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.

In this section, Dr. Antonio Puente and Dr. Neil Pliskin are going to walk us through some neuropsychological assessment expanded clinical examples. Take it away, Dr. Pliskin.

Dr. Neil Pliskin: Thank you very much. Here, we see again this slide detailing the multiple stages associated with a neuropsychological assessment and as we've talked about previously, stage one for many providers is doing an initial record review, clarifying the referral question, and possibly even designating some initial tests to be performed either by the... by the qualified health care professional or by the technician. Alternatively, some providers may choose to start at stage 2: the neurobehavioral status exam and then, based on the results of the neurobehavioral status exam, may choose either an initial test selection or may choose to modify the initial test selection based on those clinical interview findings. The... the third stage in the assessment process will be the test administration and the time spent non-face-to-face scoring and that again may be done by the... by the technician or it may be done by the professional or it might be both and we have clinical examples that outline each for you. In stage four, once the evaluation is complete, the neurobehavioral status exam is done, the records are available to review, behavioral observations are made, then the professional work - the uniquely professional work of the... in this case, psychologist or neuropsychologist - is to take that information, integrate it, and pull it all together for your formulation that goes along with generating your report. And then in the typical episode of care, feedback - interactive feedback with the patient, family, or caregiver - is seen as something that commonly occurs or... and/or feedback to the referring physician, which would be considered post-service work. So, these are the stages of the neuropsychological assessment process that we’ll articulate in the coming examples. Next slide...

So, in this example here's our typical patient: a 58-year-old male with a history of diabetes and hypertension who presents with a six-month change in behavior, personality, and cognition and a positive family history of Alzheimer's disease. Adult neuropsychologists will recognize this well as a very common referral question; physician refers him for neuropsychological testing to establish whether the patient has any suspected mental illness or neuropsychological abnormality or central nervous system dysfunction. Next slide...

So, this slide’s a bit complicated, but when you walk through it, you can see it will contain clearly all of the professional activity that's being done by the... by the qualified healthcare professional in the various stages. And you’ll see that in this neuropsychological test example, the evaluation and the services delivered occur over multiple days and, in this example, all the work is performed by the... the psychologist or neuropsychologist. So, let's look at the right side of this slide and you'll see that it’s grouped into activities, not dates per se. So, you have your neurobehavioral status exam in the first section; you have all of your neuropsychological testing evaluation services in this middle section; and you have your test administration and scoring by professional in the bottom section. And in our clinical example, we’ve had the neurobehavioral status exam take place on day one. So, in this example, the way that you would record it as you would
record your... the time spent - start and stop times - and then in parentheses, the date that that service was provided and the documented... the documentation associated with that. And so, the neurobehavioral status exam – which, in this example, is all conducted on day one - totals 75 minutes. So, it exceeds the first 60 minutes but does not exceed the threshold of an additional 31 minutes, so it's coded as one unit of the base nine six one six (96116). Now, in our clinical example, we had the... in stage one was that initial pre-service record review and clarifying the referral question. And you'll see in the middle section in our example, that took five minutes and you would put the date that that was conducted, which would be pre-service work on the first date of service. Based on those... the information that you receive - either through the neurobehavioral status exam or through your record review - you have to make some modifications to your initial test battery that you have devised in your pre-service work. So that's intra-session clinical decision-making that took place on day one also for a cumulative total of 10 minutes. During the evaluation process, let's just say that in this example, the identified patient wasn't terribly happy about coming in for the evaluation. They agreed to do it, but when they got there, they said, “Well, why am I here and why should I stay?” So, before you can even really do any work, the professional has to spend some time working with the... with the patient and educating the patient and managing the symptoms of that patient. And again, that's uniquely a professional activity: it took 15 minutes; it should be recorded and included as part of your professional evaluation services. Later on, you make additional decisions about modifying the battery. Maybe the patient's becoming fatigued; maybe you've learned most of what you need to learn; and so you've modified your battery again and that takes time and that time would be recorded. Now, note here: everything that we've been discussing thus far are activities that relate to day one. Now, after the... the patient goes home, you're too exhausted or you have too many other things to do to engage in further activity with that patient... with that... with that patient or client’s file, so you come back the next day or the next day that you have the ability to work on this. You... on day two, you're engaging in your professional integration and report generation activity and you'll see in this example it goes from 11:00 until 2:00. It's a three-hour, 180-minute process and you'll note that start and stop times and in parentheses the date that that service was provided this service. So now, we have services provided professional services provided on day one and day two. Finally, you've generated your report. Your... the... the... the... the patient or the client and their family or caregiver are scheduled to come in for your interactive feedback to deliver these test results. This takes place on a third day and that would be recorded also in the same professional neuropsychological testing evaluation services, day three. And then finally, that post-service work of speaking to the referral source, mailing out a copy of the report, uploading the report into the electronic medical record, whatever that activity is... is still also captured under the neuropsych testing evaluation services. So, you'll note that in this section you have face-to-face work and you also have a considerable amount of non-face-to-face work. And then finally, you have your last section in this example: your test administration and scoring by professional. This test administration is face-to-face; it takes place on day one: the same day that you did your pre-service work - the same day that you did your neurobehavioral status exam and, as it turns out in this example, the same day that you're doing your clinical decision-making and battery modification. That all takes place on day one. The testing is... takes place from 11:00 to 12:00; patient goes to lunch for an hour and then again from 1:00 until 4:00; and that's recorded. Then to the right there on that bottom section. And then, finally comes the non-face-to-face time spent scoring which you've now done on day two. So, if you kind of go back and consider the stages, you know you're doing your pre-service work and your neural... in this example, you're doing your pre-service work and your neurobehavioral status exam, and your testing and clinical decision-making on day one; on day two you're doing your... your non-face-to-face scoring and report generation and integration; and on day three, you're doing your interactive feedback. So, this grid with its start and stop times and its dates captures all of that activity, but it's grouped not chronologically; it's grouped by activity. Next slide...

