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: So, a question pertaining to documentation of testing evaluation services: “Is there a recommended form, worksheet, or format to document and track the cumulative time required to perform each service and the corresponding CPT codes that are billed for an episode of care?” Next slide...

Let's use a typical case example well familiar to adult neuropsychologists: a 58-year-old male with a history of diabetes and hypertension presents with a six-month change in behavior, personality, and cognition and a positive family history of Alzheimer's disease. For these reasons, his physician refers him for neuropsychological testing to establish whether the patient has any suspected mental illness or neuropsychological abnormality or central nervous system dysfunction. Now, evaluations like this can take place over a single day; evaluations like this can take place over multiple days and even if the evaluation takes place over a single day, the work... non-face-to-face work can take place over multiple days. So, how can you capture this information in a way that's clear? And so here is an example of a billing services summary and in this scenario, we’re going to say that the neural behavioral status exam and the neuropsychological testing along with some test... professional test evaluation services took place on day one. But in this scenario, we will have our clinician providing services on day two and day three and some of those services will be face to face and some will be non-face to face. So, how to record this in a way that makes it clear? Here's an example; so, if you look to the right side of this slide, the very first thing that would typically occur in an evaluation is the neuropsychologist - in this case - would be handed a file, an intake sheet, a... some... something that details the... the patient's intake information and a reason for referral. And if there is no reason for referral, the neuropsychologist might take some time to clarify that referral question. All of that takes place before a decision is made about which tests to give; in fact, it's the record review and the clarifying the referral question that helps the clinician to make some of those initial determinations. And so, you'll see in the middle section there under the neuropsychological testing evaluation services, the very first line says, “record review and clarifying the referral question: date - day one”. That took five minutes; that was five minutes of your professional time using your professional expertise to make some initial clinical decisions.

Now, in a typical evaluation, then you might start off after doing your pre-service record review and clarifying the referral question, you might then start off doing a neurobehavioral status exam/clinical interview. And in this example, we see that the face-to-face interview takes place from 9:15 to 10:25. If you look at the top section there under neurobehavioral status exam, it's listed, and then in parenthesis you would list that date - that first date - that you're providing that service. And after the face-to-face neurobehavioral status exam is complete, then you might take several minutes in this example to document the neurobehavioral status exam results and you see that represented also in the top section there under documentation from 10:25 to 10:30.

Now, when you are doing your clinical interview in this example, the patient and/or family member has some distress or concerns in the context of the evaluation that requires symptom management. So, in this scenario it might be the identified patient - the 58-year-old male - might say, “What am I doing here?” and “Why should I have to stay for
dementia that is commonly occurs in their 50s like, for example, frontotemporal dementia. These are not brief; here
loved one has Alzheimer's disease, shows beginning stages of Alzheimer's disease, or maybe has a different type of

Now, let's say the
you, of course, have been in this position, telling a 58-year-old individual and members of their family that

