

emperion

Introduction to Neuropsychological Assessments

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Today's Presenter

Dr. Les Kertay

- Board-certified clinical psychologist
- Nationally recognized leader in behavioral health and workplace mental health.
- Emperion Behavioral Health Medical Director



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Agenda and Disclaimers

AGENDA

- Goals and objectives
- What questions can a neuropsychologist answer?
- The scope and limitations of neuropsychological testing – what can it *not* answer?
- Crafting high quality questions for a neuropsychologist – helping our customers

DISCLAIMERS

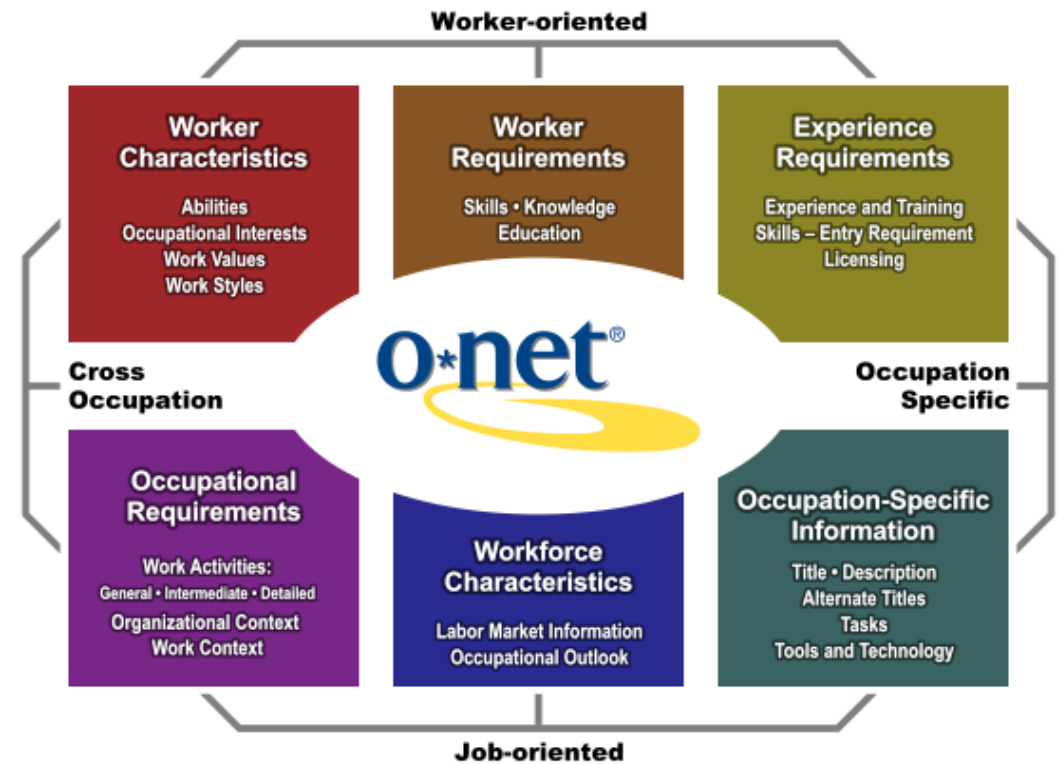
- There are no infallible rules except this one
- We are looking for consistent and good vs. uniform and perfect
- The contents of this presentation are based on the presenter's clinical experience and training and do not constitute legal advice or invariable direction

Neuropsychological assessment for non-neuropsychologists

A Brief History of the Field

Humble beginnings

1. Neuropsychology started by differentiating neurological presentations from psychiatric presentations
2. Became a localization service.
3. As the profession advanced, we have moved from a diagnostic service to a descriptive service.
4. Applied to occupational endeavors: psychologist John Holland developed a theory of career, adopted into O*Net



