2019 brings overhaul of testing codes and payment changes

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A new coding structure for central nervous system (CNS) assessments, likely delays in insurance payment for these services and confusion about the Merit-based Incentive Payment System (MIPS) may create stress for psychologists in 2019.

Revamping of testing codes

In January, 12 new Current Procedural Terminology (CPT) codes are being added to the CNS section in the manual developed by the American Medical Association (AMA) that controls billing and third-party payments for the American health care system. Ten of the new codes are in the psychological and neuropsychological testing section.

"This is a paradigm shift as big as any that we have seen in the history of testing codes," Antonio Puente, Ph.D., past APA president, told *The National Psychologist*.

In an APA-sponsored webinar, Neil Pliskin, Ph.D., neuropsychologist and one of the main composers of the new structure, likened the series of changes "to a new sheet of music this concerto will be playing."

The overhauled system with additions and deletions of codes and changes in time units teases out, to an exacting degree of specificity, every aspect of work involved in the clinical assessment process. In one of the APA-sponsored webinars about the changes, Puente said there was a "double dip" perception by the AMA when work was done by the psychologist and the technician on the same date of service that factored in to the overhaul of the code structure.

The codes with the highest work values and therefore greatest reimbursement are associated with the first hour of test evaluation services (CPT 96130 for psychological testing and 96132 for neuropsychological testing) representing "thinking or cognitive work," i.e., clinical decision-making.

According to Puente, "Clinical decision-making is the foundation for psychologists' reimbursement."

Examples of cognitive work in an evaluation include choosing the tests, monitoring the patient and changing tests given based on the patient's behavior, integration of data, interpretation, treatment planning, preparing the report and giving feedback to the patient.

These codes also have higher work values because they capture time spent before the patient is seen, e.g., planning for the evaluation, reviewing medical history and corresponding with the referral source, as well as post-service work. For time spent beyond one hour, add-on test evaluation codes in hourly units are also available (CPT 96131 and 96133).

The actual test administration codes used by the psychologist or other qualified health professional (CPT 96136) or technician (CPT 96138) are billed in 30 minute units and have lower work values.

The coding for the neurobehavioral status exam (96116) and psychiatric diagnostic interview (90791) is not changed.

In the prior system the assessment of memory loss that took, for example, seven hours may have been billed with only two codes. In the new system a similar

evaluation performed by a psychologist or other qualified health professional may include five codes.

The codes are (CPT 96116) for the neurobehavioral status exam; (CPT 96136) for the first 30 minutes of test administration; (CPT 96137) for each of the remaining 30 minute intervals of test administration; (CPT 96132) for the first hour of test evaluation and a fifth code (CPT 96133) for each of the remaining two hours of test evaluation. When a technician administers the test instruments, two additional codes (CPT 96138 and 96139) may be used, depending upon the time.

Detailed documentation

Both Pliskin and Puente emphasized the need for careful, transparent and comprehensive tracking and documenting of time spent in all elements of the assessment process in order to be paid appropriately and pass reviews by insurers.

In a recent phone interview, Thomas Swales, Ph.D., Cleveland neuropsychologist and past president of the Ohio Psychological Association, said that having a time counter nearby when doing an evaluation may be helpful. According to Swales, if psychologists document time spent to the minute, it is likely their rate of reimbursement will increase significantly.

Pliskin suggested keeping documentation of test evaluation services, test administration and scoring be included in a table in the report with a list of all dates, start and stop times and total times be kept in a separate log in the clinical chart. However laborious, this needs to be done as a standard part of the service, he said.

"In keeping with our modernizing of the testing code sets and keeping up with the changes in testing as well as the CPT system, the upcoming changes may be difficult for some of our colleagues. However, we are certain that once psychologists become familiar with the new system they will appreciate the coding system as well as the increase in reimbursement," said Puente.

Payment delays likely

In a recent phone interview, William Perry, Ph.D., executive director and past president of the National Academy of Neuropsychology (NAN), said he was concerned about the interpretation the insurance companies will have regarding the new coding structure. He said NAN has hired a consultant to help identify potential hot spots that may confuse third-party payers.

Puente said, "We recommend that psychologists prepare for a worst case scenario of payment delays in the event insurers have trouble getting their processes in place. APA has offered resources and training to insurers about the new codes, so we are hopeful delays will be the exception and not the rule. Keep in mind that most states have some form of prompt payment laws, which require insurers to process claims within a certain timeframe. Psychologists who experience payment or processing delays should alert their state psychological association and APA."

Inclusion in MIPS

Effective Jan. 1, psychologists are eligible to report in MIPS that provides financial incentives and penalties designed to inch payment in health care away from volume and toward population health.

At first glance the requirements for participating in MIPS look complicated and daunting. In a Nov. 26 APA Information Alert many psychologists

were relieved to learn they are exempt in 2019 due to a low-volume threshold (LVT) in 2018.

Exemptions include treating 200 or fewer Medicare patients, billing for $90,000 or less or providing 200 or fewer covered services. Only those who exceed all three criteria under the LVT are required to report under MIPS.

Psychologists who first enrolled in Medicare in 2018 are also automatically exempt from MIPS reporting in 2019.

Psychologists who meet some but not all the criteria under the LVT can choose to "opt-in" to MIPS reporting. MIPS' reporting requirements will most likely impact psychologists who are part of group practices (i.e., two or more providers billing under the same tax identification number).

For those required to report or who opt in, payment adjustments will occur in 2021, ranging from a bonus of 7 percent to a penalty of minus 7 percent.

MIPS has four categories. Psychologists and the other non-physicians newly added to MIPS will only be responsible for reporting quality measures and advancing care initiatives in 2019.

Psychologists reporting as individuals may report quality measures through claims along with other methods such as a MIPS registry, a qualified clinical data registry (e.g., APA's Mental and Behavioral Health Registry), through electronic health records and the CMS web interface. According to APA, group reporting cannot be done through the claims method of reporting.

Lisa Lind, Ph.D., Chief of Quality Assurance for Deer Oaks Behavioral Health in San Antonio, Texas, said the biggest challenge with implementing MIPS across a large company is managing the nuances of MIPS' implications across multiple service lines and settings. Some of the quality measures can be used only in certain settings.

At press time, the CMS.gov website provided no finalized details about measures or care initiatives for 2019. Details are expected by mid-January.

"There is a lot of change going on simultaneously for psychologists, particularly for those of us who are involved with implementing a process for documentation of the MIPS measures and new testing codes," Lind said.

"It is a great time to consult with your colleagues, utilize resources that have been offered through the APA Practice Organization and consider consulting with individuals and/or companies who offer MIPS registries and reporting resources," she added.

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