And this slide contains the... the testing example for the recording the units on the different dates. So, you'll see on the form - you're... all the way to the right - you're listing your total number of units engaged in each of these activities cumulatively and, on the left, you're listing the date of service that each of these activities was provided on. Next slide...

Tony, take it away.

Dr. Antonio Puente: Thank you, Neil. We won't go in as much detail as Neil has provided largely because some of this is repetitious, but in this particular example what we want to suggest is that both a professional and a technician can provide this service on the same date of service. So, we're going to give you some suggestions to how to proceed with this one. Next slide, please...
As you can see again, we have multiple dates of services and, one more time, the professional and the technician provide the service on the same days that those services are being provided. And just to clarify several things, first of all let's make clear a professional – it's the same thing as a qualified health professional or a QHP. It's the same thing as a psychologist or a neuropsychologist, and a technician is someone else that is not the individual that's been contracted by the insurance company to do the professional services. One more time, we have on the left-hand column the activities: neurobehavioral status exam, the evaluation services, or sometimes we refer to as our thinking services. And then the administration and scoring by the neuropsychologist and the administration and scoring by the technician. As you can see on the right-hand side, we have a series of minutes and we want to emphasize several things. As much as humanly possible, please record the start and the stop time in each of the activities because this is how you're going to be able to survive an audit. It's not what you've done; it's what you've documented. In the first example of the neurobehavioral status, we have a total of 75 minutes, which, of course, does not reach the threshold of two units and therefore we have one unit. And the second one we have - as Neil has described before - several different activities ranging from studying the referral question, doing the clinical decision making, symptom management modification. Each of these are different entities; each of these warrant different times, if you will. And please note that these does not have to be occurring simultaneously or - for that matter, if you will - continuously. More importantly, this could occur over a period of different sets of minutes during the days and what you do is amalgamate all these. And in this particular example, we have one hundred twenty minutes and therefore that turns out to be two hours or, if you will, a one-unit. The same thing applies to test administration and scoring by a neuropsychologist and, for that matter, that of a technician. We want to emphasize both for the example that Neil gave you as well as the example I'm sharing with you on example number two, it is critical to please note that these are not recommended minutes. These are just examples; conceivably you could do this faster or slower than what we're proposing on these particular slides. They're not meant to be prescriptive, just descriptive. Next slide, please...

As you can see again, we are providing a HCFA form, the old 1500 form, that's been amended here to tell you how each of the codes are put out on the form. And as you could see on the left-hand side, the dates; on the middle columns on the D, the different procedures; and then on the far right, the total number of days or units. Please note: in this particular case that we've added a 59 modifier. If the professional and the technician performed the test administration and scoring on different dates of service - different dates - no modifier is necessary. If the professional and technician performs separate, distinct, and non-overlapping tests – in other words, we don't repeat the trail-making twice – and on the same day with the same patient, nine six one three six (96136) and one three eight (96138) must be billed with appropriate modifier in order to bypass the National Correct Coding Initiative or NCCI edit that is currently in place. Dependent on very specific circumstances, one of the following modifiers would be appropriate. Modifier 59, which we're using in this particular instance, is the distinct procedural service. If it's a separate encounter, you can use the modifier XE. Next slide, please...

And here, we have a slide that explains the XE when there is a different or, if you will, a separate encounter. In this particular case, where we're explaining is that this is quite different than just a different service; it's a different encounter. And next slide, please...

Neil?

Dr. Neil Pliskin: In this final example, we're looking at the assessment with test asment... test administration and scoring, performed by technician only, which we know is a common method of practice - particularly for neuropsychologists. Next slide...

So, in this clinical example, the service is provided over multiple dates and the test administration and scoring is performed by technician only. So, without going into as much detail, you have your activities on day one, day two, and day three, but in the case where the... the psychologist or the neuropsychologist is using a technician, the psychologist or neuropsychologist is always providing general supervision for the technician. All clinical decisions and clin... and battery modifications are strict... and patient symptom management are strictly the activities of the qualified healthcare professional. And so, in this mode of practice, you'll see that there are multiple instances of intra-session clinical decision-making because the supervising psychologist or neuropsychologist will be meeting with the technician multiple times - potentially - over the course of the evaluation process to understand how the testing is going, to make decisions
as to how to modify that battery – if, in fact, it needs to be modified. So again, these are the... these are sample minutes in a sample case in how you would record that and really the main difference is if you look at the bottom section, you have test administration and scoring by technician and that is face-to-face and non-face-to-face time. So, that's this example. Next slide...

And here is how this testing example would be represented on the HCFA claim form. Again, left-hand side: the specific dates of service when the CPT code listed in the middle section was provided and the units on the right side. This would be... this claim form would be submitted on the last date of service.