Nicole Owings-Fonner: Welcome to our new webinar series entitled “Getting Reimbursed: Updates on Billing and Documentation for Psychological and Neuropsychological Testing”. My name is Nicole Owings-Fonner and I’m in the Communications department here at APA. This webinar is a little bit different than some of our other webinars in that we’re not airing it live and we are dividing the content into sections that will be more manageable for you to view, watch, and find exactly what you're looking for. This series will present... be presented by Dr. Jared Skillings and additional APA staff, Dr. Antonio Puente, Dr. Neil Pliskin, Dr. Steven Gillaspy, and Dr. Michael Westerveld.

Our objectives for this series are to provide you with an update on APA Services, Inc.’s advocacy efforts related to testing codes, to briefly review the testing codes and definitions, to address major billing and documentation developments. We'll also discuss how to document your work and demonstrate how to apply the new codes using expanded practical examples. Lastly, our experts will provide responses to the most frequently asked questions that you've submitted.

And now we have Dr. Jared Skillings, chief of professional practice here at APA, who's going to provide us with an update on APA's advocacy efforts related to the new testing codes. Go ahead, Dr. Skillings.

Dr. Jared Skillings: Thanks very much, Nicole. Welcome to everyone; I'm very pleased that you can join us for this pre-recorded webinar series so that we can provide some answers that have been lingering around testing code issues. And then also what I would like to do today is to provide a high-level review about advocacy efforts for members’ reimbursement.

First, I’d like to say that we here at APA are aware of the confusion that has existed about the new testing codes among psychologists. I'm also aware of the numerous problems with insurers not loading the codes into their systems quickly or at all and not paying appropriate rates. I want to make sure you understand that we have been fighting for you and have been ac... actively advocating for the insurers to both load the codes and then pay appropriate rates across the whole country.

To that end, I want to go over two high-level issues today. The first one is to explain the new codes and the reason why they are the way they are. So, a number of members have been confused about why we now have a base code and an add-on code for psychological / neuropsychological testing. Some people have wrongly thought that the APA decided that and, in fact, that's not true. The whole industry is moving that direction. CMS - the Center for Medicaid and Medicare Services - and the AMA – the American Medical Association – have a contract and those groups decide about how the whole industry moves; and so all professions are moving to base and add-on codes. APA’s effort has been to try to work within the system that they have set and then try to educate our members about how we can best advocate for ourselves and perform the high quality services and get paid for those that we know psychologists do.
The second issue is I'd like to explain a new testing code guide that we have started to develop. Because of the inconsistency across the country for coding and reimbursement, we realized that there was an opportunity to help influence the insurance industry at the policy level. Now, a number of you who are involved with billing and reimbursement will realize that all insurance companies have policy about what they will reimburse and what they will not. Let me give you a personal example about how we arrived at our strategy: in my previous job as chief for a large medical center in Michigan, part of our accountable care organization was having a commercial insurance company. I had a good relationship as chief with the behavioral health director for the insurance company, but in terms of influence I could really only bring my own perspective and maybe that of the state association to bear because in the past APA did not have policy recommendations for test code billing or psychotherapy. So, therefore, now APA is going to... or we are developing a guide... a model guide for how policy for insurance companies should work across the country or could work across the country. We're actually going to partner with our state associations to disseminate these policy recommendations to local insurers so that way we can reach the smaller insurers that are important for some regions of the country, not just the very largest ones. That way, we're hoping to influence policy across the whole country in both big markets and small markets because we know that patients and psychologists across the whole country are important, not just the ones in cities where the largest companies exist. So, that testing code guide is being finalized right now and will be rolled out and what we expect is that that will take a number of years for that influence to be able to... to really roll out in an effective way, but we're starting that process now and think that it has a lot of potential.

Additionally, one of the things I want you to know is that we intend to continue to engage psychologists more into the future and are considering options like a billing coding question of the week into the future. And if you have ideas about how to engage us better, we're very open to that and I look forward to talking with you more so we can meet your needs and continue to advocate for psychologists into the future.

At this point, I want to thank you for again listening to this whole webinar pre-recorded series and I'd like to turn this over now to Brad Steinbrecher, who's an attorney in Our Legal and Regulatory Affairs office. Brad?

**Brad Steinbrecher:** Hello, everyone; this is Brad Steinbrecher. I'd like to give you a brief update today, if I could, on the issues that we're seeing with the new testing codes in the Medicaid space and then a sense of our efforts to try to resolve some of those issues.

