

Nicole Owings-Fonner: Good afternoon or good morning depending upon where you are. Welcome to today's webinar on getting reimbursed, testing code changes are here. This webinar is hosted by the APA Practice Organization. My name is Nicole Owings-Fonner, and I'm a communications project manager at APA. I will be moderating today's webinar. This webinar is being recorded, a copy will be emailed within 24 hours to all participants and those who registered but could not join the live presentation. A copy of the slides used during today's presentation can be found in the handout section. You can also find PDFs of the code definitions and all the crosswalks the presenters will be referencing today. There will be an opportunity to ask questions of the presenters towards the end of the webinar, including the questions previously submitted during registration. Please use your questions box to submit questions at any time during the presentation. Our presenters today are doctors Antonio Puente and Neil Pliskin.

Dr. Antonio Puente: Good afternoon, welcome to our webinar. And we are launching on to a new set of codes and a new way of looking at testing codes and paradigm. Nicole?

Nicole Owings-Fonner: Thanks Tony. Today, our objectives are to describe the new testing codes and definitions, to walk through how to crosswalk from the old codes to the new ones, to apply the new codes using practical examples. And then we'll have some time to let the experts answer your questions as you prepare for this transition. Before I turn things over to Dr. Puente and Dr. Pliskin, I also want to let everyone know that there will be another webinar on the testing code changes on Wednesday December fifth (5th) at 12:00 PM. That webinar will cover the new code values and payment structure as well as go into more detail about how to document your work. The presenters today will be unable to answer questions regarding the code values and payment structure as that information has not yet been released. Please stay tuned. Okay, Tony and Neil, take it away.

Dr. Neil Pliskin: Hello, this is Neil Pliskin, and it's my pleasure to introduce you to the new testing code structure, which is entirely different than the testing codes that we've all been accustomed to using for psychological and neuropsychological testing. These first few slides will lay out the basic code structures and rationale to be followed then by the actual crosswalks to the new codes. The way that our testing services are valued... our codes are valued... involves attaching a value to work that's done so called pre-service work, intra-service work, and post-service work. Pre-service work, if you're doing psychological or neuropsychological testing, would likely involve preliminary test selection, reviewing records, figuring out what the referral question is. Maybe you'll need to call the referral source and understand what the purpose of the evaluation is. Then in the intra-service work comes the actual work itself related to the administration and interpretation and decision making and treatment planning behind the actual work.

So there's pre service work that leads up to the intra-service work, which is everything that includes what I've said as well as creation of the report and note interactive feedback, which we'll be talking more about and defining in a bit. When the evaluation is complete, then there's a certain amount of post-service work that's done, that would be transcription of the report that you've integrated and created, distributing that report. If there's referrals or follow-up work to be done, that's considered post-service work. In our new code structure, we will be paid for pre-service, intra-service and post-service work. Next slide.

For each subsequent unit of time, which for us psychological and neuropsychological professional evaluation services would be an hour. In that second hour, you're no longer engaging in any pre-service or post-service work. In fact, you've been paid for that pre-service and post-service work with your first code, which is called your base code. What you're looking at now is the structure for add-on codes. If

your professional services extend beyond an hour, then in that second hour you'll be paid for your intra-service work, but you won't be paid a second time or a third time for your pre-service or post-service work. And that's the idea inherent behind this base code and add-on code structure. The federal government has really supported moving to this kind of code structure because it is more accurate from their standpoint in terms of what they're paying for. By design, the base code will have more value to it than the add-on code, which has the pre-service and the post-service work stripped away.

Dr. Antonio Puente: So in essence, the base would be used one time for an evaluation procedure, whereas it's not unreasonable for the add-on code to have multiple units attached to it.

Dr. Neil Pliskin: Next slide. So when this new testing code structure as Dr. Puente just indicated, you'll use your base code one time. And then depending on how extended your services, you'll be using, subsequently be using add-on codes. And again, the idea is you're not calling your referral source six times if you're doing six hours of work, you're not choosing the tests six times during your six-hour evaluation. The new testing code structure will be your single base code used once, and then your add-on code used multiple times depending on the length of the service that you're providing. Next slide.

