Getting Reimbursed:
Updates on Billing and Documentation for Psychological and Neuropsychological Testing

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Objectives

- Provide an update on APA Services, Inc.’s advocacy efforts related to testing codes
- Briefly review the testing codes and definitions
- Address major billing and documentation developments
- Discuss how to document your work
- Apply the new codes using expanded practical examples
- Responses to “Frequently Asked Questions”
• Reports of issues/problems with the new testing codes in the Medicaid program in 27 states:
  - AZ, CT, FL, GA, IL, IA, KS, KY, LA, MA, MN, MS, MT, NE, NV, NH, NM, NY, NC, ND, OH, OR, PA, SD, TX, WA, VT

• Problems typically reported include:
  - Delays in publishing a fee schedule
  - Delays in configuring computer systems to process the new codes
  - Delays in paying claims
  - Payers not accepting all the new codes
  - Reductions in overall reimbursement
  - Inconsistent messaging and/or lack of communication
Update on efforts with Medicaid (cont.)

- Issues have been resolved in 9 states: AZ, CT, MA, MS, MT, NH, PA, WA, VT
  - Connecticut (agency reimbursement reductions)
  - Mississippi (agency not accepting 96136/96137)
  - New Hampshire (managed care company delays in payment)

- Please let us know:
  - If issues are not resolved in these 9 states or if new issues have appeared
  - If issues have come up in DC or in any of the 23 states not listed on the prior slide
Update on efforts with Commercial Insurers

- Outreach to major national companies with whom we have connections
  - Reporting problems
  - Establishing paths for resolving issues
  - Offering resources to help them figure out tricky issues w/ new codes

- All major national insurers appear to have new codes loaded and are processing claims
  - Optum has adopted APA “Standards” on new testing codes
  - Biggest remaining problem had been – Anthem CT not paying claims – but now paying after we contacted them

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Going forward

- We will continue to assess lingering issues.
  
  › As issues get fixed, complaints from a month ago may have been resolved.

- For companies where APA or state association have contacts, we will collect remaining issues and bring to our contacts for resolution.

- File complaints with state insurance commissioners – if necessary.
We are working with state associations to resolve issues with smaller regional and state-level insurers.

We will also continue to help members resolve issues w/ other payers.

If you have continued problems with commercial insurers or with Medicaid payers ➔ please contact us at PracLegal@APA.org.

Also let your state association know.
Q: Should I resubmit claims if I learned that the insurance company has fixed problems with its processing of testing claims?

Q: What if APA recommends submitting claims one way but my insurer or Medicaid payer says to do it a different way?
 APA Services, Inc. assists members with health insurance and managed care issues involving private and government insurers. The latter includes Medicare, Medicaid and TRICARE. Issues include billing, contracting, restrictions on care, and parity & HIPAA compliance. Approaches range from collaborative resolutions with enlightened companies and agencies -- to complaints to regulators, lobbying federal and state legislatures, and lawsuits.

- For issues with coding, contact the Office of Health Care Finance at ohcf@apa.org.
- For issues with private insurers, contact the Office of Legal and Regulatory Affairs at praclegal@apa.org.
- For issues with government insurers, contact the Advocacy Office at PracticeGovRelations@apa.org.

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