So, if I could direct everyone's attention to the first bullet point at the top of this slide on the screen now? Through our own outreach, combined with reports that have come in from psychologists around the country, we have learned of problems with the implementation of the new testing codes in the Medicaid program in the 27 states that you see listed there on the screen. Now, I should say that unfortunately I do expect that number to grow a bit as we process the results of a testing code survey that we distributed to APA members in March and April. Some of the respondents there sent Medicaid-related information, so I assume that we will add that in and the number of states there may grow a bit, but as of the date of this webinar we have heard reports of problems in the Medicaid program in the 27 states that you see listed here.

Now, I should clarify before I go on what I mean when I say “a problem in the Medicaid program”; I think as everyone knows, each state has a Medicaid agency: an agency within the state government that has the responsibility for administering a Medicaid program in that state. Also, most states – the vast
majority of states, not all but the vast majority – also have Medicaid managed care organizations that are active: in other words, managed care companies that are providing services to the Medicaid population in that state. So, in the 27 states that are listed here, the problem that has been reported to us may be coming out of the state agency itself or it may be coming from one or more of the managed care companies that is active in the Medicaid space in that state. So, unfortunately in the Medicaid program, there are multiple sources of problems with the testing codes and each of those sources can produce sort of a different issue so it's complex in the in the Medicaid area. So, having said that or clarified that, I can say that we have gotten reports of some type of issue or problem with the new testing codes coming from somewhere in the Medicaid program in these 27 states.

So, what are the problems that we are seeing or that have been reported to us? So, I could direct everyone's attention here to the second bullet point on this slide and this will give you sort of a general, you know, a list of the general problems that we've been seeing. This is not an exhaustive list, but it is again sort of generally the types of problems that we've been hearing about. As you look at these, you'll see that delay is, I think, the main issue here. Delays in publishing a fee schedule: that problem was arising mainly from the state agencies themselves; it's occurring less and less as the weeks have passed and it was not only limited to the state agencies, but it was arising mainly there. Delays in configuring the computer systems: this was an issue that was coming mainly from the managed care companies who were working with the Medicaid program. They simply can't get their computer systems or haven't been able to get their computer systems able to accept and process the new codes in an efficient way and that issue combined with others has led to the third issue you see there: delays in paying claims which is probably the... the single main complaint or issue that we've heard from folks. For one reason or another, there are long delays and paying claims for the new testing codes. Next there, you'll see payers not accepting all the new codes; this is a situation where either the agency or the managed care company is not accepting for reimbursement, for one reason or another, each and every one of the new codes. They're carving some of the codes out and not reimbursing for those codes. Next, you'll see reductions in overall reimbursement; this, thankfully, is not in the majority of states that we've heard from. It's an issue in the minority of states, but what this would mean is if you think about the typical episode of testing - the type and amount of work that would go into that sort of typical episode. We've heard reports of folks receiving lower reimbursement this year under the new codes for that amount of work than they would have received last year using the old codes. Now, again, that's in the minority of states, but it is certainly out there. And then lastly this inconsistent messaging or lack of communication: this is typically an issue - as we have heard of it any way - that is coming from the managed care companies – inconsistent information, lack of communication, in some cases almost complete lack of communication. It's a widespread problem and it's obviously pretty frustrating for folks. So, if we could go to the next slide and I can tell you here quickly about some of our efforts to resolve these issues.

If you look again at the first bullet point here, we believe that the issues that have been reported in the nine states that you see listed there have been fully resolved or, if multiple issues were reported, at least one of those issues has been resolved. So, let me can... if I can here quickly give you an example of how some of those issues were resolved in Connecticut, Mississippi, and New Hampshire. In Connecticut, the Medicaid agency earlier this year issued their fee schedule and the rates that they applied to the new testing codes created a situation in which, again if you think about the typical episode of testing and the amount of work involved there, then the rates that have been applied by the state agency - which is the main payer up there - were going to result in a situation where folks would receive significantly less reimbursement this year than they would have received for the same amount of work last year under the old codes. Now, when the state psychological association learned of this, they reached out to us; we were able to provide, you know, some consultation on strategy and options
at the outset of what was ultimately a successful effort by that state association to block these payment reductions from being implemented essentially. They were able to work with the state... the state agency up there, helped that agency to better understand the codes, and ultimately the state agency decided to apply the results. Essentially their... excuse me... the rates essentially from last year to the new codes this year. So, the state agency with our assistance was able to block those payment reductions from taking place. In Mississippi, the issue there was also with the Medicaid agency. The agency there was taking the position that they were not going to reimburse for nine six one three six (96136) and nine six one three seven (96137), which are the codes for test administration by psychologist or neuropsychologist. Again, when the state... state psych association learned of this, they reached out to us. We were able to provide some support with strategy, some discussions about options for next steps, and things like that. The state association then went back to the state agency, began working with them, and lobbying for some change and we understand that the state association was successful there. The state agency reversed its position and is now accepting reimbursement for those two codes. So, that was a nice win for the state agency, and we were obviously happy to provide support. In New Hampshire, the issue was with actually a managed care company that was working with the Medicaid program there; as we've seen with many of these companies, they were slow to update their computer system and to get it functioning using the new codes. That was leading to again long delays in paying claims. We actually had a contact that was able to put in touch... put us in touch with someone relatively high up within that managed care company. We contacted them and were able to push for a bit more focus on the problem and we believe that that company is now paying claims there - their computer system’s configured properly and are now paying claims, so again a nice win for, I think, folks in New Hampshire and we were happy to provide support there.