So here's our old, soon to be old code structure 96118 and 96119. Go ahead please. And we want to make the point that after December 31st, 2018, these codes will be deleted and will no longer be applicable.

Dr. Antonio Puente: So there is no grace period. And by the way, thanks a lot-

Dr. Neil Pliskin: That's right, no grace period.

Dr. Antonio Puente: Thanks a lot for throwing away all that work: does that really mean that's it -- January 1, a new code set?

Dr. Neil Pliskin: January 1, new code sets, and let's take a look at it. Next slide.

So, this is the introduction to it, and we will drill down into all the details, but we first wanted to give you an overview of these 13 new CPT codes that describe developmental, behavioral screening, testing services and psychological and neuropsychological testing services. Today, we're focusing on the specific codes as it relates to psychological and neuropsychological testing services. And in this overview, it's important to note several things. One, the neural behavioral status exam and the test evaluation services, which is the first half of that page. Those units are divided into hour codes. For the base and the add-on, if you look, 96116 is for the first hour. And if you extend beyond that hour, beyond the midpoint of that hour, which we'll discuss in a moment, then you would have the add-on code, 96121, which is an additional hour of neurobehavioral status exam.

For test evaluation services, if you're doing psychological testing evaluation services, and you do it for your first hour, you're using the base code, 96130. If your test evaluation services extend beyond that first hour, then you would use the add-on code, which is 96131 in addition to the base code. Likewise, if you're doing neuro psychological testing, then the professional neuropsychological testing evaluation services by physician or other qualified healthcare professional, in the first hour, you're using the base code 96132. If you provide those evaluation services for additional hours, each additional hour is coated with the add-on code, 96133. These codes are hour codes, and that's mostly what as psychologists

we've been used to. Here's a substantial change, which will take a lot of getting used to for everybody, and that is your test administration and scoring codes.

Note that these are now half hour codes, 30-minute codes, and you would use these codes if you are administering two or more tests. Note any method, so there's no longer this division between computerized test and handheld task versus paper and pencil tests. It's any method of data gathering for the first 30 minutes as long as you're giving two or more tests, you would use the base code, which would be 96136. If you as the psychologist are doing your own testing. For each additional 30 minutes of test administration and scoring by psychologist, for each additional 30 minutes, you will be using the add-on code, 96137.

If you are a psychologist that uses psychometricians or technicians, then you would use the same. Well, I should say it's the same unit of 30 minutes, but you would use 96138 for the first 30 minutes, psychological or neuropsychological test administration and scoring by technician, again, two or more tests. And again, any method. 96139 is that add-on code for each additional 30 minutes. In a typical psychological or neuropsychological evaluation, you could have a base and an add-on code for your test evaluation services. You could have a base and multiple add-on codes for your test administration and scoring services as well. That's the overview. Now, let's get into the details. Next slide please.

We talk about hour units and half hour units. The CPT time rule says that a unit of time is attained when the midpoint is passed. That means for your 30-minute code, you have to provide a minimum of 16 minutes of service to use the 30-minute code. Say for example you do your own psychological... the psychologist does their own test administration and scoring... and they do it for 46 minutes, then you can bill the base code for 30 minutes and the add-on code for 30 minutes. If it's 44 minutes, then you're billing just the base code. If it's 45 minutes, you're billing just the base code. A minimum of 16 minutes has to be provided for the 30-minute code.

Similarly, when you're talking about a 60-minute code, which is what our professional test evaluation services codes are, you have to provide a minimum of 31 minutes to use the base code, 60 minutes. And if you provide an additional 31 minutes of service, then you can bill for the second hour as an add-on code. Those are the rules that you need to attend to and document as you utilize these new codes.

Dr. Antonio Puente: So in essence, let's make sure we understand this, Neil: to do a neuropsych evaluation, you have to have more than one test and you have to have at least 60 minutes, correct?

