



Dolores L. Mitchell  
Executive Director  
Group Insurance Commission  
P.O. Box 8747  
Boston, MA 02114-8747

July 23, 2013

Re: Access to psychological and neuropsychological services

Dear Ms. Mitchell:

The Inter Organizational Practice Committee (IOPC) is a coalition of representatives of all of the major neuropsychology organizations in the US including the American Academy of Clinical Neuropsychology (AACN/ American Board of Clinical Neuropsychology), Division 40 of the American Psychological Association (APA), the National Academy of Neuropsychology (NAN), and the American Board of Professional Neuropsychology (ABN), tasked with coordinating national neuropsychology advocacy efforts, and representing approximately 8,000 neuropsychologists in the United States.

We are writing to express our concern that the recent transition to a new behavioral health vendor for your covered members has resulted in blocked access to specific services provided by psychologists.

Psychologists are behavioral health providers who assess and treat mental disorders, as well as the cognitive, social, emotional and behavioral aspects of physical disorders. This breadth of services has long been acknowledged by the American Medical Association, the Center for Medicare and Medicaid Services, and Massachusetts state law. One of the inherent problems “carving out” mental health from medical services is that psychologists’ services do not universally fit neatly into either the medical or the mental health sides of the carve out. This creates barriers to patients receiving the full range of medically necessary mandated psychological services, unless health plans make specific provisions for full coverage of medically necessary services.

Neuropsychological Assessment (CPT 96118) is a service provided by psychologists that can be related to a mental disorder or a medical diagnosis. For example, neuropsychological assessment is medically necessary in the context of traumatic brain injury, stroke, and anoxic injury. Our understanding is that United Behavioral Health (UBH) previously accepted the claims from their contracted psychologists and neuropsychologists and reconciled them with the medical plans so that services were covered without difficulty. However, we have learned that Beacon has informed psychologists that they will not pay for, nor process claims for neuropsychological

assessment services if the primary diagnosis code is not-psychiatric. Likewise, Unicare has informed providers that they will not pay claims by psychologists for any services under any conditions. Thus, consumers seeking neuropsychological assessment, which is a mandated benefit by Massachusetts insurance law, are unable to receive coverage for these services currently under their Group Insurance Commission (GIC) plan if Beacon is the behavioral health vendor.

Similarly, Health and Behavior Assessment and Treatment Services (CPT 96150- 96155) are services designed explicitly for psychologists to be able to assess and treat psychological, social, emotional, behavioral and cognitive factors in cases in which the primary diagnosis is not psychiatric. For example, a patient with diabetes may require psychological intervention to make changes necessary to alter lifestyle factors exacerbating their condition or to address psychological factors inhibiting their compliance with medical treatment. Access to psychological services by medical populations is critical to reduce costly and unnecessary complications and improve medical outcomes, a key component of healthcare reform. Currently, Beacon will not cover these services nor will they process the claims and reconcile them with the medical plans. Nor will the medical plans accept claims from psychologists for these services. Many patients currently in care are now without coverage for their treatment without any advance notice.

Further, Beacon has informed psychologists that they will not provide any coverage for procedure codes CPT 96102, 96103, 96119 and 96120 because they are provided by unlicensed and non-credentialed individuals. This is in contrast to policy of Medicare, UBH, and most if not all major health plans in the Commonwealth. The use of psychometric technicians (CPT 96102 and 96119) has been the established standard of practice in the field for over three decades. Utilizing trained neuropsychology technicians helps maintain the objectivity of data collection, improves access to neuropsychological services by increasing the number of patients that can be seen, and reduces the costs associated with such services. The use of technicians, as with physician extenders in other specialties, helps meet the triple aim of healthcare reform by reducing costs and improving efficiency. As other doctoral level health care practitioners also routinely utilize trained non-doctoral technical personnel (e.g., radiology and EEG technicians), we are concerned that denial of technicians used by psychologists may represent a mental health parity issue. We have appended the American Academy of Clinical Neuropsychology and National Academy of Neuropsychology's position papers on use of psychometric technicians.

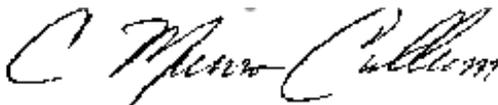
We believe that Beacon's policy may represent a simple misunderstanding of how these codes are defined and intended to be used. These services must be authorized and billed by licensed and credentialed providers who supervise the services and integrate them into their assessment for which they are responsible. Thus, Beacon should have no administrative or contractual difficulty in covering and paying for these services.

To protect consumers' continued access to the comprehensive neuropsychological and behavioral health services we respectfully request that you work with Beacon Health Services and Unicare as quickly as possible to ensure that:

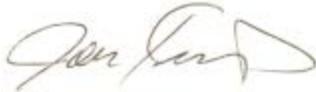
1. Neuropsychological Assessment (CPT 96118) is properly covered and paid for whether the diagnosis is psychiatric or non-psychiatric.
2. Health and behavior assessment and treatment services (CPT 96150-96155) continue to be properly covered and paid for.
3. The technician administered services for neuropsychological and psychological assessment (CPT 96119 & 96102) continue to be properly covered and paid for.
4. The computer administrated neuropsychological and psychological assessment services (CPT 96120 & 96103) continue to be properly covered and paid for.

We appreciate the opportunity to bring these significant problems to your attention and look forward to your anticipated response to protect access to these services for your most vulnerable members and their covered dependents. The IOPC would also appreciate the opportunity to follow-up with you and the Group Insurance Commission regarding this matter

Sincerely,



C. Munro Cullum, Ph.D., ABPP  
President, Society for Clinical Neuropsychology (APA Division 40)



John Knippa, Ph.D., ABN  
President, American Board of Professional Neuropsychology



Daniel C. Marson, J.D., Ph.D.  
President, National Academy of Neuropsychology



Aaron Nelson, Ph.D., ABPP  
President, American Academy of Clinical Neuropsychology