UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

UC DAVIS HEALTH MIND INSTITUTE
2825 50th Street
SACRAMENTO, CALIFORNIA 95817
mindinstitute.ucdavis.edu

January 3, 2019

ATTN: **** ****, MD
Medical Director
ABC Insurance Company
Street
City, State, Zip code

Re: Patient's Name
DOB: MM/DD/YYYY
Member ID#: ###-##-###

Dear Dr. **** ****:

With this letter our UC Davis 22q Healthy Minds Clinic requests to obtain prior authorization for multidisciplinary assessment (Neuropsychological, Developmental Behavioral Pediatric, Psychiatric) of the above named patient. As you will see from reviewing our clinic's web-site, our multidisciplinary examinations are unique because they bring an interperative power to understanding and managing 22q11.2DS that is **not available elsewhere in the nation <** **http://www.ucdmc.ucdavis.edu/mindinstitute/research/cabil/healthymindsclinic.html** **>**.We request authorization for new patient visit (CPT 99205), ##-hours neurobehavioral status exam by physician (CPT 96116 first hour & 96121 each additional hour), ##-hours of neuropsychological testing evaluation services by psychologist (CPT 96132 first hour & 96133 each additional hour), ##-hours of neuropsychological test administration and scoing by psychologist (CPT 96136 first ½-hour & 96137 each additional ½-hour), 1-hour psychiatric assessment with medical services (CPT 90792) and team conference (CPT 99367). This patient is seeking our care for treatment of the neurocognitive, medical, behavioral, emotional and functional consequences of the genetic disorder Chromosome 22q11.2 Deletion Syndrome (22q11.2DS). The disorder is also known as Velocardiofacial syndrome or DiGeorge syndrome. 22q11.2DS results from a deletion on the long arm of chromosome 22 and is characterized by various medical issues. These include: congenital heart disease, immune dysfunction (immunodeficiency and chronic infections), ENT manifestations (such as cleft palate, velopalatal insufficiency, and hearing impairment), hormonal dysregulation (thyroid, calcium, growth), and others.

International experts in 22q11.2DS [1] have created a consensus document of practical guidelines for the management of patients with 22q11.2DS. These guidelines support the evaluation of patients with 22q11.2DS by a multi-disciplinary team given the medical complexity of care:

> "Because of the complexity of 22q11DS in many cases…we recommend that all affected individuals be evaluated periodically at a comprehensive care center." "All management strategies should be pursued, however, in the context of the multi-system nature of 22q11DS. Specialty clinics, or so-called ''clinical centers of excellence,'' can…provide support for both the parents and treating clinicians while facilitating access to peer-support networks."

A considerable body of peer-reviewed research evidence clearly indicates that 22q11.2DS is also characterized by many neurocognitive problems. These include general cognitive abilities that are below average or lower, visuo-spatial deficiencies, impairments in abstract reasoning and in analysis and synthesis, dyspraxia, speech, language and social communication disturbances. Executive functions, such as sustained attention, mental flexibility, planning are also impaired. Together, these contribute to the high rates of ADHD diagnoses. Behavioral and emotional concerns, which are closely related to the cognitive limitations, are also common. These include social immaturity including symptoms often misdiagnosed as autism spectrum disorder, excessive anxiety and mood disorders. These challenges hamper the development of age-appropriate independent living skills. They are also related to the increased risk for individuals with

2211.2DS to develop chronic mental illness. Most strikingly, this includes a **risk for developing schizophrenia that is up to 30 times greater than the general population.**

[Patient's Name] and his/her family are seeking our unique knowledge of and expertise in this condition. That expertise comes from the tight interaction of our team's scientists and clinicians, which has generated critical contributions to the understanding of 2211.2DS [2-7]. We have over a decade of expertise in the clinical evaluation and management of individuals with 22q11.2DS. Our multidisciplinary examinations are unique because they bring an interperative power to understanding and managing 22q11.2DS that is **not available elsewhere in the nation**. Even families from other countries have sought services at our clinic. This is because our team includes specialized knowledge and experience from several clinical disciplines that are keenly informed by our neuroscience research. The disciplines are clinical neuropsychology, developmental behavioral pediatrics and/or psychiatry. [Patient's Name]'s primary care physician has deemed that such assessment is medically necessary. This is because [Patient's Name]'s family members and providers of his/her treatment team have raised specific clinical questions that could not be resolved by previous diagnostic interviews, management or treatment services. Thus, diagnosis and treatment recommendations require a referral for a multidisciplinary assessment by our expert team. Furthermore, [Patient's Name]'s genetic condition is complex and its manifestations include many suspected co-occuring conditions and some risk for a decline in the developmental trajectory of his/her adaptive living and quality of life.