Dr. Neil Pliskin: Correct. If you're giving one test, and I'm not talking about a Wechsler memory scale or a Wechsler adult intelligence scale, which is comprised of many tests, but I'm talking about a single test instrument. That's not a neuropsychological evaluation, and there's a separate code that individuals can use when providing that type of service. The example here is when performing a neurobehavioral status exam, that first hour of service is billed as a 96116, which is the code number that's familiar to all of us that provide this service. But if the service isn't complete, then the neuropsychologist must perform at least an additional 31 minutes of work to bill that first unit of the add-on code, which is 96121.

So again, if you provide 60 minutes of service or 75 minutes of service, you're still billing just the base code. But if you do an additional 31 minutes so that you're at 91 minutes, then you can bill the base code and the add-on code. And such would be the case for each additional add-on code. These rules apply to all the time based codes in the new code set. But please pay attention because some of the

codes, the professional services code, the testing evaluation services codes, they're 60-minute codes. And the test administration and scoring, the data gathering codes, those are now 30-minute codes. Next slide.

Dr. Antonio Puente: Going to our next slide, we're now going to begin to get very, very specific about each of the testing services. So you want to go into the detail for us, Neil?

Dr. Neil Pliskin: Sure, next slide. If you're doing a psychological evaluation, then typically you're conducting a clinical interview as part of your psychological evaluation. And as always, you would use the psychiatric diagnostic evaluation code 90791. Note that this is not a time based code, so there's no multiple units, and there's no base and add-on structure. This service involves comprehensive diagnostic evaluation of psychological and psychosocial conditions, and is typically performed prior to the psychological evaluation and the test administration and scoring services. This code has not changed. Next slide.

This is a busy slide, but it'll make sense over time. If you look at the top row, the gray boxes, you have 90791, which we've just talked about, the psychiatric diagnostic evaluation. And for 2019, there's no change in that. So if you're doing a psychological evaluation, you're used to using this code, continue using it. Where things change is the old code, soon to be old code as of December 31st, 96101, psychological testing per hour. That now converts to 96136, the base code and 96137, the add-on code. If you look at the gray square 96101 and you look down, follow the arrows down, those are the codes that you will use if you're a psychologist who does your own psychological testing, which is quite a few of us that do that.

In your first hour, sorry, in your first 30 minutes, you're using 96136. And then for each additional 30-minutes unit, you're using the add-on 96137. If you scan all the way over to the right, look at the gray box on the right hand side, 96102. That's psychological testing per hour by technician. That code will be deleted and will be replaced by 96138, your base code for a psychological or neuropsychological testing by technician for the first 30 minutes and 96139, the add-on code for each additional 30 minutes. In both cases, whether you're doing your own testing or you're having a technician do your test administration for you, look at the blue squares that fall in between 96101 and 96102. If you look down, those are your professional evaluation services.

The thing to note here is that there's now a very clear delineation between the professional evaluation services and the test administration services. We recognize of course, psychologists both do their own testing and use technicians. There has to be a code structure that accommodates both of those. But the professional services that you're providing as the licensed qualified healthcare provider will be billed under the code structure 96130, psychological testing evaluation services, the base code for the first hour, and 96131. The add-on code for each additional hour. Different codes for test administration by psychologist versus test administration by technician, but only one set of codes for the professional services that goes into integrating that information, creating the report, integrating the data, considering information obtained from behavioral observations and collateral sources and putting all of that together into your product, your work product. That's exclusively under the domain for psychological evaluation of 96130 and 96131. So let's dig into-

Dr. Antonio Puente: Let's-

Dr. Neil Pliskin: Go ahead, Tony.

Dr. Anotnion Puente: Let me go into the details, Neil; let's make sure folks understand what a QHP is and what a technician is. A QHP is essentially a person who has signed the contract with the insurance company. It is only the licensed and independently licensed person, but also the individuals responsible for doing the evaluation. Anybody else for all practical purposes is a technician.

