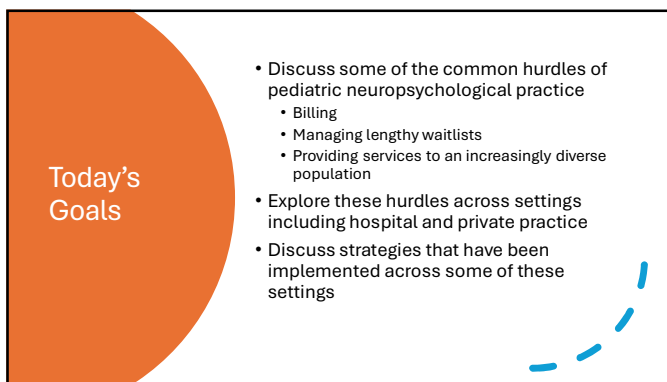


The Ins and Outs of Pediatric Neuropsychology Practice Across Setting

Billing, Waitlist Management, Assessment and Triage Strategies and More

Marsha Vasserman, PsyD, ABPP, Jennifer Katzenstein, PhD, ABPP, Tricia Williams, PhD, ABPP, Yael Rothman, PhD, Jennifer Reesman, PhD, ABPP

1



Today's Goals

- Discuss some of the common hurdles of pediatric neuropsychological practice
 - Billing
 - Managing lengthy waitlists
 - Providing services to an increasingly diverse population
- Explore these hurdles across settings including hospital and private practice
- Discuss strategies that have been implemented across some of these settings

2



We will hear from a range of perspectives, including:

- DISCUSSION OF BILLING OPTIMIZATION TO ENSURE COMPLIANCE
- THOUGHTS ABOUT HOW TO MANAGE INCREASING WAITLISTS
- CREATIVE SOLUTIONS FOR PEDIATRIC NEUROPSYCHOLOGICAL PRACTICE
- AS WELL AS SOME CONCRETE EXAMPLES OF HOW SOME HAVE APPROACHED ADDRESSING THESE CONCERNS

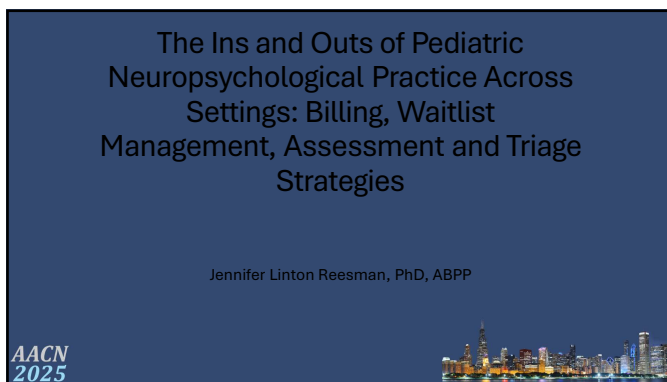
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Billing

- Dr. Jennifer Katzenstein discusses billing for various developmental, psychological and neuropsychological services. Specific details in separate word handout.

4

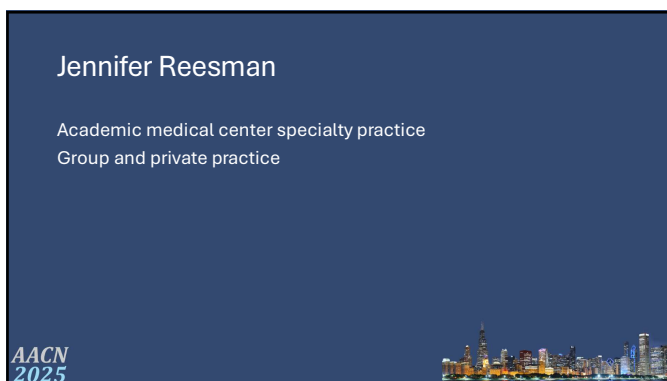


The Ins and Outs of Pediatric Neuropsychological Practice Across Settings: Billing, Waitlist Management, Assessment and Triage Strategies

Jennifer Linton Reesman, PhD, ABPP

AACN 2025

5



Jennifer Reesman

Academic medical center specialty practice
Group and private practice

AACN 2025

6

Something has to give...

