync with modern healthcare (base + add-on structure)
- Eliminated all double dips which will put us in good stead with the federal government
- Includes scoring time for tech work
- Must use tech only with professional version

Summary and Take Aways

- Basic Reasons Why Testing Codes Were Flagged for Revision
- Real Reasons Why They Needed to be Changed
- Basic Take Aways From These Changes

Basic Reasons Why Testing Codes Were Flagged for Revision

- Medicare reviews all code history every 5 years
- Testing codes exceeded the threshold for review
- CMS calls this "misvalued"
- In reality, it should be labelled "highly utilized"
- The outcome: The responsible specialty society has to reconsider these codes
- APA spent several years, a great deal of money, many hours of volunteer and staff time to achieve this mandate

Real Reasons Why They Needed to be Changed

- From Medicare's Perspective:
 - Each time a unit was added, it contained pre and post time
 - Pre and post time should be included only once in a testing bout
- From APA's Perspective:
 - The "double dip" perception when unique work performed by both the professional and technician on the same day
 - Not being compensated for non-face to face work by professional and/or technician
 - Billing across multiple days of service has been confusing
 - Single test interpretation vs. data integration
 - How to code the "interactive feedback"
 - Computer screening tests billed as psychological and neuropsychological testing

Basic Take Aways From These Changes

- APA had no choice but to revise the testing codes
- The new codes resolve a myriad of existing problems with the codes, ranging from "double dipping" to problems with billing
- We are now on par with the other approximately 140 health professions on coding and billing paradigms
- The focus in on having a "base code" and then "add on codes"
- It's all about getting reimbursed for "thinking"
- The focus will turn for documenting thinking

New Psychological and Neuropsychological CPT® Codes January 1, 2019



APA PRACTICE REIMBURSEMENT Promoting and supporting practicing psychologists

APA wins increased reimbursement rates for psychological testing

APA has won the Medicare and Medicaid reimbursement rates for psychological testing. This is a significant victory for the profession and will help ensure that psychologists are properly compensated for their services.

APA Education to Psychologists

APA PRACTICE ORGANIZATION Promoting and supporting practicing psychologists

Psychology (under review) May 2, 2018 (update 2018-05-02-14:00)

Up-to-Code: Testing code changes on the horizon

Preparing to update your coding and billing practices for 2019

By Ann Thompson, PsyD, PhD

As the coding world begins to prepare for 2019, it's important to stay on top of the latest changes. The American Psychiatric Association (APA) has released a new set of codes for 2019, and it's important to stay on top of the latest changes. The American Psychiatric Association (APA) has released a new set of codes for 2019, and it's important to stay on top of the latest changes. The American Psychiatric Association (APA) has released a new set of codes for 2019, and it's important to stay on top of the latest changes.

For more information on the latest changes, visit www.apapracticecentral.org.

For more information on the latest changes, visit www.apapracticecentral.org.

For more information on the latest changes, visit www.apapracticecentral.org.

For more information on the latest changes, visit www.apapracticecentral.org.

Upcoming APA Webinars

- October 24, 2018
- December 5, 2018

[Noon, EST]

For further information: www.apapracticecentral.org