Dr. Neil Pliskin: Very good. Next slide please. These are the actual code descriptors for the codes that we've been talking about. This is the code, the base code, and the add-on code for psychological testing evaluation services. I keep referring to it as professional services because that's exactly what they are. Psychological testing evaluation services by physician or other qualified healthcare professional, which is the standard language for the CPT code books since these codes are not the exclusive domain of any one discipline. Anybody... any discipline that's allowed by their state scope of practice law to provide these services can use these codes.

Psychological testing evaluation services, I've alluded to this, I'll say it explicitly, integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, which you'll be hearing a lot more about in the weeks and months to come. Treatment planning and report, and note interactive feedback to the patient, family member or caregiver when performed in the first hour. And then 96131, the same professional services if they extend at least an additional 31 minutes, then you would use the add-on code 96131.

Dr. Antonio Puente: These are the thinking codes.

Dr. Neil Pliskin: These are the thinking codes. This clearly distinguishes our professional work from the test administration and scoring. Next slide please.

If you're a psychologist that does your own test administration and scoring, and we understand that a significant portion of our discipline does do their own test administration and scoring. Then you'll be using this code if you're doing your own test administration and scoring for a psychological evaluation, first 30 minutes based code 96136. Each additional 30 minutes of test administration, 96137, the add-on code. Next.

And these are the crosswalks that have been prepared by the APA Practice Organization, which is another way to look at this. If you're a psychologist who does your own testing and you're used to using code 96101 in the left hand side of the crosswalk. On the right hand side of the crosswalk, your professional services will now be bifurcated into your professional services and your test administration and scoring. And one more time, for your professional services in your first hour, you're going to use the base code, 96130. Each additional hour, 96131, which is your add-on code. If you're administering your own testing, then you are using code 96136 for the first half hour of the base code, and each additional 30 minutes, you're capturing with 96137, the add-on code. That's the crosswalk.

Dr. Antonio Puente: Please consider 30 and 31 as your thinking or your cognitive codes, and think of 36 and 37 as essentially your technical codes.

Dr. Neil Pliskin: Next slide. If you're a psychologist who uses a technician, these are the new codes that you'll be using to replace the old code 96102, soon to be old code. First half hour, 96138. Psychological

or neuropsychological test administration and scoring by a technician, two or more tests. Any method, first 30 minutes. If it extends beyond 30 minutes, you're using the add-on code 96139 for each additional 30 minutes.

Dr. Antonio Puente: Before we go on, a major, major, major difference is that in the old codes, technician scoring was not capturable as a billing activity. Now, it is.

Dr. Neil Pliskin: Next slide, and here is that crosswalk. 96101 becomes split into your thinking code, your professional services code 96130 and add-on 96131. And your test administration and scoring if you use a technician, you will be using 96138 and 96139, base plus add-on. Next slide. Here is several examples. In this scenario, we'll say it's a pediatric ADHD assessment. You're doing one diagnostic interview, three hours of the psychologists doing their own testing and three hours of professional services for the integration and everything else that the professional services entails. When you're preparing your billing summary, here's how it's going to look. Your diagnostic interview for your psychological evaluation will be conducted using 90791, psychiatric diagnostic evaluation as it always has been. For your test administration data gathering and scoring by psychologist in the first 30 minutes you're using the base code, one unit. That's it.

But since you're doing three hours of testing, the additional two and a half hours is broken into 30-minute add-on units. In this scenario, each additional 30 minutes will lead to a total of five add-on units or 96137. Your testing will involve one unit of your base code and five units of your add-on code. Now comes your professional services, and we've already said in this example you're providing three hours of professional services. Hour one is your base code, one unit. Hours two and three so that you're not paid more than one time for pre-service and post-service work, hours two and three are add-on codes only, and you would have two units of add-on.

In this scenario, you're submitting a billing summary that has one unit of interview, one unit, a base code for test administration, and five add-on units for test administration, data gathering, scoring by psychologist. And you're using one unit of 96130, your psychological testing evaluation services, and you're adding on two additional units for your three hours total of the add-on code, 96131.

Dr. Antonio Puente: So Neil, is it possible to have more units than one for a base code?