Now, before you've conducted your clinical interview, you've made some preliminary clarifications of what the test
battery is going to be. Now, you've... based on what you've learned in the clinical interview or neurobehavioral status
exam, you've decided that you need to modify your battery. It might be that... that during the clinical interview you
discover that the... that the patient or the family members are concerned or describes behaviors that might reflect, for
example, more behavioral disturbances rather than memory disturbances. So therefore, you might have to decide,
based on your neurobehavioral status exam, that you're going to incorporate measures of executive functions into your
battery. Well, that takes time for you to make those modifications and clinical decisions and that's also reflected in the
middle section there under... under clinical decision-making battery modification - 10:45 to 11:00 AM on day 1. Now,
there will be some patients where you won't be doing much clinical decision-making and the battery will be
straightforward. There might be some patients where you might not have to intervene and do symptom management and
then you won't be recording those, but the point is... is that if you engage in those behaviors -- and it's typical
services and it's typical for psychologists and neuropsychologists to do this -- then you need to capture that time... and... capture it in a way so that, as I'm going through chronologically here, I'm describing each and every activity. And so, if
you look down at the bottom section - test administration and scoring - by 11:00 AM, I'm now ready to conduct my test
battery in its entirety based on the information and modifications that previously had been made. So, the test
administration face-to-face goes from 11 until 12, and I'm looking again at the bottom section labeled test
administration and scoring by psychologist, and then proceeds on, after a lunch break, from 1:00 until 4:00 in the
afternoon. And when it comes time to document this, I'm documenting it with start and stop times as you see here and
I'm listing in parentheses the date of service because, as we've said up front, there's going to be multiple dates of
service; we're now dealing with day 1. By 4 o'clock, the patient is ready to go home; the evaluation is complete; and the
psychologist or neuropsychologist returns the next day to engage in further services and that might be coming in the
next day, whatever day: that would be day 2 that you provide the service. And in this example, the psychologist engages
in scoring all the tests that were administered by her or him the day before or the session before whenever that is and
that scoring takes place from 9:00 until 11:00 on day 2 and that's where it's documented in that section with start and
stop times. Now, the... the psychologist and the neuropsychologist have conducted the neurobehavioral status exam, so
they have all the behavioral and interview information they need.

Now, let's say the... and the psychologist has the actual test scores in their possession. Now, the provider sits down with the...
that information, plus the records that may or may not be present and available for review, and takes all of that
information - the behavioral information, the collateral contact information, the medical record information,
observations made during the day, and the psychometric test scores - the psychological / neuropsychological test scores
- and integrates them and formulates opinions about them, which are generated in a report. And in this example, that
report generation and integration takes place from 11:00 AM until 2:00 PM on the second day that service is provided to
that patient; it's grouped within the second section - neuropsychological testing evaluation services - but it takes place
on a separate day and again it is not face-to-face activity. So now by two o'clock in the afternoon on that second date,
the report, the... the integration is complete, and the report is generated.

On the third day that an individual now is providing these services, in this case, the... the patient and family member
come back to hear about the test results and to engage in interactive feedback. Now, as you can imagine and some of
you, of course, have been in this position, telling a 58-year-old individual and members of their family that... that their
loved one has Alzheimer's disease, shows beginning stages of Alzheimer's disease, or maybe has a different type of
dementia that is commonly occurs in in their 50s like, for example, frontotemporal dementia. These are not brief; here
are what the test scores show; these are interactive feedback sessions. And using our training as behavioral health
providers, we're delivering the interactive feedback; we're helping the... the patient and the family understand the
implications of those feedback, of those test results, and we're presenting them with the next steps: where to go from
here, what the treatment plan should be, what the interventions should be. In this example, this type of interactive
feedback session certainly takes more than 31 minutes, and, in this case, it takes 60 minutes; it goes from 9:00 AM ‘til 10:00 AM on day three. And, if you look in the second section, their neuropsychological testing evaluation services, towards the bottom, that second section, you see interactive feedback session nine to ten and now in parenthesis you're listing a third date of which service was provided. Now, this service is face-to-face.

So, now you've provided your interactive feedback session; you've delivered a copy of the report to them; and now you need to take the report and upload it into the medical record or put it in an envelope and send it snail mail to the outside referral source or pick up the phone and call the referral source and let them know about the results. That's all considered post-service work. In this example, that post-service work is grouped under the second section - neuropsychological testing services - because this is the professional service you're providing. You're... you're engaging in 15 minutes of that post-service type of work and you're recording in parentheses there the date of service. So, in this example of our 58-year-old, in... in sum: services are provided across three days. They're divided into neurobehavioral status exam, the professional testing evaluation services, and the test administration and scoring by psychologists services. Some of these activities are face-to-face; some of them are non-face-to-face, but by recording start and stop times, by providing enough detail to know what they are... what the services that you're providing, you are documenting clearly all of your professional activities. And while this appears to be a more labor-intensive way of managing things upfront, it will pay dividends by making it much easier for other individuals who review these billing services summaries to understand exactly what you did and when you did it.