Appropriate Use of CPT Coding in Treatment of Persons with Memory Impairment

Cameron J. Camp, Ph.D.
Director of Research and Development
Center for Applied Research in Dementia
Cameron@CEN4ard.com
www.CEN4ard.com

Paula Hartman-Stein, Ph.D.
Founder and Director, Center for Healthy Aging
paula@centerforhealthyaging.com
www.centerforhealthyaging.com

© 2013 Myers Research Institute
All Rights Reserved
DISCLAIMER

This information was compiled by Center for Applied Research in Dementia and the Center for Healthy Aging as an educational resource. The information is based on information supplied by The Federal Register, the Centers for Medicare and Medicaid (CMS), the American Medical Association (AMA), *The National Psychologist*, the American Psychological Association (APA), website of Dr. Tony Puente, & interviews with Dr. James Georgoulakis. Every effort has been made to supply complete and accurate information; however, Medicare policy changes frequently.

The Center for Applied Research in Dementia and the Center for Healthy Aging’s owners and employees make no guarantee that this compilation of Medicare coding and billing information is error-free and will have no responsibility for liability for the results or consequences for using this guide. This publication contains a general summary that explains aspects of the CMS program, but is not a legal document.
CPT 2013 Info

In this webinar we refer frequently to CPT® five-digit codes, descriptions, and other data that are copyrighted by the American Medical Association (AMA, 2012). All Rights Reserved.

CPT® is a registered trademark of the American Medical Association (AMA).

To purchase a copy of the 2013 CPT® manual, call the AMA at 800-621-8335 or go to:

https://catalog.ama-assn.org/Catalog/home.jsp
Relevant background of presenters

Cameron J. Camp, Ph.D.
Geropsychologist, licensed psychologist, translational research specialist, previously served as president of APA Div. 20 (Adult Development and Aging); provides training on interventions for persons with dementia and related disorders internationally.

Paula E. Hartman-Stein, Ph.D.
Clinical Geropsychologist, private practice for 19 yrs; Medicare correspondent for The National Psychologist; past pres of APA Div. 12-2; member of expert panel for psychology for Medicare reimbursement study, 1992-93.
Course Objectives

1. Describe new CPT® codes as they relate to working with clients with memory impairment.
2. Describe the spaced retrieval intervention for working with clients with memory impairment.
3. Devise at least 3 measurable goals working with clients with dementia and their families
4. Describe options for correct coding and billing.
How can a psychologist get paid for these techniques?
Proper Coding for Memory Interventions

• Medical Review Policy
• National Policy Sets Overall Model
• Local Coverage Determination (LCD) Sets Local/Regional Policy
• More restrictive than national policy
• Over-rides national policy
• Changes frequently without warning or publicity
• Applies to Medicare and private payers
• Information best found on respective web pages

From Dr. Tony Puente’s website: psychologycoding.com
Coding for memory interventions

Providing information and making recommendations about Spaced Retrieval and other techniques for circumventing memory impairment may be incorporated in several clinical services as there are no separate CPT codes for these strategies.

For psychologists they include psychiatric dx procedures, psychotherapy, central nervous system assessments, Health and Behavior Assessment/Intervention.
Coding for Memory Interventions

Initial Diagnostic Code in CPT 2013:

CPT 90791  Psychiatric diagnostic eval. Definition: “...an integrated biopsychosocial assessment...The evaluation may include communication with family or other sources.”

Sometimes you have one chance with the patient and caregiver—if so, consider incorporating memory interventions, if appropriate.

Coding for Memory Interventions

- 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)”...includes face-to-face time with the patient, time interpreting test results, and preparing the report.

- 96118: Neuropsychological testing

Coding for memory interventions

Recommendations about SR and other memory aids may be included in neuropsychology reports.