2019 Psychological and Neuropsychological Testing CPT® Codes & Descriptions

CPT® Codes and Descriptors Effective January 1, 2019

CPT® Code #	Descriptor
Assessment of Aphasia and Cognitive Performance Testing	
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
Developmental/Behavioral Screening and Testing	
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
+96113	Each additional 30 minutes (List separately in addition to code for primary procedure)
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
Psychological/Neuropsychological Testing	
Neurobehavioral Status Exam	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
+96121	Each additional hour (List separately in addition to code for primary procedure)
Test Evaluation Services	
96130	Psychological testing evaluation services by physician or other qualified health care professional, 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(s) or caregiver(s), when performed; first hour
+96131	Each additional hour (List separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, 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(s) or caregiver(s), when performed; first hour
+96133	Each additional hour (List separately in addition to code for primary procedure)
Test Administration and Scoring	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
+96137	Each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
+96139	Each additional 30 minutes (List separately in addition to code for primary procedure)
Automated Testing and Result	
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only

*+ Indicates an Add-On Code to be reported with another code

There can be some confusion as to what neuropsychology is used for – not all psychological testing is neuropsychological testing.

Neuropsychological assessment for non-neuropsychologists

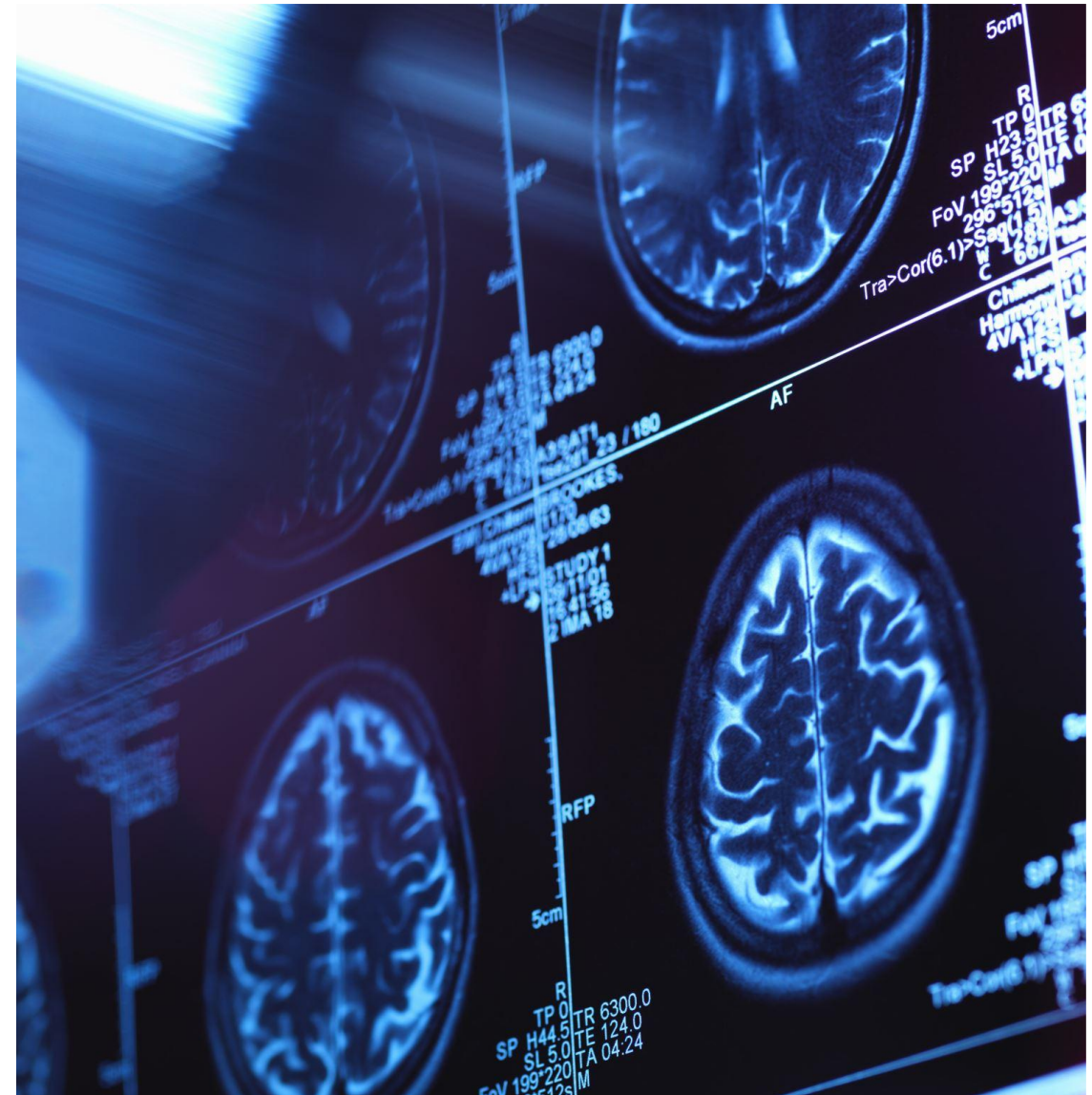
What can a Neuropsychological Assessment Report tell us?