Dr. Neil Pliskin: No, you're only billing your base code one time because the base code is the code that contains your payment for your pre-service and post-service service work. You would not be paid more than once for pre-service and post-service work, so you would only have one unit of base code. Next slide.

Here's a second example. This is an adult pain assessment. In this scenario, it's one unit for diagnostic interview. The psychologist is doing three hours' worth of testing and three hours of professional services. The diagnostic interview is again billed as a 90791. Psychologist is doing their own testing. For the first unit, first 30 minutes, 96136. Each additional 30 minutes, 96137. In this example, it would be again, five units, one unit of base, five units of add-on for your test administration and scoring by psychologist. And like in the last example, then comes your professional services, your psychological testing evaluation services, your base code for your first hour, one unit, 96130, hours two and three, your add-on codes, two units of your add-on code 96131.

Dr. Antonio Puente: That's important, folks. These are just examples; we're not telling you that you should only use three units of testing, for example, or whatever. We're still working on that; this is not payment policy. There are just illustrations of how you can use psychological testing codes. And now Neil, let's go on and dig deep with the neuropsychological testing services.

Dr. Neil Pliskin: Okay. If you're conducting a neuropsychological evaluation, you're more likely to be using the neurobehavioral status exam for your clinical interview and your neurobehavioral status exam. That would be the 96111 code that we've all been accustomed to using, clinical assessment of thinking, reasoning, and judgment, acquired knowledge, attention, language, memory, planning, problem solving, visual spatial abilities by physician or other qualified healthcare professional, both face to face time with the patient and time interpreting test results and preparing the report. First hour, 96116. If this takes more than one, go back please for a moment. If this service takes more than an hour, and by more than an hour, if it extends into 31 minutes, then you can bill the add-on code for neurobehavioral status exam for the additional hour or hours, 96121. Next slide.

Okay, here's the crosswalk. 96116 crosswalks again to 96116. But if it extends beyond that hour, 31 minutes beyond the hour or each additional hour, then you would use the add-on code 96121. Next. Here's the same complicated looking slide, but actually once you get accustomed to the code structure, it will make sense. Let's look at the left hand side. 96116 is your current existing code for 2018; 96116 will still be present for your neurobehavioral status exam in 2019, but with extended service provided beyond that additional hour, you won't be billing multiple units of 96116 anymore. You'll be billing one unit in 96116, and then the new add-on unit of 96121.

Now, if you look at the top line again, the middle square at the top, the gray square 96118, which is our soon to be deleted code is now been divided into the test administration and data gathering, and the professional services. So similar to the last figure that you looked at that was like this. If you're a psychologist that does your own testing, then you will if you look at the gray square 96116, and you look down, you see 96136 for the first half hour of test administration and scoring services. And then each additional 30 minutes, which means 16 minutes or greater, you would use the add-on code 96137.

If you scan your eyes all the way over to the right, the right hand column, 96119, the current code that we use will be deleted. And in its place will be 96138, psychological or neuropsychological test administration and gathering by technician or 96139 for the additional time spent beyond the first 30 minutes. The changes are the test administration and data gathering, whether it's done by psychologists or technician is now in 30-minute units. And whether the data are gathered by psychologist, neuropsychologist, or technician, you're using one set of codes for your professional services, what Dr. Puente calls your thinking codes. 96132 in the middle there between, look at the column that's between 96118 and 96119. It's in blue, those blue squares as you look down.

You're going to be using these codes for your professional services. 96132, neuropsychological testing evaluation services in the first hour. And if it extends at least 31 minutes past the hour, then you're billing each additional hour using the add-on code 96133. That's the code structure that you'll be using in 2019 to capture your neuropsychological services. Next. Now, let's get into the weeds. These are the actual codes for your testing evaluation services if you're providing a neuropsychological evaluation. 96132, neuropsychological testing evaluation services by physician or other qualified healthcare professional against standard language that's used by the CPT code book, including integration of patient data, interpretation of standardized test results, and clinical data, clinical decision making,

treatment planning and report, and interactive feedback to the patient, family, member or caregiver when performed in the first hour.