Practical recommendations set us apart from high tech scans such as PET scans, MRI scans, and the newest scan, Beta amyloid PET scans. We need to demonstrate our “added value” in the medical world.
Proper Coding for Memory Interventions

• Changes in CPT codes may make it easier to incorporate memory interventions into psychotherapy.

• What is psychotherapy? “…treatment of mental illness and behavioral disturbances...through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior…”

Psychotherapy:

“The psychotherapy service codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or others in the tx process.”

Times: for face-to-face services with patient and or family member. “The patient must be present for all or some of the service.”

Coding for Memory Interventions

For example, if anxiety is the target symptom in a patient with memory impairment, a memory intervention may be an appropriate strategy incorporated into the psychotherapy.
Coding for memory interventions

- Does the patient with memory impairment ask repeated questions because he/she needs excessive reassurance?

- TIP: Remember to document that the pt is able to participate appropriately in the treatment session.
Coding for Memory Interventions

Psychotherapy Codes computed by face to face time with patient and/or family

- 90832 psychotherapy 30 minutes (16-37)
- 90834 psychotherapy 45 minutes (38-52)
- 90837 psychotherapy 60 minutes (53+)

**Example:** CPT 90832, primary dx: 300.00 (Anxiety Disorder, NOS) secondary dx: 290.21 Dementia of Alz type, late onset, with depressed mood. (if you are targeting both anxiety and depression in a pt with AD).
Coding for Memory Interventions

• If your patient is the carer of a person with memory loss and is having emotional distress partly because of the repeated questions or other challenging behaviors, consider including the memory intervention within the context of the psychotherapy of the caregiver. Use role playing to teach the strategy.

• e.g., CPT 90834, Example: Dx: 300.00 (Anxiety disorder, NOS) or Dx 311 (Depressive disorder, NOS) or one of the adjustment disorder diagnoses, e.g., 309.0 (w depressed mood) or 309.24 (w anxiety).
Coding for Memory Interventions

Health and Behavior codes may be used when coding memory interventions. Check with your MC carrier!

“Health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.”

Coding for Memory Interventions

If the target of the memory intervention is to manage behavior secondary to the physical disease, e.g., Alzheimer’s Disease or Mild Cognitive Impairment, then consider using H and B codes. (Some Medicare carriers may not allow, so check your LCD regulations.)

TIP: Remember to use an ICD diagnosis, not a diagnosis found in DSM.
Examples of Health & Behavior (H&B) Codes

• 96150 Health & Behavior Assessment
• 96152 Health & Behavior Intervention
• 96154 Health & Behavior Family (pt. present): Example: you are teaching the patient and family member how to manage the encoding deficit from memory loss due to Alzheimer’s disease, so the cpt code is 96154 and the dx is ICD-9 331.0.
Rationale: Specific Examples

- Patient Adherence to Medical Treatment
- **Symptom Management & Expression**
- Health-promoting Behaviors
- Health-related Risk-taking Behaviors
- Overall Adjustment to Medical Illness
• A health and behavior assessment

(e.g., health-focused clinical interview, behavioral observations, psychological monitoring and health oriented questionnaires). Bill in increments of 15 minutes; typical time is 90 minutes.
Intervention Explanation

• Modification of psychological, behavioral, emotional, cognitive, and/or social factors

• Affecting physiological functioning, disease status, health, and/or well being

• Focus = improvement of health with cognitive, behavioral, social, and/or psychophysiological procedures
• Health and behavior intervention, each 15 minutes, face-to-face.

May include intervention sessions focusing on psychoeducational factors impacting his awareness and knowledge of his disease process.

With the patient with MCI, practicing memory strategies fits with this type of intervention.
96154

• Designed to address multiple components of the patient’s behavioral problems with the family and patient present.

The treatment plan must include clinically accepted health and behavior intervention procedures. Spaced retrieval is an example of an accepted intervention.
H and B codes are subject to National Correct Coding Initiative guidelines:

• Cannot be used with patients that have a disease meeting the criteria for a psychiatric diagnosis.

