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.

Dr. Neil Pliskin: Okay, so now let's move away from that clinical example and let's deconstruct the different stages of the psychological and neuropsychological assessment. Stage one and this gets back to the question that's been asked repeatedly: “How can you provide professional services before you've had an opportunity to administer some tests?” and again this emphasizes that in stage 1 – which may be very brief or it might be extended, depending on the circumstances – involves the pre-service work of record review, clarifying the referral question, and making your initial test selection. Stage two – and we'll go through these in more detail – involves the clinical and diagnostic interview and then based on that information, the decision to modify your initial test selection based on what you've learned in the clinical interview. Generally speaking, stage 3 in this process is the test administration and scoring itself with, again, the understanding that there might be additional modifications needed of the selected tests because of the way that the patient or client is performing which will involve more clinical decision-making. Stage four is the stage of integrating all of the above information from the... from the previous stages and using that information to formulate your conclusions that then get generated into a report. And then finally, the last stage in the psychological / neuropsychological assessment process is the delivery of interactive feedback to the patient, family, caregiver and the post-service work of uploading the report into the medical record, providing feedback to the referring physician or other referral source, depending upon if they are an inside provider or... or someone that you need to reach out to. So, these are in general the stages that are captured in our work and the stages that we need to be able to document effectively so that we can be fully compensated for the professional services that we provide. Next slide...

So, let's go into more detail here and this absolutely pertains to this question of how is it possible to perform testing evaluation services prior to the clinical diagnostic interview and/or test administration and scoring. Well, we've addressed this, and we'll go to the next slide and reinforce the fact that even if you haven't met your patient yet, you're going to learn the age of your patient; you're going to learn who referred the individual to you. You're going to maybe have a preliminary referral question; you're going to maybe need to clarify a preliminary referral question. If you are the kind of psychologist who uses technicians, you may instruct your technician to administer several preliminary tests. All of that activity, that... that decision making occurs pre-service and that is the answer to the question of how can you provide professional services prior to doing the testing. Well, you are providing those professional services; you're providing them through your preliminary selection of tests, record review, and collaborations with the referring physician or other referral source. And so, therefore, if you're doing a psychological evaluation, you would be using the code nine six one three zero (96130); if it extended beyond 91 minutes, then you would be then using the add-on code nine six one three one (96131). For the first hour of neuropsychological services, nine six one three two (96132) and a nine nine six one thirty three (96133) and again I'll just emphasize that this might only take five minutes of your preliminary time. That's the first five minutes that you're counting cumulatively towards your nine six one three zero (96130) base code or nine six one three two (96132) base code. Next...
Typically, as we covered in our example, the next stage in the process involves a neurobehavioral status exam or psychiatric diagnostic evaluation, a clinical interview. And some individuals... practitioners will do this early in the course of their work; some practitioners will wait a little bit before they do this. Some look at some initial test results, but typically this type of service is provided as a second stage in the evaluation process. Now, if you're doing a psychological evaluation and the patient or client is referred to you because of behavioral health concerns, then you are conducting a psychiatric diagnostic evaluation for the purposes of getting information - detailed information, behavioral and historical information - to help you to understand that person's behavioral health background, needs and concerns. And if you are conducting a neuropsychological evaluation where the questions pertain more to presence or absence of central nervous system dysfunction or other neuropathology, then you are ideally conducting a neurobehavioral status exam. You would not do a psychiatric diagnostic evaluation with the patient whose primary reason for referral is traumatic brain injury, epilepsy, or some variant thereof. You wouldn't do a neurobehavioral status exam typically on a patient who's referred to you for a psychological evaluation for, say, differential diagnosis of mood disorder versus other psychopathology, just as an example. So, neurobehavioral status exam is coded nine six one one six (96116) for the first hour and nine six one two one (96121) for each additional 30 minutes. Psychiatric diagnostic evaluation nine oh seven nine one (90791) is not a time-based code; it hasn't changed. It's the same code than it has always been since... since the new psychotherapy and behavioral codes were published. Whether you're doing a neurobehavioral status exam or you're doing a psychiatric diagnostic evaluation, they both involve clinical interviews but the focus of the event... of the interview and observational methods that you're employing are different. Based on your neurobehavioral status exam or psychiatric diagnostic evaluation, you may learn things that will then necessitate your modifying your test battery. When you do that, you are engaging in intra-session clinical decision-making. And so if you started in your stage one - if you spent five or ten minutes doing your pre-service work, as you start doing your clinical decision-making and you're... you're modifying your test battery, you're now taking that time and you're adding it on to the time that you initially had when you engaged in your stage one pre-service, clarify the referral question type of work. Now, at this point if your cumulative time between stage one - the pre-service clarification work - and stage two - the intra-session clinical decision-making modification type work - then if you've exceeded thirty-one minutes, then you are ready to bill your nine six one three zero (96130) base for psychological testing, nine six one three two (96132) base for neuropsychological testing. In any case, the time that you're spending is cumulative across days. Next slide...