- How did we get here?
- Sustainability of lengthy waiting lists?
- Increasing demands on clinicians to “see more patients”
 - If we are being honest...are we ready?
- Increasing complexity of referral questions
- Regulatory landscape

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7



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8

Altered Trajectories: Considering the Long-Term Impact of Educational Disruption during the COVID-19 Pandemic on Neurodevelopment and a Call to Action for Neuropsychology

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ABSTRACT

Objective: The COVID-19 pandemic resulted in educational disruption of historic breadth and duration. The impact of school closures and remote learning have been evaluated in recent studies and reflect critical data for neuropsychologists who routinely assess brain development as it relates to diagnosis, recommendations, and informing public policy.

Methods: Pre-pandemic and contemporaneous literature was summarized, including data on educational disruption and child and adolescent mental health challenges reported during the pandemic, and research on the impact of stress, social isolation, educational achievement, and other factors on brain development during critical developmental windows.

Results: Studies indicate that prolonged educational disruption has resulted in attenuated learning gains, most remarkably for those already at risk for educational disparities. Studies have shown increased mental health challenges for youth during the pandemic, with higher rates of mood and eating disorders, and suicidal ideation. Given that some skills develop optimally within specific time periods, pandemic-related disruption has likely contributed to altered developmental trajectories.

Conclusion: Trajectory of neuropsychological development of children and adolescents, especially marginalized students, may be affected by effects on learning and mental health due to prolonged educational disruption and psychological stressors. Evaluation and treatment may be delayed due to backlog and increased demand. Clinical neuropsychological practice recommendations are presented with a call to action for the field in moving forward flexibly to increase access to evaluation services.

Keywords: Educational disruption; Remote learning; Special education; Neuropsychological assessment; Learning disability; COVID-19

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9

THE RISK-BASED CONSULTATION AND ASSESSMENT MODEL

Specifically, we encourage neuropsychologists to embrace the use of risk-based consultation and assessment models, to increase the number of patients who can readily receive care and access intervention. Risk-based consultation and assessment models triage cases based on patient characteristics, and use different types of evaluation services to address the primary referral question in the most pragmatic and expeditious manner. A clinic may offer consultation, brief evaluations, or full evaluations. The neuropsychologist determines the service based on patient acuity, the referral question, performance on screening tools and standardized questionnaires, and the neuropsychologist's expertise regarding differential diagnosis and treatment planning. A key aim is to minimize the risk associated with keeping a patient on a waiting list for services, particularly for those patients for whom delayed diagnosis and intervention may have negative health outcomes.

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10

Role of Judicious Telehealth

- Not one size fits all
- Leverage your knowledge of patient needs and fit for telehealth
- Deploy where helpful; scale back where causing more problems
- Always think accessibility - language, culture, and other considerations

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11

Shifting culture of pediatric neuropsychological practice

- Embracing access to care as a priority
- Responsiveness as a profession to changing patient population needs

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12

Specific clinical populations - examples

- Pre-post surgical monitoring (cochlear implant)
- Targeted consultations to monitor progress (private practice)
- Autism questions/use of telehealth
- If/then screening models - building in schedule support for access
- Ensuring flexibility of models to ensure accessibility
 - Interpreter services - challenges of accessibility and effectiveness
 - Recognition of groups/patient populations and differential access

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13

Everything you wanted to know about private practice (but were too afraid to ask)



Yael Rothman, Ph.D.

14

Outline

- Why would you do this?
- Where to begin
- Providing equitable services
- Next steps
- Q & A

15

But why would you do this?

- Not uncommon for many private practitioners to start somewhere different
 - Where I started
 - What happened next
 - And here I am now
- Was it the correct move?
 - It was for me, you can decide what the best path for you will be and then change and try a different path, and then go back?