• For those patients that require psychiatric services and H and B interventions, the clinician must report the predominant service performed.

• Cannot report the psychiatric codes on same day as H and B codes.
Codes for interventions for persons with memory loss

- Psychiatric dx eval, CPT 90791, code a mental disorder dx
- Neuropsych CPT codes: 96116, 96118, code a nervous system disorder
- Psychotherapy CPT codes: 90832-90836, code a mental disorder dx
- H and B CPT codes: 96150-96154, code a nervous system disorder or other medical dx
Memory (Squire, 1994)

Declarative Memory
- Facts
- World Knowledge

Procedural Memory
- Events
- Vocabulary
- Skills
- Conditioning
- Habits
- Priming
Challenging Behaviors Associated with Dementia

1. Repetitive Question Asking
2. Disruptive Behaviors
3. Losing Things
4. Apathy
Challenging Behaviors Associated with Dementia

THE KEY QUESTION: Why is this happening?

The answer CANNOT be: Because they have dementia.
Challenging Behaviors Associated with Dementia

An Example:
Role Play – Repetitive Questions

Why is this happening?

Information seeking combined with memory loss?
Seeking social contact, reassurance, attention?
Reading

Preserving a Preserved Habit

• Vision Test
Can you go

We are here

Where is it

One and only

Not now
The Spaced-Retrieval Technique
What is Spaced-Retrieval?

- Practice at successfully recalling information over progressively longer intervals of time
- Ultimate goal of SR is retention of and ability to recall information over very long intervals of time (weeks, months, etc.)
- Used with a variety of dementing conditions in a variety of settings
Why Does Spaced-Retrieval Work?

Capitalizes upon the strengths of an individual with dementia

• Repetition Priming
• Classical Conditioning
• Operant Conditioning
• Spacing Effect
• Testing Effect

(Camp, 2006; Malone, et. al 2007)
Why Does Spaced-Retrieval Work?

Capitalizes upon the strengths of an individual with dementia

PROCEDURAL MEMORY
READING SKILLS
The Spaced-Retrieval Technique

- Begin with a prompt question for the target behavior and train the client to recall the correct answer.
- When retrieval is successful, the interval preceding the next recall test is increased.
- If a recall failure occurs, the participant is told the correct response and asked to repeat it.
- The following interval length returns to the last one at which recall was successful.
SR Example

- Information to be recalled / person or thing to be named: Address
- Prompt Used: Where do you live?
- Correct Response: 208 Greenbriar Street
**SR Example**

- **Trial 1 (0 Seconds):** Client Responds *CORRECTLY*
- **Trial 2 (10 Seconds):** Client Responds *CORRECTLY*
- **Trial 3 (30 Seconds):** Client Responds *CORRECTLY*
- **Trial 4 (60 Seconds):** Client Responds *INCORRECTLY*
- **Therapist provides client with correct response (“208 Greenbriar Street”) a**
  the client the prompt question again allows the client to respond, and
  returns to the interval at which the client was last successful.
- **Trial 5 (30 Seconds):** Client Responds *CORRECTLY*
- **Trial 6 (60 Seconds):** Client Responds *CORRECTLY*
Problem Behaviors with SR Solutions: Prompt Question/Answer Examples

• Repetitive Questioning
  - Dependent upon question being asked

• Losing Things
  – “Where do put your dentures?” (Answer: In my denture box)

• Disruptive Behaviors
  – “What should you do when you start to ‘lose it’?” (Answer: Walk away and take deep breaths)
Problem Behaviors with SR Solutions: Prompt Question/Answer Examples

• Naming
  – “If you don’t know the name of something, what should you do?” (Answer: “Describe It”)
  – What is your husband/wife/son’s name? (Answer: Target name)
  – Who runs the activities here? (Answer: Staff member’s name)