When are Neuropsych evals used? But should they?

Neurological disorders

Pain

Psychiatric disorders



Let's get to know these terms better!

Neurological disorders

Conditions with known or presumed neurological pathology; e.g., TBI, Dementia, Stroke, Parkinson's, (sometimes) ADHD.

Pain

Unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Psychiatric disorders

Patterns of behavioral or psychological symptoms that impact multiple areas of life; e.g., Mood Disorders, Psychotic Disorders, OCD, (sometimes) ADHD.

Somatoform or related disorders

Characterized by physical symptoms that are not fully explained by a medical condition.

When to Order Neuropsychological Assessments



Can help with:

Cognitive impairments or complaints

Unexplained behavior changes

Unexplained neurological symptoms

Learning difficulties



Are less helpful for:

Acute psychiatric conditions

Primary medical diagnoses

Predicting future behavior

In the absence of a cognitive question

Questions we can answer



Psychological state under testing conditions



Functional capacities in cognitive domains



Discrepancies between cognitive complaints and apparent functional capacity



Cognitive or emotional barriers to return to work



Psychological factors affecting surgical intervention

Common clinical presentations

Cognitive complaints in:

Traumatic brain injury

Stroke

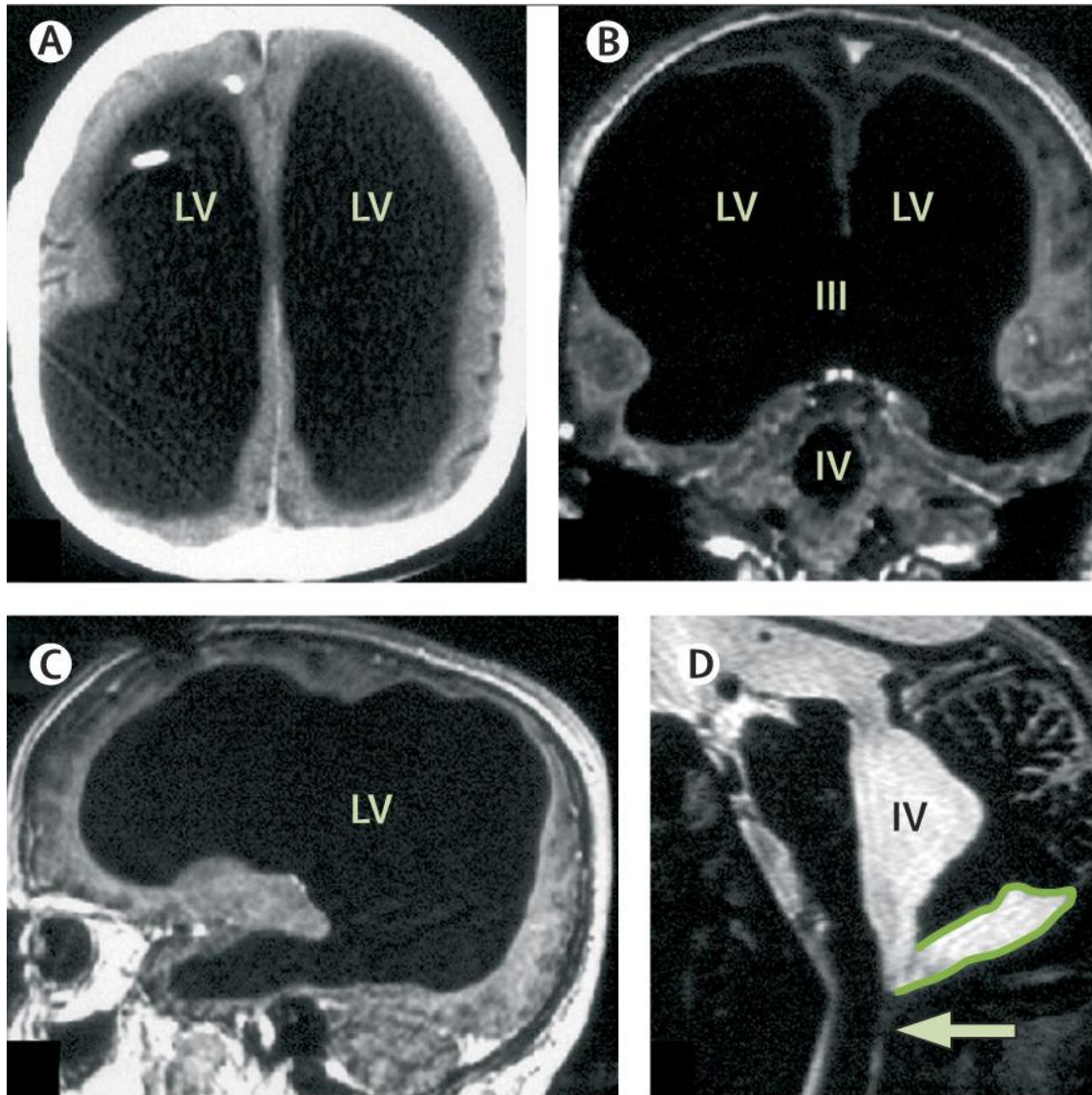
Dementia

Developmental disorders

Psychiatric disorders

Somatoform presentation





Self Report
Is Not
Representative of
Functioning

Neuropsychological assessment for non-neuropsychologists

Case Study

Case study background

John, 45 y.o. sedentary occ.

Office manager,
mid-size company,
15 years tenure with
positive reviews and
multiple promotions.

Others have
noticed a decline in
performance over the
past 6 months.

- Errors in paperwork
- Missed deadlines
- Trouble managing workload

John has been talking
about feeling tired & having
trouble focusing, with
complaints of headaches
and forgetfulness.

Case study medical history

Mild HTN, controlled

Mild concussion 2 years ago in MVA, uncomplicated recovery

No significant psychiatric history

Recent family stress

Medical records from PCP reflect normal MSE, negative ROS other than noted