These are the services that are uniquely the professional services provided only by the qualified health care professional. That's your base code 96132. If you're providing an additional hour or additional hours of service as defined by at least 31 minutes, then you're now using your add-on code 96133. So your base code 96132, your add-on code 96133. Next slide.

Interactive feedback. Over the years, we've heard some, well, should I use my psychotherapy code for feedback? Should I use a health and behavior code? Should I use my testing codes? What do I do for feedback? This problem is now resolved. Interactive feedback is used to convey the implications of psychological or neuropsychological test findings and diagnostic formulation. Based on patient's specific cognitive and emotional strengths and weaknesses, interactive feedback may include promoting adherence to medical and/or psychological treatment plans, educating and engaging the patient about his or her condition to maximize patient collaboration in their care, addressing safety issues, facilitating psychological coping, coordinating care, and engaging the patient in planning given the expected course of illness or condition when performed. This definition should ring true to all of us who provide feedback services. You will be using your professional services code for interactive feedback services. And we have it listed here as 96133. The add-on code is what you will use for your interactive feedback services.

Next slide. This is a busy table, but one that will be present in the code book and one that your coders will certainly be referring to. And it breaks out what are cognitive services and who does them versus what our test administration and scoring services, when are they included or not included? And then the third category is interpretation and report or automated result. For testing evaluation services, you can see that the evaluation and the interactive feedback fall under this code for testing evaluation services. And interpretation and report fall under these services as well. Test administration and scoring, not included in this code. So again, there's that clear differentiation between what are the uniquely professional services versus what are test administration and scoring services, which may be provided by the qualified health care professional or by the technician. Next slide.

What's that? Test Administration and scoring by qualified healthcare professional, 96136 for your first 30 minutes, 96137 for each additional 30 minutes. Next.

Here's the crosswalk. Currently, if you're using 96118, you won't be using that anymore after December 31st. If you're a psychologist or neuropsychologist who does their own testing, you'll be using this set of codes, 96132 and 133 for your neuropsychological professional evaluation services, base code plus add-on. And 96136 and 96137 base and add-on for your test administration and scoring time. Next.

If you're a neuropsychologist who utilizes a technician for your data gathering, you'll be using these codes. 96138 and 96139, base code, 30 minutes, add-on code, each additional 30 minutes. Next. And here's the crosswalk for that. 96119, the current code is going away. For your professional services, you're back to 96132 and 96133, your base and your add-on, first hour, each additional hour. And if you use a technician, you're now using 96138 for your first 30 minutes, base code, 96139. Each additional 30 minutes is defined by at least 16 minutes. Next slide. And here's a typical example. We'll call this differential diagnosis of memory loss, early Alzheimer's disease.

In this example, we'll say two hours of neurobehavioral status exam, four hour of psychological testing, psychologist doing their own testing, and two hours of professional services. Here's how it breaks out. For your two hours of neurobehavioral status exam, your first hour, you're using your base code. Your second hour, you're using your add-on code. So that's one unit of 96116, one unit of 96121. For your test administration and data gathering and scoring, if you're the psychologist in this example doing four hours of psychological testing, your first 30 minutes is covered by your base code. The last three and a half hours, each 30 minute unit, so that would be seven units is build using the add-on code. So one unit of base: 96136, seven units of add-on: 96137. And then there's your professional services. In this case example, we're saying two hours of professional services to do everything that you need to do. For this example, in hour one, you're using your base code 96132. In hour two, you're using your add-on code, one unit 96133. Next slide.

And since we're running a little short on time, I'll just leave this for you to examine. It's the same type of scenario except in this example the data gathering is done by technician. Next slide.

And this would be the table that would be present in the code book that your coders and others will be relying upon. And in test administration and scoring 96136 and 137. That's with a physician or qualified healthcare professional 96138, 96139. Your test administration and scoring is by technician. And note that neither cognitive services nor interpretation and report are included in these test administration and scoring codes. Next slide.

