

September 29, 2013

Lt Governor Nancy Wyman
Chairperson, Board of Directors Access Health CT
State Capitol
Room 304
210 Capitol Avenue
Hartford, CT 06106

Re: Connecticut Health Exchange, Healthy CT

Dear Lt. Governor Wyman:

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), as well as the American Psychological Association Practice Organization (APAPO). The IOPC is tasked with coordinating national neuropsychology advocacy efforts, and represents approximately 8,000 neuropsychologists in the United States. The APA Practice Organization is dedicated to advancing the professional practice of psychology and represents the interests of APA members who are doctorally-trained and licensed health care professionals. It is the companion organization to the APA, which is the largest membership association of psychologists with more than 137,000 members and affiliates engaged in the practice, research and teaching of psychology.

We are writing to express our concern about the recently published behavioral health fee schedules (please see attached) for HealthyCT, offered through Connecticut's health exchange, Access Health CT. The published reimbursement system will block access to high quality psychological and neuropsychological services for citizens of Connecticut, barring neuropsychologists from billing for neuropsychological assessment, and combining masters and doctoral level psychotherapists together in one reimbursement group. Except in Connecticut, we have not heard of state insurance exchanges limiting patient access to neuropsychological and psychological services in this manner.

1. **Neuropsychological Assessment:** The published fee schedule only reimburses MDs and Advanced Practice Nurse Practitioners (APRNs) for neuropsychological assessment. The fee schedule under which psychologists are included does not allow for reimbursement for neuropsychological assessment. The failure to cover reimbursement by the predominant providers of neuropsychological services is deeply troubling in several respects.

Information from neuropsychological assessments directly impacts medical management of patients by providing information about diagnosis, prognosis, and treatment of disorders that are known to impact central nervous system (CNS) functioning, including Alzheimer's Disease, Traumatic Brain Injury, Autism, and other disorders. A unique feature of neuropsychology is its integration of measurement technology (including formal psychometric testing), systematic behavioral observations, and examination results with medical (imaging, physical findings, laboratory results), and psychosocial and developmental manifestations of a variety of conditions affecting the central nervous system. To fulfill this role, neuropsychologists must have specialized knowledge and skills in neuroscience and the neurological bases of behavior that are acquired through graduated educational and training sequences at the pre- and post-doctoral level.

We do not know of any training program in the country that offers this sequence of training to APRNs to prepare them to competently perform a neuropsychological assessment. Similarly, the number of MDs who have completed training sequences in neuropsychological assessment is very limited. It should not come as a surprise that the vast majority of professionals providing neuropsychological services are, in fact, neuropsychologists. *Restricting reimbursement for neuropsychological assessment to practitioners not trained to perform the services (APRNs) or with very few qualified practitioners (MDs) will dramatically limit access to neuropsychological services for Connecticut citizens.*

In our experience, health plans generally offer diagnostic/assessment services as part of the coverage for medical and mental health conditions. For the conditions listed above, neuropsychological assessment is a central part of those services. For those patients with the conditions listed above, such as Alzheimer's and TBI, the promise of diagnostic/assessment services without access to the predominant providers of that service is an illusory offer of coverage.

Beyond misrepresenting the services offered, the failure to provide the necessary neuropsychological providers will decrease the quality of care for Access Health CT patients and unnecessarily increase medical costs. For example, the failure to provide a needed neuropsychological assessment can result in improper and delayed treatment of patients, and improper prescription of medications.

Indications for neuropsychological assessments include a history of medical or neurological disorder compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of

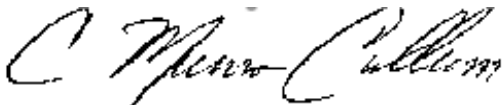
cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations (e.g., deep brain stimulators, epilepsy surgery). *Preventing access to highly trained neuropsychologists will thus limit a broad range of patients' access to needed care.*

2. Non-physician behavioral health providers all reimbursed at the same rate.

We are also concerned that all non-physician behavioral health providers will be reimbursed at the same rate, regardless of their level of education and training in their respective behavioral health fields (PhD, LCSW, LPC, LMFT). This classification system does not recognize the years of education and training which go into becoming a psychologist (typically 5-7 years of graduate education, as well as at least 1 -2 years of postdoctoral training), nor does it recognize psychologists' specialized training in research and measurement, which are unique qualifications of psychologists, enabling comprehensive evaluation, conceptualization, and treatment of the most complex behavioral health cases. By contrast, the Medicare fee schedule and almost all private insurance fee schedules recognize these differences. We are further perplexed by the fact that APRN's have a separate fee schedule, which reimburses for diagnostic evaluation and psychotherapy at a higher rate than that for psychologists.

Thank you for taking the time to review our concerns for patient access to standard of care neuropsychological services. If you have further questions, feel free to contact our IOPC liaison, Karen Postal, Ph.D., ABPP-CN karenpostal@comcast.net of 978-475-2025.