16

Where to begin

- I recommend a checklist. Here was mine:
 - What are my start-up costs?
 - This may not be answered until you look into all the other bullet points, below
 - Where will I practice?
 - How will I practice?
 - Do I need to make a LLC? DBA? Contact lawyer? Accountant? Open up a business bank account? Get a Tax ID?
 - Will I be on my own or would I hire a psychological associate?
 - How will people know I exist?
 - Create a name, get a cool logo, make a website, promotional materials
 - Network
 - Who do you know already?
 - Who is out there for you to meet?

17

Where to begin

- What things do I need?
 - Testing kits and materials
 - Second hand (anyone going into retirement) or what is needed to purchase new
 - Office supplies
 - Electronic health record
 - HIPAA compliant email, telehealth platform, ways to share reports
 - Separate phone number
 - Intake documents, consent forms
 - Malpractice insurance
 - Storage
 - Are you scanning files? Are you storing files?

18

Where to begin

- What will my assessments look like?
 - Cost (what are other people in the area charging), what is included (e.g., school observations, IEP meetings, separate feedbacks with parents and children)
 - Different types of assessments offered
 - Hourly rates for miscellaneous (e.g., other meetings, consultations)
- How do I bill for my time?
 - Are you taking insurance? Are you giving bills to clients for reimbursement for insurance? Do you have an accountant? Will you be paying credit card processing fees or make the clients pay those?
- Do I have a network if I need to consult with others?

19

Providing equitable services

- A neuropsychological evaluation in private practice where you do not take insurance is not accessible to all
 - Will you offer reduced fee for some patients or do pro bono work?
- While the majority of the patients being seen will likely not be economically diverse, they will be racially, culturally, and ethnically diverse
- How can you provide equitable services to a diverse population?
 - Have other professionals review your forms, intake questionnaires, and procedures
 - Consider the patient's background when completing interviews, testing, and feedback
 - Remember that you may need to adjust each one of these steps to support your specific patient's needs
 - Consult with other professionals when you have questions

20

Next steps

- Who are you referring to for treatment?
 - How to get to know the providers, schools, etc.
- How to manage waitlists
 - Do I charge a cancellation fee?
 - How many clients am I seeing a month?
 - When there is a long wait how will I support clients?
 - List of resources
 - Consultations
 - Refer to school for evaluation first

21

Any Questions?

22

Effective Strategies to Manage Pediatric Neuropsychology Waitlists

With Creativity, Flexibility and Teamwork!

Dr. Tricia Williams, Ph.D., C.Psych., ABPP
Neuropsychologist, The Hospital for Sick Children
Associate Scientist, NeuroOutcomes Lab
AACN Conference - June 2025



23

Outline

1. Understanding the Causes of Long Waitlists
2. Self Assessment Time
3. Waitlist Strategies
4. Clinic Example

24

Understanding the Causes of Long Waitlists

25

Growing Demand for Pediatric Neuropsychological Services

- Growing Population & Prevalence
- Increased Value of Clinical Neuropsychology
- Increasing recognition of conditions impact on children across development and into young adulthood.
- COVID-19



26

Availability of Specialists

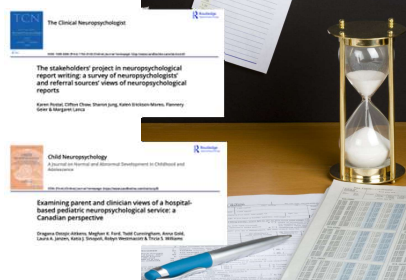
- Shortage of neuropsychologists
 - Regional disparities
 - Changing Funding Priorities
- Growth in new referrals & serving the reassessment needs



27

Potential Practice Inefficiencies

- Referral Delays
- Referral Criteria
- Administrative headaches
- Scheduling nightmares
- Discrepant Assessment Practices
- Report writing



28

Self Assessment Time!

- 1 - Not a problem
- 2 - Minor problem
- 3 - Moderate problem
- 4 - Major problem
- 5 - Severe problem

Referral Delays/Referral Alignments

How often do you experience delays in referrals? How often do you find that your referrals do not align with your clinic criteria?

