

## Practitioner's Corner Update with Neil H. Pliskin, Ph.D., ABPP/cn

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### *CPT Codes for 2006: An Update*

By now, everyone knows and is using our new Neuropsychological CPT Codes (96118-96120). On the positive side, neuropsychologists are seeing better reimbursement for the new professional code (96118), which has a work value attached to it for the first time. The help of the American Psychological Association Practice Directorate (PD) that primarily involved making sure that the new codes were properly loaded into various carriers computer systems. The codes are now accepted and used nationally with one exception as detailed below.

### *The WPS Problem*

All Medicare carriers with the exception of one (Wisconsin Physician Services [WPS]; servicing Minnesota, Illinois, Wisconsin, and Michigan) have recognized, and are reimbursing these new codes. The problem with WPS has been complex, as they have awaited for additional instructions from the Centers for Medicare and Medicaid Services (CMS) prior to recognizing the code for technician (96119) and computer (96120). A delegation from the Practice Directorate as well as representatives from Division 40 and the National Academy of Neuropsychology met on April 24 with members of CMS in Baltimore in an attempt to resolve this situation. As of this writing (August 10, 2006), WPS remains the only Medicare carrier in the country not reimbursing for the new technician and computer code, creating significant hardship for psychologists and neuropsychologists in the Midwest.

### *Ongoing Issue and its National Relevance*

Wisconsin Physician Services (WPS) issued a Local Coverage Determination (LCD) in their July "Communiqué" newsletter that stated that both face to face time and the report and interpretation are included in the 96119 code and per WPS Medicare can't be split out. Therefore, they are holding to the belief that if you are using a technician to perform the services you can't bill for the physician report & interpretation either. In this conceptualization, this would all be patient responsibility. Other Medicare carriers may soon adopt this perspective as well and then this will become a larger national issue.

### *Hope on the Horizon?*

The Center for Medicare and Medicaid Services (CMS) central office is about to issue a national directive to all its contracted carriers, called a Change Request (CR), which is intended to specifically address the tech codes, what they mean, and how they are intended to be billed. That CR is scheduled to be published on the CMS website shortly. In all of APA's communications with CMS, it has been understood that using a technician does not involve the professional component, namely integration of all the test information with history and behavioral observations to arrive at an interpretation and conclusion/report. In fact, little to no interpretation takes place at the level of the individual test without consideration of other information (i.e., consider for example that a dementia evaluation is more than just giving a CVLT and looking at the score), and that higher-level integration is uniquely the domain of the professional code. CMS has never disputed this perception, and in fact pushed for the code split to begin with. Thus, it would be absurd to believe that CMS would now reverse course and support the idea that you can't use the professional code and technical code together.

Having said this, WPS is not under any obligation to adopt the CMS national directive, and if they choose to establish a policy to not pay both codes together, then they will be at odds with CMS national policy and a new intervention will be necessary. I will continue to represent the Division 40 membership as part of the *Testing Code Advisory Group*, which includes members of the APA Practice Organization (Newman, Phelps, Pedulla, Moore), Division 40 (Pliskin), NAN Professional Affairs Committee (Puente, Peck, Elliot) and Society of Personality Assessment (Smith).

*Educational Outreach*

For your information, the Practice Directorate has put together a “tool kit” available on its practice portal website ([www.APAPractice.org](http://www.APAPractice.org)) that contains a series of extremely useful documents in familiarizing members with how to utilize these new codes as well as scenarios and form letters for those experiencing reimbursement difficulties.

An *instructional video* on how to use the new codes has also been made with the assistance of Antonio Puento, Ph.D. and the National Rehabilitation Hospital, and with the support of APA Division 40 and the National Academy of Neuropsychology, and has been placed on the Division 40 website. It is entitled "Coding, Billing and Documenting Professional Psychological Services: With Special Emphasis on the 2006 Testing Codes", and, along with the introduction by President Rus Bauer, can be found at: [http://div40.org/Committee\\_Activities\\_Pages/Advisory\\_Committee/Practice/CPT\\_Update\\_Course.html](http://div40.org/Committee_Activities_Pages/Advisory_Committee/Practice/CPT_Update_Course.html)

*For more practitioner-related information relevant to Division 40 members, please visit our webpage at:* [http://www.div40.org/Committee\\_Activities\\_Pages/Advisory\\_Committee/prac\\_corner.htm](http://www.div40.org/Committee_Activities_Pages/Advisory_Committee/prac_corner.htm)

*Also visit the APA Practice Organization webpage at:* <http://www.apapractice.org>