Respectfully submitted,



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

Handwritten signature of Aaron Nelson, Ph.D. in black ink.

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

Handwritten signature of Katherine C. Nordal, Ph.D. in black ink.

Katherine Nordal, Ph.D.
Executive Director, Practice Directorate
American Psychological Association



YOUR HEALTH – YOUR PLAN.

HealthyCT Statewide Fee Schedule for
BEHAVIORAL HEALTH - APRN

Statewide Fees for HealthyCT Commercial Programs.

Procedure Code	Procedure description	Fee
90785	PSYTX COMPLEX INTERACTIVE	\$5.23
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$166.43
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$135.22
90832	PSYCHOTHERAPY, PT&/OR FAMILY, 30 MINUTES	\$68.88
90833	PSYCHOTHERAPY, PT&/OR FAMILY, W/E&M, 30 MIN	\$45.24
90834	PSYCHOTHERAPY, PT&/OR FAMILY, 45 MINUTES	\$87.89
90836	PSYCHOTHERAPY, PT&/OR FAMILY, W/E&M, 45 MIN	\$73.37
90837	PSYCHOTHERAPY, PT&/OR FAMILY, 60 MINUTES	\$128.52
90838	PSYCHOTHERAPY, PT&/OR FAMILY, W/E&M, 60 MIN	\$117.88
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	\$202.17
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MIN	\$105.37
90845	PSYCHOANALYSIS	\$81.89
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$80.19
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY W/PATIENT)	\$96.01
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$37.72
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTI-FAMILY GROUP)	\$26.69
90870	ELECTROCONVULSIVE THERAPY, INCL MONITORING	\$200.04
90880	HYPNOTHERAPY	\$104.74
96101	PSYCHOLOGICAL TESTING BY PSYCH/PHYS	\$90.35

96111	DEVELOPMENTAL TEST (ASSESSMNT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE	\$139.69
96118	NEUROPSYCHOLOGICAL TESTING BY PSYCH/PHYS	\$100.98
96150	(ABA)HEALTH AND BEHAVIOR ASSESSMENT, FOR EACH 15 MIN	\$21.76
96151	(ABA)HEALTH AND BEHAVIOR RE-ASSESSMENT, FOR EACH 15 MIN	\$21.03
96152	(ABA)HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MIN, FACE TO FACE	\$19.91
96153	(ABA)HEALTH AND BEHAVIOR INTERVENTION, GROUP (2 OR MORE PTS)	\$4.86
96154	(ABA)HEALTH AND BEHAVIOR INTERVENTION, FAMILY W/PT PRESENT	\$19.54
99201	OFFICE/OUTPATIENT VISIT, NEW, 10 MINUTES	\$49.52
99202	OFFICE/OUTPATIENT VISIT, NEW, 20 MINUTES	\$83.73
99203	OFFICE/OUTPATIENT VISIT, NEW, 30 MINUTES	\$121.53
99204	OFFICE/OUTPATIENT VISIT, NEW, 45 MINUTES	\$184.24
99205	OFFICE/OUTPATIENT VISIT, NEW, 60 MINUTES	\$227.46
99211	OFFICE/OUTPATIENT VISIT, ESTAB, 5 MINUTES	\$23.13
99212	OFFICE/OUTPATIENT VISIT, ESTAB, 10 MINUTES	\$49.52
99213	OFFICE/OUTPATIENT VISIT, ESTAB, 15 MINUTES	\$81.64
99214	OFFICE/OUTPATIENT VISIT, ESTAB, 25 MINUTES	\$119.54
99215	OFFICE/OUTPATIENT VISIT, ESTAB, 40 MINUTES	\$159.61
99406	SMOKING/TOBACCO USE CESSATION COUNSELING, 3-10 MIN	\$15.46
99407	SMOKING/TOBACCO USE CESSATION COUNSELING, > 10 MIN	\$29.72
99495	TRANSITIONAL CARE MANAGEMENT, W/IN 14 CALENDAR DAYS OF D/C	\$184.03
99496	TRANSITIONAL CARE MANAGEMENT, W/IN 7 CALENDAR DAYS OF D/C	\$259.41

Fees effective for dates of service on and after 1/1/2014.
Fee Schedule is subject to editing procedures.



HealthyCT Statewide Fee Schedule for
BEHAVIORAL HEALTH – NON MD (PSYCHOLOGISTS, LCSW, LPC, LMFT)
 Statewide Fees for HealthyCT Commercial Programs.