Case study current status



Symptoms

Cognitive issues: Poor attention & concentration, memory lapses, errors in familiar work tasks

Physical: Headaches, fatigue

Emotional: Irritability, stress, anxiety, poor sleep



Medical evaluations

Exams and labs are normal

MRI brain normal

MMSE score 25/30, inconclusive



Function

Driving without incident

Handles family finances

Case study - questions

Features supporting neuropsychological assessment?

Features not supporting neuropsychological assessment?

What are some referral questions you'd expect?

What do you want from a neuropsychologist (if a review or exam is requested)?

What questions do you have for the examiner/reviewer?

How would you advise the claims team? (i.e., questions, type of evaluation, IME vs Peer)

Neuropsychological assessment for non-neuropsychologists

Crafting Questions

What To Ask For?

Characteristics of effective questions:

Specificity

Relevance

Clarity





“What do you want to know?”

WHAT MEDICAL QUESTION, WHICH IF ANSWERED,
WOULD HELP YOU MAKE A CLAIMS DETERMINATION AT THIS POINT IN TIME?

Good question?

What are the specific cognitive and emotional impairments currently affecting the patient's ability to perform their job duties, and what accommodations might help improve their work performance?

A.

Good question

B.

I don't know

C.

Poor question

Good question?

Is the patient mentally ill or cognitively impaired?

A.

Good question

B.

I don't know

C.

Poor question

Good question?

How can the patient be treated?

A.

Good question

B.

I don't know

C.

Poor question

Good question?

Based on your assessment, what is the likelihood that the patient's cognitive deficits are related to their reported head injury, and are these deficits consistent with their medical history and symptoms?

A.

Good question

B.

I don't know

C.

Poor question

Good question?

Can the patient work?

A.

Good question

B.

I don't know

C.

Poor question

Good question?

Please provide an evaluation of the patient's executive functioning, memory, and attention, and how these domains might impact their daily living activities

A.

Good question

B.

I don't know

C.

Poor question

Thank You