Billing Through Insurance Companies for ImPACT

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Overview

• Terminology and descriptions
• Review of CPT codes for billing
• Review typical diagnosis codes
• Documentation
• Review common testing and billing scenarios for ImPACT
• Q&A
Terminology

- **CMS** = Centers for Medicare & Medicaid Services
- **CPT** = Current Procedural Terminology codes
- **ICD-9/10** = International Statistical Classification of Diseases and Related Health Problems
- **RVU** = Relative Value Units
- **Face to Face** = Time spent with the patient
- **Facility/Non-facility** = Hospital or skilled nursing home vs all others
CMS - Centers for Medicare & Medicaid Services

• Design, pass and oversee diagnoses and billing regulations for Medicare and Medicaid.
  – Most insurance companies follow CMS but regional variations do occur.
CPT – Current Procedural Terminology Codes

• Developed, copy protected and published by the American Medical Association (AMA)
  – But mandated by CMS and HIPPA
  – To order 1.800.621.8335

• Used to report the procedures and services being submitted for payment

• Over 7,500 CPT codes
  – 40-60 for psychologists
ICD-9/10 (International Statistical Classification of Diseases)

- The coding of diseases, symptoms and problems by The World Health Organization
  - ICD 10 Has ≈155,000 codes
    • ICD-9 had 17,000
- ICD-9 Grouped by systems
  - Codes 290-319 are mental health/psychiatric dx
  - Codes 320-358 are neurological disorders
  - Codes 800-999 are a mix of other dx
    • 850-854 intracranial injury including concussion (850).
RVU – Relative Value Unit

- A common scale used to determine the value of the procedure
  - Each CPT code has a RVU
- Part of the equation used in determining reimbursement fee
- Based upon (in order of complexity):
  - Type of Provider: Surgeon, Physician, Psychologist, mid-level provider and technician (52%)
  - Difficulty of the healthcare provider’s work including time, complexity, mental effort, judgment and stress.
  - Expenses of healthcare provider for that procedure (44%)
    - Regional variations
  - Malpractice insurance for that procedure (4%)
    - Direct and indirect costs
## CMS RVU Values

<table>
<thead>
<tr>
<th>Code</th>
<th>RVU Hospital</th>
<th>RVU Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>96116</td>
<td>2.51</td>
<td>2.65</td>
</tr>
<tr>
<td>96118</td>
<td>2.45</td>
<td>3.0</td>
</tr>
<tr>
<td>96119</td>
<td>0.86</td>
<td>2.06</td>
</tr>
<tr>
<td>96120</td>
<td>0.70</td>
<td>1.27</td>
</tr>
</tbody>
</table>
96116 – Neurobehavioral status exam: Clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual-spatial abilities) per hour of psychologist’s or physician's time, both face-to-face with the patient and interpreting test results and preparing the report.
“A neurobehavioral status exam is completed prior to the administration of neuropsychological testing. The status exam involves clinical assessment of the patient, collateral interviews (as appropriate and review of prior records). The interview would involve clinical assessment of several domains including but not limited to; thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities. The clinical assessment would determine the types of tests and how those tests should be administered.”
CPT Codes - Tips

• 96116 is pseudo-equivalent to 90801 but should be used under different circumstances
• 96116 is time based – meaning you bill the time spent
  – 90801 is not time based
  – Is estimated to last 75-90 mins and requires intensive record review and full mental status exam
• Use 96116 when interviewing collaterals (parents, ATC, other healthcare professionals), reviewing records, etc.
CPT Codes - Tips

• 96116 is designed to be used with neurological or non-mental health ICD codes while 90801 is to be used with the mental health codes.
  – ICD-9 320-359 or 850’s
CPT Codes

- **96118**: Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scale and Wisconsin Card Sorting Test), per hour of the psychologist’s or physician's time, both-face-to-face time with the patient and time interpreting test results and preparing the report.

- “96118 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously completed and reported technician - and computer-administered tests..”
Explanation of 96118

(AMA CPT Assistant, November, 2006)

- Code 96118 is reported for the neuropsychological test administration by the physician or psychologist with subsequent interpretation and report by the physician, or psychologist. It is also reported for the integration of information obtained from other sources which is then incorporated in the more comprehensive interpretation of the meaning the tests results in the context of all testing and assessments. The administration of the tests is completed for the purposes of a physical health diagnosis.”
CPT Billing Tip

• Use 96118 to bill for all feedback, communicating or team conference time.