So, as you can see, there have been some successes here but work certainly remains. So, we will continue to stay focused on this. Now, to help us with that, let me say this: if you are in one of the nine states that is listed on this slide, please let us know if you believe that we've missed anything in your state or if new issues have come up in your state or if you believe that the issues simply haven't been resolved in your state – please let us know. Also, if you are in the District of Columbia or in one of the 23 states that was not listed on the prior slide and you believe that issues have come up in the Medicaid program in your state with the new testing codes, please let us know that as well. And the way you can do that is to use the email address that will appear on a slide a bit later in this webinar that is the Prac Legal at APA dot org email address and again you'll see that on a on a later slide in this webinar. So with that, let me now turn things over to our next presenter, Alan Nessman, for an update on what's happening with the new testing codes in the commercial insurance area.

Alan Nessman: Let me give you an update on APA's efforts around commercial insurers’ implementation of the new testing codes. Our first step was outreach to major national companies with which we have connections: Aetna, Anthem Blue Cross Blue Shield, Cigna, United/Optum and Beacon. All of these companies have been responsive and willing to work collaboratively with us to resolve issues. Our approach has been first to report problems, second, establishing paths for resolving issues: in other words, who at the company to contact if we have problems or things turn up later as problems, and third, offering resources to help the companies figure out tricky issues with the new codes. All the major national insurers appear to have the new codes loaded and are processing claims. Some are reprocessing claims that were filed before their billing systems were properly in place for the new codes. Optum has adopted APA standards on the new testing codes; it's not clear exactly what they mean by that, but we like to think that they have adopted the guidance that we have put out so far and will be putting out. The biggest remaining problem had been Anthem Blue Cross Blue Shield of Connecticut that had not been paying claims, but they began paying finally in late April after we had contacted them and
talked with them about that. We were advised in mid-May that Anthem will be paying interest on late claims as required by law. Next slide...

Our strategy going forward is number one to assess lingering and remaining issues. The issue... the problem we have with that is that as issues get fixed complaints from a month ago may no longer be relevant because they've been resolved. For example, we had a complaint the other day that the Blue Cross Blue Shield company for Texas and Illinois was denying where the base and add-on codes were billed on different days. We checked in with the Illinois Psychological Association and they told us that they were informed by the company that they will fix the problem, but they have to get their claim systems reconfigured to handle those claims properly. So, that's something that is a problem today, but it should, in the near future, be resolved. Step two for companies where APA or the state association has contacts, we will collect the remaining issues and bring them to our contacts for resolution. Third step is, if necessary, we will file complaints with the state insurance commissioner or other appropriate state agency: for example, perhaps an attorney general in the state. Next slide...

We will be working with state associations to resolve issues with smaller regional and state-level insurers that we may not have contacts with and may not even be aware of. We will help members resolve issues with other payers. APA will be putting out FAQs that will answer many questions, but there are always individualized problems where we have to talk directly with the member to try to resolve their issue. If you have continued problems with commercial insurers or with Medicaid, contact us at prac legal p-r-a-c-l-e-g-a-l at APA dot org (praclegal@apa.org): it's right there on the screen. If you're a member of your state association, you should let them know as well; that will help them prioritize their advocacy and which companies they should be thinking about first.

Nicole Owings-Fonner: We have received the following questions that I think your expertise would help with. The first one is “Should I resubmit claims if I have learned that the insurance company has fixed problems with its processing of testing claims?”

Alan Nessman: We understand that many insurers are reprocessing claims, but you should check with your particular company on whether you need to resubmit. In some cases, the company may already be handling that; they may automatically be resubmitting claims for reprocessing. So, check if you do need to resubmit claims; find out how to do this so that they get resubmitted properly.

Nicole Owings-Fonner: Thank you. “What if APA recommends submitting claims one way, but my insurer or Medicaid payer says to do it a different way?”

Alan Nessman: In that situation, you should follow what your insurer or Medicaid payer says. APA is trying to educate payers about best practices for handling these new testing codes and we're trying to encourage uniformity, but the companies don’t... and the companies and the payers don’t have to follow our recommendations. Where the divergence between our recommendations and the company practices are creating pervasive problems. We can try to advocate with a payer to change their practices and to get them in line with what other payers are doing.