Administrative Processing

How often do you face delays or challenges in administrative processing (i.e., forms, calling, contacts etc)?

Scheduling Issues

How often do you encounter difficulties when scheduling appointments or activities (booking, rescheduling, no-shows)?

Service Options & Repeat Customers

What is your menu of services? Are your re-assessment/follow up needs accounted for? Are you leveraging telehealth?

Length of Assessments

How long are your average assessments?

Report Writing

How often do you experience challenges or delays when writing reports?

29

Self Assessment Time!

6 to 10 (Low Impact)

A total score in this range suggests that the issues listed in the survey are **not significant problems** for you. There may be occasional minor challenges, but they likely do not interfere with your work or operations. **WELL DONE SUPERSTAR!** Turn off video now.

11 to 15 (Moderate Impact)

A score in this range indicates that the issues are **moderate problems**. They may occur regularly and could cause some disruptions or delays, but they are manageable with reasonable adjustments or resources. **WELCOME TO THE REAL WORLD!**

16 to 20 (High Impact)

A total score in this range suggests that the issues are **substantial problems** that likely cause significant challenges in your work. You may be experiencing frequent delays, confusion, or inefficiencies that require attention and improvement. **DON'T WORRY THERE ARE SOLUTIONS!**

21 to 25 (Very High Impact)

A score in this range indicates **severe problems**. The challenges listed in the survey are likely having a major negative effect on your productivity, performance, or outcomes. Immediate intervention or systemic changes may be required to address these issues. **DON'T WORRY THERE ARE SOLUTIONS!**

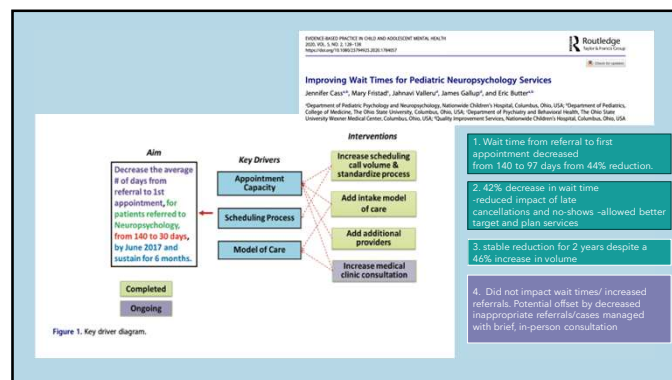
26 to 30 (Critical Impact)

A total score in this range suggests that the issues are **critical problems** that are likely causing major disruptions and serious consequences. These problems need urgent attention, and it may be affecting your overall ability to function effectively or meet your goals. **DEEP BREATH!**

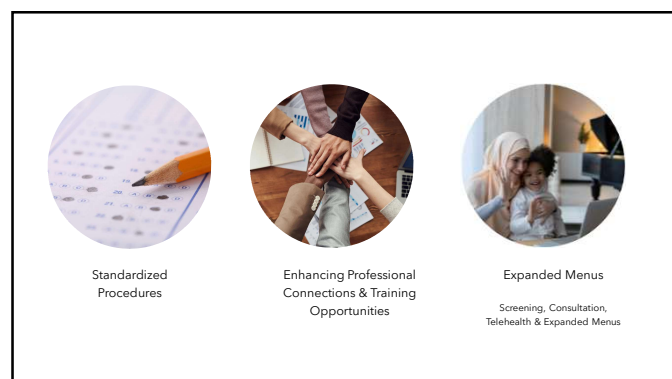
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Waitlist Strategies

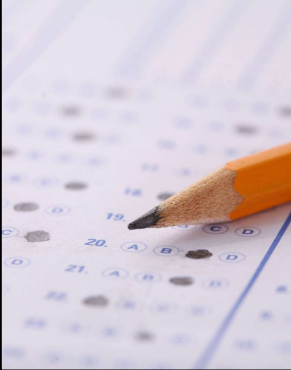
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32



33




Standardizing Procedures

Standardizing procedures helps streamline the initial # contacts, minimizing delays due to inconsistencies and errors.
Clear = Kind!