• Can bill all of the time on the last date of service.
  – This is how you can bill for all of your time, even the 10 minute increments spent on the phone.
CPT Codes

• **96119**: Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scale and Wisconsin Card Sorting Test), with qualified health care professional interpreting and report, administered by technician, per hour of the technician time, face-to-face.
Explanation of 96119

(AMA CPT Assistant, November, 2006)

• The qualified health professional has previously gathered information from the patient about the nature of the complaint and the history of the presenting problems. Based on the clinical history, a final selection of tests to be administered is made. The procedures are explained to the patient, and the patient is introduced to the technicians, which administers the tests. During testing, the qualified health professional frequently checks with the technician to monitor the patient’s performance and make any necessary modifications to the test battery or assessment plan. When all tests have been administered, the qualified health professional meets with the patient again to answer any questions.”
96119

• Requires “general” supervision. Psychologist or physician must be available to the technician.
  – Exceptions are physician assistants, nurse practitioners and clinical nurse specialists who do not need supervision to bill for the service.

• Is for face-to-face testing time only.
  – Can bill for scoring time if done while patient is in the same room doing something else.
CPT Codes

• **96120** - Neuropsychological testing
  – (e.g., WCST) administered by a computer (unsupervised) with qualified health care professional interpretation and the report
Explanation of 96120

(AMA CPT Assistant, November, 2006)

• “Code 96120 is reported for the computer-administrated neuropsychological testing, with subsequent interpretation and report of the specific tests by the physician, psychologist, or other qualified health care professional. This should be reserved for situations where the computerized testing is unassisted by a provider or technician other than the installation of programs/test and checking to be sure that the patient is able to complete the tests. If greater levels of interaction are required, though the test may be computerized administer, then the appropriate physician/psychologist (96118) or technician code (96119) should be used.”
Billing Multiple CPT Codes On The Same Day

• Rules have changed.
  – Use 96118 to bill for integration and interpretation of any 96116, 96119 or 96120 billed.
  – Cannot bill for individual interpretation of each test administered under 96116, 96119, or 91620, but can bill same day for report writing and integration/synthesis of the tests in combination.
  – See MM5204
• “All of the testing and assessment services also require interpretation in the context of other clinical assessments performed by a qualified professional as well as prior records. The use of the term “interpretation” in these codes is this integrative process. It is not the scoring or interpretation of the result of a specified tests or tests. The scoring process and more limited interpretation is part of the test administration services whether by physician/psychologist, technician and/or computer.”
Coding Tip
(AMA CPT Assistant, November, 2006)

• “If the service is provided is less than one hour, append Modifier 52, Reduced Services. After one hour has been completed, time is rounded.”

• “It is not unusual that the assessments may include testing by a technician and a computer with interpretation and report by the physician, psychologist or qualified health professional. Therefore, it is appropriate in such cases to report all 3 codes in the family of 96101-96103- or 96118-96120.”
“Typically, the psychological testing services, 96101-96103-, the neurobehavioral status exam, 96116, and the neuropsychological testing services, 96118-96120, are administered once per illness condition or when a significant change in behavior and/or medical/health condition necessitates re-evaluation.”
Physician Fee Schedule Search

• CMS web site has searchable database
  – http://www1.cms.gov/PFSlookup/02_PFSSearch.asp#TopOfPage

• Extremely useful database
  – Can search by code(s) with modifiers for regional, local or national carriers
  – For reimbursement, RVUs, Geographical Practice Cost Index
## 2010 CMS Avg Reimbursement Rates*

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Office Fee 2010</th>
<th>Office Fee 2009</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>90801</td>
<td>Psych. Dx interview</td>
<td>$153.64</td>
<td>$152.92</td>
<td>+0.47</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96118</td>
<td>NP testing by Psych.</td>
<td>$100.63</td>
<td>$108.20</td>
<td>-7.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96119</td>
<td>NP testing by tech.</td>
<td>$67.81</td>
<td>$74.30</td>
<td>-8.74</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96120</td>
<td>NP testing by Computer</td>
<td>$72.85</td>
<td>$68.50</td>
<td>+6.33</td>
</tr>
</tbody>
</table>

