Mr. Jack Stephenson-Chief Operating Officer
Amerigroup Health Plus
9 Pine St., 14th Floor
New York, NY 10005
(212) 372-6902

RE: Guideline #: CG-MED-22 (Neuropsychological Testing)

March 30, 2015

Dear Mr. Stephenson:

The Inter Organizational Practice Committee (IOPC) is a coalition of the American Academy of Clinical Neuropsychology (AACN), the Society for Clinical Neuropsychology/Division 40 of the American Psychological Association, the National Academy of Neuropsychology (NAN), the American Board of Professional Neuropsychology (ABN), and the American Psychological Practice Organization (APAPO) tasked with coordinating national neuropsychology advocacy efforts, and representing thousands of neuropsychologists in the United States.

The IOPC is writing to express our concern that the Amerigroup policy for neuropsychological testing (Guideline #: CG-MED-22) substantially limits access to neuropsychological care.

First, the policy arbitrarily limits allowable hours for neuropsychological evaluations to three hours, in a manner that is inconsistent with the local and national standard of care.[1] This arbitrary limit creates a situation in which consumers are led to believe that they have purchased a neuropsychological benefit with their policy, when in fact the coverage is illusory. In the current policy, not enough hours are allowed for a reasonable neuropsychological assessment to be conducted in most clinical situations.

Second, the policy inaccurately communicates the purpose and utility of neuropsychological examinations in a manner that will result in confusion to the consumers and providers and restricted access to the neuropsychological benefit.

[1] Sweet, J.J. et al. (2011). The TCN/AACN 2010 salary survey: Professional practices, beliefs, and incomes of U.S. neuropsychologists. *The Clinical Neuropsychologist, 25*, 12-61.

> "Neuropsychological Testing assessments *by themselves are insufficient, as a basis for decisions regarding medical therapy and are not intended to provide recommendations for specific diagnostic and pharmacologic interventions. Neuropsychological testing results reflect functional capacity and are not diagnostic of a specific etiology or indicative of a precise localization of a neurologic disease. The purpose of testing must be to help establish the diagnosis and to develop a treatment plan for a mental disorder when the diagnosis or treatment plan cannot be determined based on available information from one or more comprehensive medical or behavioral health evaluations with the affected individual and appropriate ancillary information sources (for example, family members, health care providers, school records)."*

In fact, neuropsychological evaluation increases the validity of diagnosis and the ability to guide management and predict functional outcomes for a very broad spectrum of neuropsychiatric and neurological disorders including dementia, multiple sclerosis and demyelinating diseases, stroke, epilepsy, Parkinson's, traumatic brain injury, brain tumor and cancers affecting the central nervous system, and others[2]. Neuropsychological assessment allows for precise detection, tracking, and management of cognitive functions with a high degree of sensitivity not possible through standard mental status examination. It is the only means to evaluate the functional impact of known localized cortical abnormalities detected on brain imaging studies and EEG. Many national organizations including the National Association of Epilepsy Centers, the National Parkinson Foundation, and the National Institutes of Health Guidelines include neuropsychological assessment in their standards of care.

We understand that Dr. Brian Lebowitz, chair of the Professional Affairs and Information Committee of the New York State Association of Neuropsychology (NYSAN), met with administrators of Amerigroup on 12/15/14 to discuss these concerns. Dr. Lebowitz noted that he was informed that the CG-MED-22 policy was not developed with input from any of the major neuropsychological organizations in this country. Given the marked discrepancy between Amerigroup's neuropsychology guideline (CG-MED-22) and current standards of care, we suggest that the guidelines regarding neuropsychological evaluations be immediately revised.

As a courtesy, we are available to provide input, reflecting national practice standards, to assist Amerigroup staff in remedying the neuropsychological assessment policy, as we have been for the major health insurance plans (Optum/BCBS) who consult with us through the American Psychological Association before publishing policies. You can reach us at karenpostal@comcast.net; 978-475-2025.

Respectfully submitted on behalf of the American Academy of Clinical Neuropsychology, National Academy of Neuropsychology, Division 40 (Neuropsychology) of the American Psychological Association, and the American Board of Professional Neuropsychology,

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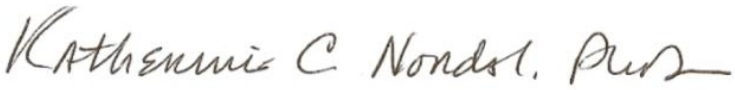
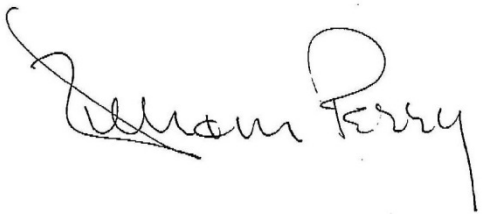
[2] Braun et al. (2011). Neuropsychological assessment: a valuable tool in the diagnosis and management of neurological, neurodevelopmental, medical, and psychiatric disorders. *Cognitive Behavioral Neurology; 24:* 107-114).

Mark Mahone, Ph.D., ABPP
President, American Academy of Clinical Neuropsychology

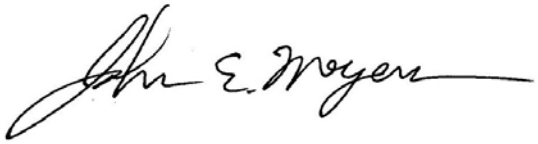


Katherine Nordal, Ph.D.
Executive Director, American Psychological Association Practice Organization



William Perry, Ph.D.
Executive Director and Past-President, National Academy of Neuropsychology

Neil Pliskin, Ph.D., ABPP
President, Society for Clinical Neuropsychology (APA Division 40)



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CC:
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