Batching Contacts & Email

With standardized procedures, new patients can be processed more quickly, improving overall healthcare efficiency.

34



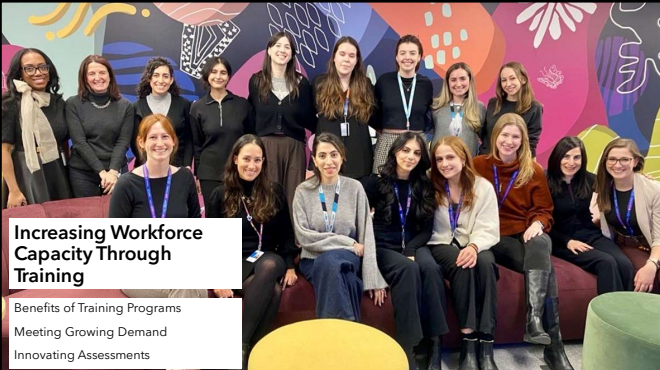
Collaboration with Referral Sources & Collaborative Professionals

Clarity & Regular Updates in Referral Definition Across Providers

Foster Connections with School Board Psychology Staff

Foster Connections with Mental Health Practitioners

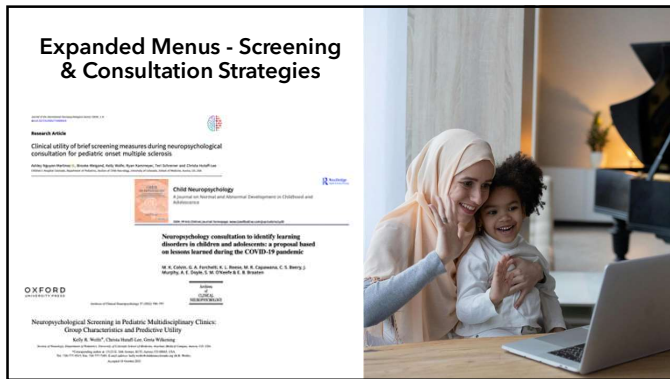
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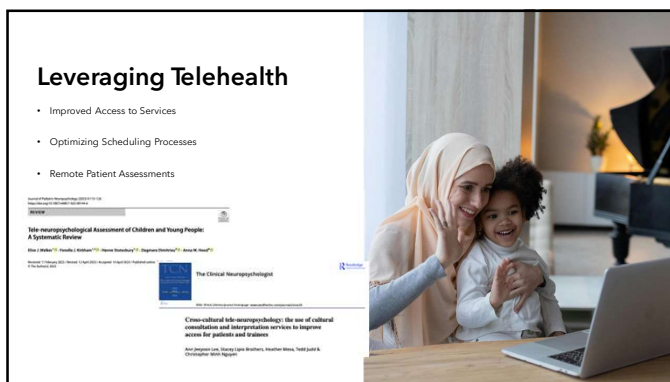
Increasing Workforce Capacity Through Training

Benefits of Training Programs
Meeting Growing Demand
Innovating Assessments

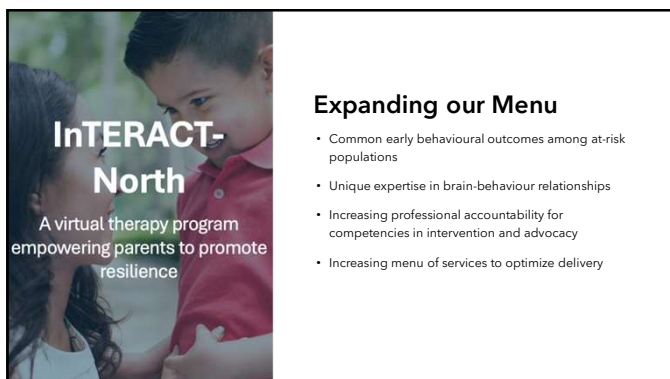
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37