*Does not reflect projected SGR cut
Information About Reimbursement

• Qs about Medicare Reimbursement
  – 202-336-5889 or pracgov@apa.org

• Complete pay formula published in the July 13, 2009 Federal Register, Vol. 74, No. 132, pgs. 33526-22552.
Documentation – Crossing your “T’s” and Dotting Your “I’s”

• Mandated by CMS – so applies for any Medicare/Medicaid billing
• May not be required by private insurers, but BC/BS mandates it.
• Documentation applies to office notes as well as report.
• Documentation must support the intensity of the procedure, medical decision making complexity and number of units billed.
  – Time submitted on bill is not enough documentation
Documentation – Crossing your “T’s” and Dotting Your “I’s”

• CPT code must reflect the documentation in the medical record

• Documentation must be legible and include:
  – Date
  – Reason for encounter
  – Record review
  – History taking and exam relative to chief complaint
  – Assessment with results
  – Treatment plan
Documentation – Crossing your “T’s” and Dotting Your “I’s”

• Recommendation
  – Keep a log or chart activity form where you document date with beginning and end time for each procedure
    • Interviews, testing, scoring, report writing, and feedback and any other work is dated with start and stop times.
      – I have separate face sheet where this is recorded and initialed
        » Talk of incorporating this into reports
Chart Activity

Date

File scored

File checked in

Report sent/faxed

Posted on Careplus

Release of information Y  Consent denied ___

NOTES

ATC 716/29 10:00-10:10  EF

interview 717 10:00-10:40

" mem 10:40-10:55  EF

ATC 10:55-11:25  EF

Feedback 11:20-11:50  EF

Report 7/8/04 7:30-7:50  EF

7/12 ATC 9:05-9:25  EF

" mem 9:20-9:50  EF
ICD-9 Codes For Sports Concussion Assessment

Concussion *Includes:* commotio cerebri *Excludes:* concussion with: cerebral laceration or contusion (851.0-851.9) cerebral hemorrhage (852-853) head injury NOS (959.01)

- 850.0 With no loss of consciousness
- 850.1 With brief loss of consciousness
  - Loss of consciousness for less than one hour
- 850.2 With moderate loss of consciousness
  - Loss of consciousness for 1-24 hours
- 850.3 With prolonged loss of consciousness and return to pre-existing conscious level
  - Loss of consciousness for more than 24 hours with complete recovery
- 850.4 With prolonged loss of consciousness, without return to pre-existing conscious level
- 850.5 With loss of consciousness of unspecified duration
- 850.9 Concussion, unspecified

- **Must include date of injury when submitting bill**
ICD-10 Codes For Sports Concussion Assessment

Postconcussion syndrome - 310.2
• Postcontusion syndrome or encephalopathy
• Posttraumatic brain syndrome, nonpsychotic
• Status postcommotio cerebri
• Use additional code to identify associated post-traumatic headache, if applicable (339.20-339.22)
• Excludes:
  • any organic psychotic conditions following head injury (293.0-294.0)
  • frontal lobe syndrome (310.0)
Billing Tip

• Match procedure code with category of ICD dx.
  – If using ICD 850 codes must use 96116 for interview portion
  – If using ICD 310.2 must use 90801
Potential Billing Issues
Simultaneous Use of Professional &Technical Codes

• Currently Allowed by Medicare
  – MLN Matters: MM5204 Revised, Effective December 28, 2006
Potential Problems with Simultaneous Use of Test Codes

- United Health Care & Aetna may start excluding the use of professional and technical codes simultaneously
- Ingenix, and other computerized edit systems, may be disallowing simultaneous test codes
- Compliance officers at large institutions
Modifiers 59 & Testing Codes

- Modifier is not applicable if the professional provides the service.
- If the technician provides the service, it is advisable (pending MAC guidelines) to use the 59 modifier.
- The modifier should be applied to any of the testing codes though probably best to attach to technician and/or computer codes (CMS, September, 2006)
Official Q & As from CMS Regarding Testing Codes

• (https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/print_alp.php?faq_array=9177,9179,9176,9180,9181,9182,9183,9178)

• Probably will not be further revised and additional concerns will be handled at the local carrier level
Simultaneous Use of 90801 and 96116

- Under No Circumstances are the Psychiatric (90801) and Neurobehavioral Status Examination (96116) are to be Used Simultaneously

