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

Presented By:
Jared Skillings, PhD and other APA Staff
Antonio Puente, PhD
Neil H. Pliskin, PhD
Stephen Gillaspy, PhD
Michael Westerveld, PhD

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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”
Updates and Guidance on Billing and Coding Issues

Meghann Dugan-Haas
APA Coding and Payment Policy Officer

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Updates on Billing and Coding

- Further explanation of the new base/add-on code structure
- Episodes of care that occur over multiple dates of service
- National Correct Coding Initiative (NCCI)

Pre-service Work
- Preliminary Test Selection
- Record Review
- Call to ascertain referral question

Intra-service Work
- Interpretation of Tests
- Integration
- Clinical Decision Making
- Diagnosis and Treatment Planning
- Creation of Report
- Interactive Feedback

Post-service Work
- Transcription of Report
- Report Distribution
- Arrangement of Referrals

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Why am I being paid less for my subsequent 30 minutes/1 hour of work if I’m doing the same amount of work for the entirety of the service?
Base/Add-On Code Structure

BASE CODE
(Used Once)

ADD-ON CODE
(Possibly used multiple times)

Pre-service Work

Intra-Service Work

Post-service Work

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Multiple Dates of Service (mDOS)

- When a service is spread out over multiple visits, it is recommended that all codes be listed by date/service and billed together on the last date of service when the episode of care is completed.

- A base code should only be submitted for the first unit of service, and only add-on codes should be used to capture subsequent units of service on the same or different days.

- Bill separate interactive feedback session using an add-on code (either CPT® code 96131 or 96133)
National Correct Coding Initiative (NCCI) Program

- Program Purpose:
  - Promote national correct coding methodologies
  - Control improper coding
  - Limit inappropriate payment of claims

- Types of NCCI edits
  - Procedure-to-Procedure (PTP)
  - Medically Unlikely (MUE)
  - Add-on Code
Two (2) NCCI Billing Issues

- Test administration and scoring services provided by QHP and Technician to the same patient on the same date of service

- Add-on code edits that prohibited the ability to bill for evaluations that took place over multiple dates of service
NCCI Issue 1:
Test Administration & Scoring

- Test administration and scoring services
  - By Professional: CPT codes 96136/96137
  - By Technician: CPT codes 96138/96139

- If professional and technician perform on the same date of service, 96136 and 96138 must be billed with an appropriate modifier
  - Modifier 59 – “Distinct Procedural Service”
  OR
  - Modifier XE – “Separate encounter”
NCCI Issue 2: Add-On Code Edits

- Four (4) add-on code edits implemented on January 1, 2019:
  - CPT code 96131 with primary CPT code 96130
  - CPT code 96133 with primary CPT code 96132
  - CPT code 96137 with primary CPT code 96136
  - CPT code 96139 with primary CPT code 96138

- Through APA’s advocacy efforts, NCCI suspended the add-on code edits effective April 1, 2019, retroactive to January 1
### THREE TYPES OF ADD-ON CODE EDITS DEFINED BY CMS:

- **Type I - CPT MANUAL, HCPCS MANUAL, AND/OR CMS POLICY DEFINES ALL ACCEPTABLE PRIMARY CODES**
- **Type II - CPT MANUAL, HCPCS MANUAL, AND/OR CMS POLICY DOES NOT DEFINE ANY SPECIFIC PRIMARY CODES**
- **Type III - CPT MANUAL, HCPCS MANUAL, AND/OR CMS POLICY DEFINES ONLY SOME, BUT NOT ALL, ACCEPTABLE SPECIFIC PRIMARY CODES**

### REVISIONS TO TYPE I ADD-ON CODES - 2019 CPT MANUAL, HCPCS MANUAL, OR CMS POLICY DEFINES ALL ACCEPTABLE PRIMARY CODES; MODIFY THE LIST OF PRIMARY HCPCS/CPT CODES FOR EACH OF THESE TYPE I ADD-ON CODES AS DESIGNATED. EFFECTIVE DATES FOR CHANGES ARE LISTED (RECORD LINES UNBOLDED REPRESENT THE EXISTING LIST OF PRIMARY CODES; RECORD LINES BOLDED REPRESENT THE REVISED LIST FOR 4/1/2019 RETROACTIVE TO 1/1/2019)

<table>
<thead>
<tr>
<th>ADD-ON CODE</th>
<th>PRIMARY CODE(S)</th>
<th>EFFECTIVE DATE</th>
<th>DELETION DATE</th>
<th>CPT INSTRUCTION</th>
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<tr>
<td>96131</td>
<td>TEMPORARILY SUSPENDED RETROACTIVE TO 1/1/2019</td>
<td>1/1/2019</td>
<td>1/1/2019</td>
<td>no CPT instruction as of publication of 2019 CPT Manual - should be &quot;Use 96131 in conjunction with 96130&quot; temporarily suspended because 96130 and 96131 may be reported with different dates of service</td>
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<td>96137</td>
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<td>no CPT instruction as of publication of 2019 CPT Manual - should be &quot;Use 96137 in conjunction with 96136&quot; temporarily suspended because 96136 and 96137 may be reported with different dates of service</td>
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<td>96139</td>
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<td>1/1/2019</td>
<td>no CPT instruction as of publication of 2019 CPT Manual - should be &quot;Use 96139 in conjunction with 96138&quot; temporarily suspended because 96138 and 96139 may be reported with different dates of service</td>
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</table>
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.