38



39

Session 1: Introduction

Session 2: Special play time

Session 3: Lead your child

Session 4: Setting child up for success

Session 5: Limit setting & consequences

Session 6: Home rules and family values

Session 7: Closing thoughts

Follow Your Child

- Positive Home Reset
- Parent-Child Time Together

Psychoeducation

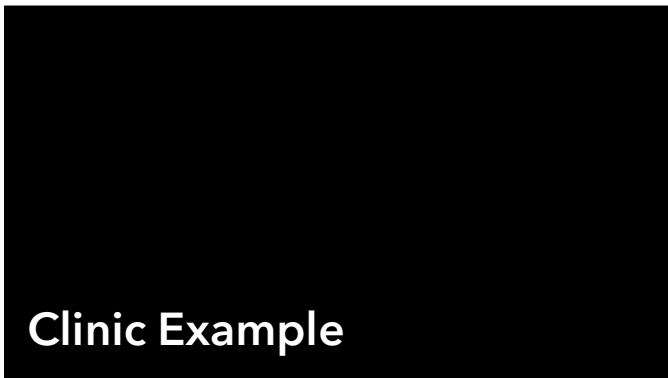
- Impact of medical condition on emotion and behaviour
- Preventative strategies to avoid challenges
- Core consideration of family-specific factors

Lead Your Child

- Instructions to build security and safety
- Clear, consistent limits
- Consequences



40




Clinic Example

41

NeuroSCOPE

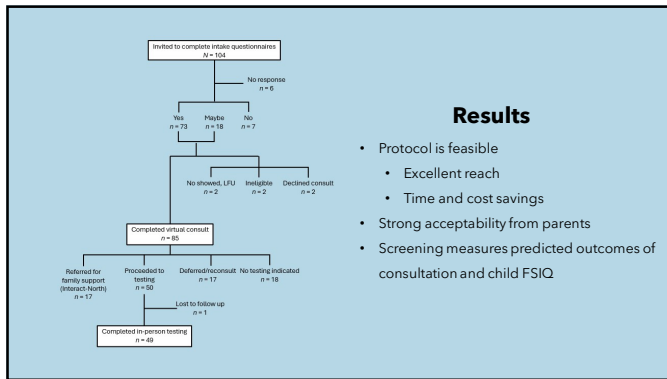
Neuropsychological Screening and Consultation Protocol Evaluation



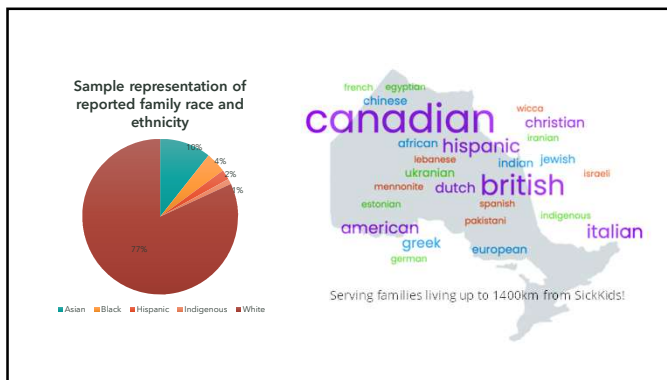
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graph TD
    A[Email Introduction & Invitation] --> B{Parent interest in assessment?}
    B -- No --> C[Screening Questionnaires  
Strengths & Difficulties Questionnaire  
Conduct Problems Questionnaire  
Cognitive Learning Difficulties Questionnaire]
    B -- Yes --> D[Teacher Questionnaire (Optional)  
School Information Form  
Strengths & Difficulties Questionnaire  
Strengths & Weaknesses of ADHD &  
Normal Symptom Questionnaire]
    C --> E{Virtual Consultation}
    D --> E
    E --> F{Referral to  
Intersect North}
    E --> G{Current learning or  
cognitive concerns?}
    G -- No --> H{Neurological risk?}
    G -- Yes --> I[Proceed to  
testing]
    H -- Yes --> I
    H -- No --> J[Discharge]
    