• Disengagement
  – What can you read to remind you of your family? (Answer: “Read my memory book”)
  – What can you check to see what is planned for the day? (Answer: “Activity Schedule”)
  – What can you look at to find something to do? (Answer: “My list of activities”)

2/12/2013
Building A Caseload Using SR

• Complete Screening Process
  – Quick and Easy
  – Tests clients’ responses to correctly recall a target name over 3 different time intervals (immediately after presentation, 10 seconds later, and 15 to 20 seconds after that)
  – Client has 3 trials at each time interval to recall the target name correctly to pass the screen
  – CAN FOLD SR SCREEN INTO INITIAL CLIENT EVALUATION—i.e., using CPT 90791
Helpful Hints

– Complete Screening Form First
– Teach Meaningful Information
– Learning Should Be Effortless
– Provide Visual Cues, if necessary
– Have Client Perform Targeted Strategy
Building A Caseload Using SR

• Assessment of Client’s Needs and Abilities
  – Use measures that will highlight the client’s strengths as well as their weaknesses
  – *What assessments do you typically use?*
Building A Caseload Using SR

• How long do SR sessions generally last and how often should they occur?
  • The length and frequency of SR treatment sessions is dependent on many factors
  • There is no set standard time limit or frequency of sessions that with SR treatment.
  • Most SR sessions are between 30 or 45 minutes (16 to 52 minutes) long,—as a technique, SR can fit as part of a diagnostic interview, a psychotherapy session, or Health and Behavior evaluation and intervention (15 minute long sessions).
  • In general, the more often a person is seen for SR the more quickly he/she will attain SR goals.
Building A Caseload Using SR

• Questions to ask yourself when preparing to begin S-R with a client:
  – What are the problem behaviors being exhibited?
  – What are the strengths of the client? What are the weaknesses (physical impairment, vision, etc.)?
  – What prompt question will be used and is it and the answer meaningful for the client?
  – What other staff/family members will be involved in the training/carryover?
Building A Caseload Using SR in LTC

• Caregiver/Family Input:
  – Consult with family/caregivers for possible goal ideas = INCREASES BUY IN AND COOPERATION
  – Work on incorporating the family’s personal goals if possible
  – If working on a goal focused on remediating a “challenging behavior” demonstrated by the client, be sure that the behavior and its frequency are documented in the nurse’s notes to illustrate presence of problem and need for intervention.
Triaging the Use of SR

• Which residents should you begin with?
• How many residents should initially aim to put on caseload?
• What are good initial goals to begin treatment with?
SR & Documentation

• Use data sheets to track your client’s progress
  – Also to keep track of prompt questions/answers for each client

• Use a timer during sessions to accurately document progress toward goals
Transitioning the Use of SR

• Referral Checklist
  – Provide to nursing staff to highlight potential clients
• Devise plan for transitioning goals to client’s environment
  – Use documentation sheets
  – Discuss during interdisciplinary meetings
  – Provide information to families
Transitioning SR Goals

• Other Notes on Education:
  – Education is an On-Going Process
    • SR education is an on-going process for staff and family members. Unfortunately, there is usually a high rate of staff turn-over in nursing facilities, so the planning of continuous in-services for staff is recommended.
  
  – Include SR in Staff Orientation
    • If possible, try to include a segment on SR in your facility’s staff orientation program. This will provide new staff members with an awareness of the technique and information on what their role is in the program.
• (1999) Expect harsh, intensive scrutiny if your Medicare claims are audited. Vol. 8, No. 6, p 6-8.
• (2001) Psychologists may be reimbursed to manage Medicare clients with physical illness. Vol. 10, No. 2, p 1,3.
National Psychologist Newspaper Articles
by Paula Hartman-Stein, Ph.D.

Thank You

Cameron J. Camp, Ph.D.
Center for Applied Research in Dementia
Cameron@CEN4ard.com

Paula E. Hartman Stein, Ph.D.
paula@centerforhealthyaging.com