Procedure Code	Procedure description	Fee
90785	PSYTX COMPLEX INTERACTIVE	\$4.61
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$146.86
90832	PSYCHOTHERAPY, PT&/OR FAMILY, 30 MINUTES	\$60.77
90834	PSYCHOTHERAPY, PT&/OR FAMILY, 45 MINUTES	\$77.55
90837	PSYCHOTHERAPY, PT&/OR FAMILY, 60 MINUTES	\$113.40
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	\$178.38
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MIN	\$92.97
90845	PSYCHOANALYSIS	\$72.26
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$70.76
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY W/PATIENT)	\$84.72
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$33.29
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTI-FAMILY GROUP)	\$23.55
90880	HYPNOTHERAPY	\$92.42
96101	PSYCHOLOGICAL TESTING BY PSYCH/PHYS	\$106.30
96150	(ABA)HEALTH AND BEHAVIOR ASSESSMENT, FOR EACH 15 MIN	\$25.60
96151	(ABA)HEALTH AND BEHAVIOR RE-ASSESSMENT, FOR EACH 15 MIN	\$24.74
96152	(ABA)HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MIN, FACE TO FACE	\$23.42
96153	(ABA)HEALTH AND BEHAVIOR INTERVENTION, GROUP (2 OR MORE PTS)	\$5.72
96154	(ABA)HEALTH AND BEHAVIOR INTERVENTION, FAMILY W/PT PRESENT	\$22.99



YOUR HEALTH – YOUR PLAN.

HealthyCT Statewide Fee Schedule for
BEHAVIORAL HEALTH - MD/DO

Statewide Fees for HealthyCT Commercial Programs.

Procedure Code	Procedure description	Fee
90785	PSYTX COMPLEX INTERACTIVE	\$6.15
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$195.80
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$159.08
90832	PSYCHOTHERAPY, PT&/OR FAMILY, 30 MINUTES	\$81.03
90833	PSYCHOTHERAPY, PT&/OR FAMILY, W/E&M, 30 MIN	\$53.23
90834	PSYCHOTHERAPY, PT&/OR FAMILY, 45 MINUTES	\$103.40
90836	PSYCHOTHERAPY, PT&/OR FAMILY, W/E&M, 45 MIN	\$86.32
90837	PSYCHOTHERAPY, PT&/OR FAMILY, 60 MINUTES	\$151.20
90838	PSYCHOTHERAPY, PT&/OR FAMILY, W/E&M, 60 MIN	\$138.69
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	\$237.84
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MIN	\$123.96
90845	PSYCHOANALYSIS	\$96.34
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$94.34
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY W/PATIENT)	\$112.96
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$44.38
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTI-FAMILY GROUP)	\$31.40
90870	ELECTROCONVULSIVE THERAPY, INCL MONITORING	\$235.34
90880	HYPNOTHERAPY	\$123.23
96101	PSYCHOLOGICAL TESTING BY PSYCH/PHYS	\$106.30
96111	DEVELOPMENTAL TEST (ASSESSMNT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE)	\$164.34
96118	NEUROPSYCHOLOGICAL TESTING BY PSYCH/PHYS	\$118.80
96150	(ABA)HEALTH AND BEHAVIOR ASSESSMENT, FOR EACH 15 MIN	\$25.60
96151	(ABA)HEALTH AND BEHAVIOR RE-ASSESSMENT, FOR EACH 15 MIN	\$24.74
96152	(ABA)HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MIN, FACE TO FACE	\$23.42
96153	(ABA)HEALTH AND BEHAVIOR INTERVENTION, GROUP (2 OR MORE PTS)	\$5.72

96154	(ABA)HEALTH AND BEHAVIOR INTERVENTION, FAMILY W/PT PRESENT	\$22.99
99201	OFFICE/OUTPATIENT VISIT, NEW, 10 MINUTES	\$58.26
99202	OFFICE/OUTPATIENT VISIT, NEW, 20 MINUTES	\$98.50
99203	OFFICE/OUTPATIENT VISIT, NEW, 30 MINUTES	\$142.98
99204	OFFICE/OUTPATIENT VISIT, NEW, 45 MINUTES	\$216.75
99205	OFFICE/OUTPATIENT VISIT, NEW, 60 MINUTES	\$267.60
99211	OFFICE/OUTPATIENT VISIT, ESTAB, 5 MINUTES	\$27.21
99212	OFFICE/OUTPATIENT VISIT, ESTAB, 10 MINUTES	\$58.26
99213	OFFICE/OUTPATIENT VISIT, ESTAB, 15 MINUTES	\$96.05
99214	OFFICE/OUTPATIENT VISIT, ESTAB, 25 MINUTES	\$140.64
99215	OFFICE/OUTPATIENT VISIT, ESTAB, 40 MINUTES	\$187.78
99406	SMOKING/TOBACCO USE CESSATION COUNSELING, 3-10 MIN	\$18.18
99407	SMOKING/TOBACCO USE CESSATION COUNSELING, > 10 MIN	\$34.97
99495	TRANSITIONAL CARE MANAGEMENT, W/IN 14 CALENDAR DAYS OF D/C	\$216.50
99496	TRANSITIONAL CARE MANAGEMENT, W/IN 7 CALENDAR DAYS OF D/C	\$305.19

Fees effective for dates of service on and after 1/1/2014.
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