```

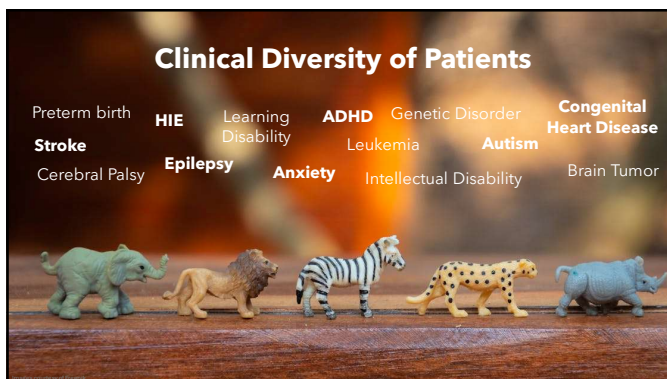
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43



44



45

Conclusions

Addressing Underlying Causes

To reduce waitlists, we must first identify and address the underlying causes that contribute to service delays.

Improving Processes

Streamlining and improving existing processes can enhance efficiency and reduce wait times for neuropsychological services.

Enhancing Collaborations & Training

Ongoing partnerships with referral sources and collaborative professional Training for the future not the present!

Expanding our menu

Screening & Consultation
Leveraging Telehealth
Brief interventions

46

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47

Recap

- We have heard many common themes
 - Increasing wait lists
 - Impact of wait times on patients
 - Efficiency
 - Optimizing use of existing approaches to improve access and reduce waitlists
 - Consultation
 - Telehealth
 - Access to treatment interventions

48

Waitlist Management – one story




Cardiology clinic at Alberta Children's Hospital. Due to limited resources, this clinic was historically not served.

Increased literature on impact of congenital heart disease (CHD) on development, cognition and mental health necessitated that we shift how our clinics works with this population

Recommended guidelines for assessment – not feasible given limited resources

49


Waitlist Management – one story



- Looking at our options
 - Keep our typical referral and triage procedures
 - Would lead to many referrals given the high-risk population
 - Would increase our wait list greatly
 - Patients would wait for very long before receiving service
- Other ideas included
 - In person screenings
 - Surveillance type approach

50

Waitlist Management – one story



- Moved forward with surveillance program
 - Age range 5-17
 - Now addressing the 0-4 age group given recent changes
 - Parent questionnaires
 - Picked areas most likely to be impacted
 - Attention (ADHD rating scale), Learning and executive functioning (MEMRY), Mental health (NIH PROMIS parent proxy mood, anxiety, peer and cognitive scales).
 - Developed a brief questionnaire to gather information around prior assessments, school based services, and diagnostic information.
 - Chart review - brief overview of medical history, prior treatments, etc.
 - Obtain prior assessments if have been completed
- Provide brief summary of results to cardiac team
- Provide recommendations targeting areas of need.

51

Waitlist Management – one story



- Recommendations have included
 - Referral for full assessment
 - Consultation with families and schools
 - Recommendations for community resources
 - Referrals to medical providers for ADHD assessment and management.
- Screen yearly

52

Started November 2021

- Over past 3.5 years - 364 cases referred
- 192 completed or partially completed the questionnaires
- Of those completed – about 25% were referred for full evaluations as a result of the screen.



53

What has worked well


- Providing services more quickly
- Reduced overall number of referrals for full assessments
- Developed a pathway for getting kids to other providers without having to wait for full assessments
- As risk is not static, can monitor kids over time



54

Hurdles


- Despite many families saying they are interested in the service, we have only had about a 50% completion rate of sent surveys
- Parent rating questionnaires only
 - No teacher information
 - No self report
 - Not great at identifying kids where parents may be minimizing or attuned to areas of struggle
- Sensitivity of measures
- Accessibility more limited given only English measures currently used



55

What's next?

- Plan to extend to kids aged 0-4
 - Currently exploring which measures would be most helpful for this group
- Brainstorming ideas on how to better integrate our services into the cardiology clinic
- Increasing completion rates?
- Other languages



56