Finally, there's a separate code for single psychological or neuropsychological automated testing and result. Next.

Currently, we have 96103 and 96120 testing by computer. And in the new code set, remember it's any method, so there's no longer a division between a test code if you're using a computer and a test code if you're not. The issue is, are you giving a single automated test with automated result? If you are, you're going to be using this new code, 96146. Next slide.

96146, psychological and neuropsychological test administration with single automated instrument via electronic platform with automated results only. Next.

And this is the crosswalk: you'll be using 96146 if you give a single psychological or neuropsychological test administration that's automated via electronic platform with automated results only. In other words, there's no additional psychological or neuropsychological professional evaluation services associated with this code. Next.

And an example might be a 70-year-old female who presents with a history of failing memory. Her physician arranges for the administration of a single automated cognitive test handed to her by the clinical staff. You would bill a unit, 96146. Next.

And this just clarifies that there is no cognitive services and no test administration and scoring services provided by physician, qualified health care professional or technicians to use this code. Next slide.
Tony?

Dr. Antonio Puente: Yes, Neil. I think at this particular juncture, there are several things we want to address, and that is essentially we have more coming in the very near future. We look forward to

providing more information regarding how these services are going to be actually realized, and specific issues regarding or recommendations regarding documentation and billing. How about if we go ahead and take some questions and answers so we don't have that much time left?

Dr. Neil Pliskin: Sounds good.

Dr. Antonio Puente: Nicole?

Nicole Owings-Fonner: Thank you to those who submitted questions prior to the webinar and those who have submitted them throughout the webinar. At this point, we've received over 400 questions. So we're going to cover as many as we can that haven't been addressed. And then following this webinar, we will be putting together new methods to reach you, and I'll talk about those a little at the end, but I want to make sure that Tony and Neil gets to talk. One of the questions that's come up quite a bit is, how do folks code for testing done by non-licensed trainings under supervision of a licensed psychologist, whether those be postdoc, intern, externs: how is that handled?

Dr. Neil Pliskin: Go ahead, Tony.

Dr. Antonio Puente: Generally speaking, this is ... Yes, I apologize, the computer was muting me automatically. Essentially, we have two kinds of individuals. The individuals who is a qualified health professional or especially has the contract with the carrier, and everyone else. Essentially, it's really simple, it's a binary system of the professional does the thinking, the technician does the technical work. And now having said that, we have a bit of a twist on it depending on whether you're dealing with Medicare. If you are seeing a Medicare patient according to the rules, you're receiving general medical education, credit as a consequence. A student cannot perform an activity and bill for those services. Essentially, this is applicable only to Medicare, but it's not necessarily the case with other carriers. And we encourage you to look at the specific LCD on that particular carrier's website for further information and guidance. Neil, you want to add any more to that?

Dr. Neil Pliskin: No, I think you've covered it.

Nicole Owings-Fonner: Hi Tony, I just wanted to let you know we're experiencing some feedback from yours. If you're not speaking, can you mute it and unmute it once you want to talk. Sorry about that. We're getting a lot of comments here. The next question is, do you recommend billing all on one day or splitting the codes on separate days? How do we handle testing that takes place over the course of several different days?

Dr. Neil Pliskin: Well, I think it's important to say that these are complicated payment policy issues that haven't been fully settled yet. I think that what we've heard is that, we know that there are some institutions, for example, that require a bill to be dropped on the day of service, and others don't have that requirement. I think in general what we would recommend is that you drop the bill on the last day that you're providing the service that covers all the services that you're providing. But we realize that that might not be possible based on the rules that some folks are being asked to follow. And I think that that's going to be a topic that we're going to have to continue to address over time as the payment policy issues get better clarified. You want to add anything to that, Tony?

Dr. Antonio Puente: I think you got it; thanks, Neil.

Nicole Owings-Fonner: Our next question: 96136 specifically states two or more tests. If you only perform one test, how do you bill?