02.12.10
# Testing Scenario I - Self

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brief discussion with trainer</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2. Interview &amp; brief neurological and balance exam with athlete</td>
<td>40 minutes</td>
</tr>
<tr>
<td>3. Brief interview with parent (if a minor)</td>
<td>15 minutes</td>
</tr>
<tr>
<td>4. ImPACT testing (in the room)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>5. Review results and discuss concussion and return to play with athlete and parent</td>
<td>20 minutes</td>
</tr>
<tr>
<td>6. Brief report (dictated)</td>
<td>20 minutes</td>
</tr>
<tr>
<td>7. Feedback with ATC next day</td>
<td>15 minutes</td>
</tr>
<tr>
<td>8. Feedback with parent two days later</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

**Total Time=** 165 minutes

## Billing

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96116</td>
<td>1 unit (interview with pt and parent)</td>
</tr>
<tr>
<td>96118</td>
<td>2 units (#s 1 and 4-8 = 110 minutes – round up to 120 minutes)</td>
</tr>
</tbody>
</table>

- can use last date of service for billing all 96118 activity

*ImPACT Webinar - April 28, 2010*
# Testing Scenario - Computer

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brief discussion with trainer</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2. Interview &amp; brief neurological and balance exam with athlete</td>
<td>40 minutes</td>
</tr>
<tr>
<td>3. Brief interview with parent (if a minor)</td>
<td>15 minutes</td>
</tr>
<tr>
<td>4. ImPACT testing (patient alone)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>5. Review results and discuss concussion and return to play with athlete and parent</td>
<td>20 minutes</td>
</tr>
<tr>
<td>6. Brief report (dictated)</td>
<td>20 minutes</td>
</tr>
<tr>
<td>7. Feedback with ATC next day</td>
<td>15 minutes</td>
</tr>
<tr>
<td>8. Feedback with parent two days later</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

**Total Time=** 165 minutes

## Billing

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96116</td>
<td>1 unit (interview with pt and parent)</td>
</tr>
<tr>
<td>96120</td>
<td>1 unit (computerized testing - pt alone)</td>
</tr>
<tr>
<td>96118</td>
<td>1 unit (#s 1,5,6,7, and 8 = 80 minutes – round down to 60)</td>
</tr>
</tbody>
</table>

- can use last date of service for billing all 96118 activity

**ImPACT Webinar - April 28, 2010**
# Testing Scenario III - Examiner

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brief discussion with trainer</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2. Interview &amp; brief neurological and balance exam with athlete</td>
<td>40 minutes</td>
</tr>
<tr>
<td>3. Brief interview with parent (if a minor)</td>
<td>15 minutes</td>
</tr>
<tr>
<td>4. ImPACT testing (examiner in room)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>5. NP testing by examiner</td>
<td>75 minutes</td>
</tr>
<tr>
<td>6. Scoring by examiner</td>
<td>30 minutes</td>
</tr>
<tr>
<td>7. Review results and discuss concussion and return to play with athlete and parent</td>
<td>20 minutes</td>
</tr>
<tr>
<td>8. Brief report with interpretation (dictated)</td>
<td>20 minutes</td>
</tr>
<tr>
<td>9. Feedback with ATC next day</td>
<td>15 minutes</td>
</tr>
<tr>
<td>10. Feedback with parent two days later</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

## Billing

- **96116** 1 unit (interview with pt and parent)
- **96119** 2-3 units (bill for scoring time if done in room with pt)
- **96118** 1 unit

*can use last date of service for billing all 96118 activity*
Helpful Links

- [http://www.nanonline.org/NAN/PAIC/CPTCodes.aspx](http://www.nanonline.org/NAN/PAIC/CPTCodes.aspx)
- [http://www.div40.org/Committee_Activities_Pages/Advisory_Committee/prac_corner.htm](http://www.div40.org/Committee_Activities_Pages/Advisory_Committee/prac_corner.htm)
- [http://icd9cm.chrisendres.com/icd9cm/](http://icd9cm.chrisendres.com/icd9cm/)
  - ICD-9 lookup
Helpful Links

• [http://www.cdc.gov/nchs/icd.htm](http://www.cdc.gov/nchs/icd.htm)
  – Government site for ICD-10 codes

• [http://www.nami.org/Template.cfm?Section=Parity1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=45313](http://www.nami.org/Template.cfm?Section=Parity1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=45313)
  – NAMI mental health parity laws by state
Thank you!!