Now, we move on to stage three. We understand that in the world of neuropsychology, our professional practice surveys currently indicate that 55 percent of neuropsychologists provide services with the aid of a technician. More clinical psychologists doing psychological testing, plus 45 percent or so of neuropsychologists choose to administer and score their tests on their own. So, that's why stage three - which is test administration and scoring - is divided into stage three A when the professional does it... when you're using the base code nine six one three six (96136) and the add-on code nine six one three seven (96137) versus when the technician... under the general supervision of the neuropsychologist is providing these services. Then you're billing nine six one three eight (96138) for the first 16 minutes and nine six one three nine (96139) thereafter every 30 minutes for your add-on codes. Now, one key... key difference here is that if you're a psychologist or neuropsychologist who uses technicians, then you... under your general supervision of all aspects of that technicians work: you're reviewing the data that are being collected and perhaps you're making further modifications of the test battery based on the administration and scoring of the of the tests to date. So, for example, you discover that your patient is less literate than you thought; you have to modify the test battery yet again. So, when using a technician in stage 3b and this... and the psychologist and neuropsychologist providing supervision for that technician, there might also be additional testing evaluation services provided by the professional in the context of intra-session clinical decision-making. If so, that cumulative total that you're adding to each time you engage in professional services, you are tracking that intra-session clinical decision-making time and you'll be recording the start and stop times as we showed in the example and we'll show again in a few minutes. Now, turning back to stage 3a, the professional administering the testing; that is all billed under nine six one three six (96136) and one three seven (96137) and you see there the activities involve the administration and scoring. So, that's the non-face-to-face time as well. And when you're looking at stage 3b when the evaluation is complete, your technician is engaging in test administration and scoring services and... and that may or may not take place on the same day and may take place on a different day. Next slide...

Now, you've reached the point that as we discussed in our clinical example where you have the results of your neurobehavioral status exam. You have your psychological and neuropsychological test results; you have your
behavioral observations; you have information from the clinical interview; and you have - if you're fortunate - medical or psychiatric records available to review. Now, you're engaging in the uniquely professional service: the testing evaluation service of integrating, interpreting, and using that information to generate your conclusions, recommendations into the form of a report. We are not suggesting here that this code is used for report writing per se; this code reflects the professional services provided by the psychologist in integrating and interpreting all the available information and that process of integration and interpretation occurs in the context of generating a report. So, we're not talking about transcription here; we're talking about the professional activity of integration, interpretation of all the information, and then incorporating that and generating a report from that. That will be billed as either nine six one three zero (96130) and nine six one three one (96131), depending on how much cumulative time you've spent to date. If you've exceeded thirty-one minutes to date, then you're ready to start billing your add-on codes nine six one three one (96131) for psychological evaluation and nine six one three three (96133) for neuropsychological evaluation services.

Next, the final stage. Stage five, as we discussed in our example, is the interactive feedback with the patient and family. Now, this interactive feedback takes place... it's face-to-face, not telephonically, and it is added to the amount of time that you've cumulatively recorded for your professional evaluation services under typical circumstances. And then under typical circumstances, the report - your final... your final professional act, your post-service work, would be inputting that report into the electronic medical record. However, we also understand that there are some feedback sessions that take more time, are more complicated, occur after an extended period of time and under those circumstances, then you would be engaging in maybe having to go back and review your report or... or the service that you're providing is more extensive such that a new base code could be used under those circumstances: a new nine six one three zero (96130) or nine six one three two (96132). Typically, the interactive feedback with the patient occurs in the context of the episode of care and that would just be added to your cumulative total for the entire evaluation, but under... under circumstances that are more complex, more lengthy, more time interval between when the evaluation took place and when the feedback session took place greater than eight weeks, then you would then reintroduce a new base code for... for that service.

And then finally, next... here's how you would record similar to our example. You're not recording your activities chronologically; you're recording your activities by activity, so that's all the time that you spent in your interview and assessment which took place on day one. But your testing evaluation services, if you look at that middle section, you have start and stop times that take... that are face-to-face and non-face-to-face that take place across day one, day two, and day three. And in this case, we'd also really be saying stages one through five all incorporated in the testing evaluation services. And then the last grouping is test administration and scoring start and stop times and the different dates listed. So again, at the end you're producing a billing services summary that an individual who needs to understand what activities were provided and when and for how long will be able to look at this billing services summary chart and detect that. And one final point to make – note that base codes for the clinical interview section, the testing evaluation section, and the test administration and scoring section are always one unit. You would never build more than one unit of the base code.