Dr. Neil Pliskin: Well, if you're performing one test, then that wouldn't be a neuropsychological evaluation. That would be my answer to that. And if it's a single automated test, then you would use the 96146. If it's a brief behavioral screening, then there are other codes that you can use for that. But you wouldn't consider it a neuropsychological evaluation if you gave a single test. That would be my answer. What do you think, Tony?

Dr. Antonio Puente: Totally agree. A neuropsych eval requires more than one test.

Nicole Owings-Fonner: Okay. We have had lots of questions on are there implied maximum hours that can be billed in the new system? And how will that be determined?

Dr. Antonio Puente: Today's seminar is basically about the codes themselves, it does not involve payment policy. Rest assured, we're working hard to make sure that insurance companies understand the system, and we're trying to figure out how best to crosswalk the practice activities of psychologists and neuropsychologists nationwide into the system.

Nicole Owings-Fonner: Do you guys have any insight on how insurance companies might handle patients who are authorized under the old testing codes but will now need new authorization or will be using the new ones in 2019?

Dr. Antonio Puente: Not necessarily, but we do encourage people to do several practical things. If you get authorization for these codes, try and finish the evaluation this year. If not, make sure that you have a clear understanding of next year. Also, do your best to get all your bills in this year and send only a few at the beginning of next year to make sure that the system is working for you.

Nicole Owings-Fonner: Can you have a mix of technical and professional scoring on the same testing case?

Dr. Neil Pliskin: I think you pick the codes that best fit the services that you're providing. And if you're the psychologist who does some of your own testing and scoring and you use the technician, then you document that. But yes, that's what the codes are there for.

Nicole Owings-Fonner: Thanks, Neil, what happens to the use of the base code if you split up testing into more than one session?

Dr. Neil Pliskin: Sure. That's a good question. And the answer is you're only billing the base code once. If you think about what are some of the activities contained in the base code, it's that pre-service work, test selection, clarifying the referral question, possibly speaking to the referral source. If the evaluation continues over another day, you're not starting the base code over because you're not providing those pre-service activities and additional time. You would just resume with the add-on codes to cover your time that you're engaged in with the patients on that second day.

Nicole Owings-Fonner: Thank you. Do we know how far along other insurers other than Medicare are in their testing code review process? Will this affect all insurance carriers or just Medicare?

Dr. Antonio Puente: All carriers. And we're working very hard to make sure that not only Medicare carriers but other carriers understand this as well. Stay tuned.

Nicole Owings-Fonner: Thank you both for your answers, and thank you all for all of the questions you have offered. At this point, we're going to go ahead and wrap up. But please, please know that we're going to resolve your questions in some format or another. If you're looking for additional resources on codes, you can turn to the APA Practice Organization website. You can also turn to the psychology coding, CBT and psychological services billing website. There have also been numerous articles that APA has put out, and here's some links if you'd like to go through them. But more importantly, here are some upcoming resources. We're going to continue to update the reimbursement section of practice central to include information on the RVUs and payment structure, case examples, recommendations, how to document.

And we will continue to publish related articles in our twice monthly newsletter practice update. Additionally, there's another webinar on December 5th at 12:00 PM where Dr. Puente and Dr. Pliskin will discuss the new code values and payment structures as well as how to document your work. That registration opens on November 1st. Additionally, we will be holding more webinars in December and January where you'll have a chance to simply ask questions and have those answered by Dr. Puente and Dr. Pliskin. We know that we were not able to address everything today, but we will get to your answers.

If you're having problems with billing, with your private or government insurance, please reach out to the APA Practice Organization. Those contact information are on the slides on your screen. And if you love or like our webinars, you should check out progress notes. It's a monthly podcast produced by the APA Practice Organization with practicing psychologists in mind. Finally, thank you for attending today's webinar and thank you to the presenters for presenting what is a highly complicated topic and also a very important one. A link to today's recorded webinar will be emailed to all registrants within 48 hours. In addition, the slides and the recording will be available on our website. We'd really like your feedback on this webinar. With each recording email, there's a link to a survey. We would appreciate it if you would take the time to fill it out. It will help us to improve our future webinars. Thanks again.