A neuropsychological assessment will contribute an analysis of the changes connected with the abnormal brain structure and functioning now well-documented in 22q11.2DS. Without the neuropsychological assessment it is impossible to generate timely, pertinent, tailored treatment recommendations, action plans and surveillance regimes. The post-assessment feedback that our multidisciplinary team provides the patient and his/her family also is unique. This is because the entire interpretation of the results of our assessments is carried out against the background of our decade of clinical and research experience with individuals with 22q11.2DS (see also our laboratory's web-site: < http://www.ucdmc.ucdavis.edu/mindinstitute/research/cabil/index.html >). That is not something that any other existing clinics can do. Our unique knowledge ensures that families are informed about appropriate evidence-based treatments tailored to maximize functioining and mitigate risk for longitudinal decline. Another extremely rare but critical feature of our feedback is that the family is provided information about community resources. Our expert knowledge enables us to suggest providers and specific services optimized to the patient's and family's needs. Also, only resources close enough to the family's home community are selected. This greatly increases the likelyhood the patient and his/her family will actually use the recommended services. We wish to emphasize that the assessment is not for the purposes of research, educational, vocational or forensic evaluation nor for disability qualification. The proposed assessment will help us characterize [Patient Name]'s strengths and weaknesses in a uniquely sophisticated pattern. That will enable us to guide treatment planning and quantify [Patient Name]'s deficits in order to assist with the **optimization of his/her prognosis and quite likely reduce his/her future need of clinical services.** We provide one illustrative example. A patient was put on long-term prophylactic therapy for migraines by a provider not familiar with 22q11.2DS. This was an unnecessary treatment, as his headaches were a manifestation of hypocalcemia related to 22q11.2DS and his migraines resolved after calcium supplementation. Our multidisciplary knowledge is also critical to enabling our team or [Patient Name]'s own providers, with our support, to monitor the efficacy of treatments. It also informs decision about whether to intervene to mitigate the possible iatrogenic effects of those treatments and/or psychosocial factors.

Thank you for assisting with this [Patient Name]'s care and please contact us directly if we can provide any additional information to facilitate ABC Insurance Company's decision-making process.

Sincerely.

Kathleen Angkustsiri, M.D., M.A.S.
Associate Professor of Clinical Pediatrics
Medical Director,
22q Healthy Minds Clinic

916- 703-0278

Ingrid N. Leckliter, Ph.D.
Licensed Clinical Psychologist,
Associate Clinical Professor
Developmental Behaivoral Pediatrics Section,
Department of Pediatrics
916-703-0255

Tony J. Simon, Ph.D.
Professor of Psychiatry and Behavioral Sciences
Director, 22q11.2 Research Center and Clinic

916-703-0407

1. Bassett, A.S., et al., *Practical Guidelines for Managing Patients with 22q11.2 Deletion Syndrome*. The Journal of Pediatrics, 2011.

2. Angkustsiri, K., et al., *Social Impairments in Chromosome 22q11.2 Deletion Syndrome (22q11.2DS): Autism Spectrum Disorder or a Different Endophenotype?* Journal of Autism and Developmental Disorders, 2013.
3. Angkustsiri, K., et al., *An examination of the relationship of anxiety and intelligence to adaptive functioning of children with chromosome 22q11.2 deletion syndrome*. Journal of Developmental and Behavioral Pediatrics, 2012. **33**: p. 713-720.
4. Scott, J.A., et al., *Localized alterations of anterior hippocampus in chromosome 22q11.2 deletion syndrome predict anxiety severity in children*. in prep.
5. Shapiro, H.M., et al., *The development of cognitive control in children with chromosome 22q11.2 deletion syndrome*. Frontiers in Psychology: Developmental Psychology, 2014.
6. Simon, T.J., *A New Account of the Neurocognitive Foundations of Impairments in Space, Time and Number Processing in Children with Chromosome 22q11.2 Deletion Syndrome*. Dev Disabil Res Rev, 2008.
7. Stoddard, J., et al., *Attenuated positive symptoms of psychosis in adolescents with chromosome 22q11.2 deletion syndrome*. Schizophrenia Research, 2010.