## »LAAC UPDATES – SEPTEMBER 2015

The LAAC provides periodic updates to inform members about recent advocacy efforts and to request input from members about their advocacy needs.

## Qualified Medical Evaluator (QME) Regulations to Abolish Neuropsychology QME Status in California

The Department of Industrial Relations (DIR) Division of Worker's Compensation adopted a regulation that abolished neuropsychology as a OME specialty. Neuropsychological assessment is necessary to evaluate cognitive dysfunction stemming from neurological injuries sustained by workers, and thus this regulation threatens the competent evaluation of these individuals. The California Psychological Association (CPA) and the California Society of Industrial Medicine and Surgery (CSIMS) have coordinated efforts with key legislators to support Assembly Bill (AB) 1542, which lists neuropsychologists as QME providers. AB 1542 passed in the California state Assembly with a vote of 79-0 and in the state Senate with a vote of 39-0. Despite this unanimous support, opposition from DIR continued to threaten AB 1542 through the potential for gubernatorial veto. The LAAC wrote a letter to the Hon. Governor Edmund "Jerry" G. Brown, Jr., encouraging him to sign the bill into law immediately and provided other IOPC member organizations with a copy of the letter to use in their own action. As of September 1, 2015, neuropsychology is no longer a OME specialty, but the bill was enrolled and sent to the Governor on September 3, 2015. Please see the CSIMS website for more detailed information. The LAAC is continuing to monitor the situation and encourage members to contact Governor Brown with their support of AB 1542.

Hon. Governor Edmund "Jerry" G. Brown, Jr. State Capitol, Suite 1173 Sacramento, CA 95814 Attn: AB 1542 Support

FAX: (916) 558-3160

Email: https://govnews.ca.gov/gov39mail/mail.php

## The Center for Medicare and Medicaid Services (CMS) Revisions to Payment Policies Under the Physician Fee Schedule (PFS)

CMS identified three psychological/neuropsychological testing codes (96101, 96116, 96118) through a High Expenditures Screen, which are now under review for possible reduction in reimbursement value under the proposed revision to the PFS for CY 2016. These codes were flagged because they "...account for the majority of spending under the PFS." However, the 2010-2013 Medicare/Medicaid claims data demonstrated the average yearly change in allowable charges for the above mentioned codes is less than 1%, indicating stability in code utilization over time. In addition, the total combined spending on the flagged codes constitutes a very small portion of the allowable PFS spending. NAN and other members of the IOPC recently asked neuropsychologists to complete a brief survey addressing aspects of psychological/neuropsychological testing that may influence the valuation of these relevant CPT codes. Approximately 75 responses were obtained from members in 32 states, and Randi Most, ABN liaison to the IOPC, aggregated the information and sent it to the APA Practice Organization (APAPO).

The APAPO addressed the potential psychological/neuropsychological testing code valuation issues in the <u>CY 2016 Comment Letter</u> sent to CMS on September 8, 2015.

## **State Action Network**

The LAAC needs your help to create a 50 state action network. We are looking for at least one member from each state to help us keep track of important legislation or advocacy issues that we should be aware of and working on for our members. We don't anticipate heavy time commitments and this is a great way to have your voice heard. If interested please contact: <a href="LAACCommittee@nanonline.org">LAACCommittee@nanonline.org</a>. We need representatives from the following states:

Arizona Missouri Connecticut Montana Delaware Nebraska Indiana Nevada New Hampshire Iowa Kentucky New Mexico North Dakota Maine Oklahoma Maryland Minnesota Oregon Rhode Island Mississippi

South Carolina South Dakota Tennessee Utah Vermont Washington Wisconsin Wyoming