Adopting an Electronic Health Record System—Or Not

EHRs can help protect your patients, streamline your practice and more, but there are still some holdouts.

PAGE 8

Artificial Intelligence and You
PAGE 4

Technology in Psychological and Neuropsychological Testing
PAGE 13

The Nuts and Bolts of Business Associate Agreements
PAGE 21
Deficits in executive function skills can impair problem solving, reasoning, and adaptive behavior, making even the simplest tasks a challenge. Ensure those in your care receive the best support with the newest measure of executive function available.

- Use the CEFI Adult’s **nine comprehensive scales** to guide targeted intervention
- Interpreting results has never been simpler with our acclaimed **easy to read report options**
- Rely on **highly accurate results** based on extensive norming

**Special Offer!**

Receive a FREE copy of Dr. Naglieri and Dr. Goldstein’s “Handbook of Executive Functioning” ($90 value) with purchase of any CEFI Adult Kit®

Available for a limited time while supplies last.

Go to www.mhs.com/CEFIAdult for more details or contact your MHS consultant
CONTENTS

3  CEO Column: Taking on Technology

TRENDS AND OPPORTUNITIES

4  Artificial Intelligence and You

8  Adopting an Electronic Health Record System—Or Not

13 Technology in Psychological and Neuropsychological Testing

ADVANCING PRACTICE

17 Becoming Leaders in Telehealth

19 Getting Paid for Telehealth Graphic

LEGAL AND REGULATORY ISSUES

21 The Nuts and Bolts of Business Associate Agreements

REIMBURSEMENT

24 2019 Psychological and Neuropsychological Testing CPT® Codes & Descriptions
As part of APA’s efforts to deliver you more valuable, relevant benefits, we are introducing a newly upgraded Psychologist Locator! This dynamic online tool — exclusively for APA member practitioners — uses robust search and filtering capabilities, simple navigation, and APA-supported promotion to drive potential clients to your professional profile, where they can learn about your areas of expertise, background, treatment options, office hours and more.

To take advantage of this free benefit of your APA membership and enhance the visibility of your practice — create or update your profile today!

For more information, visit: on.apa.org/psychlocator
We’re living in a “high-tech” era, in which new technologies have permeated our lives, changing the way we interact with those around us. Technological advances have already impacted—and will continue to affect—the field, including how psychologists practice.

As a field, we have a critical role to play in not only the use of, but also the design, evaluation, and implementation of emerging technologies. Psychologists have the skills and expertise necessary to develop and modify technologies to align with high-quality psychological science, and to evaluate and recommend technologies based on their scientific rigor and effectiveness in helping people. We can also be experts in the appropriate use of technology in clinical settings, responsibly incorporating relevant and emerging technologies into our work.

I believe embracing relevant technology—such as mobile apps addressing mental health needs, telepsychology, and electronic health records—will ensure that practicing psychologists stay in step with the most contemporary and efficient ways to improve public health.

The mobile app market, for example, has hundreds of apps designed to help users manage their mental health. Some apps are intended to help users to find peace through meditation or mindfulness exercises; others are designed to help people reduce stress or build resilience. Other apps even feature a conversational agent or therapeutic “chatbot”—a computer application programmed to generate appropriate responses—helping some individuals find relief through talking about their emotions.

But with more than 10,000 mental health apps available for download, selecting ones that are safe and effective is imperative. Psychologists are uniquely qualified to evaluate the usefulness of these apps and determine those based in strong psychological science. Different areas of the field, such as clinical psychology, human factors, and social psychology, have valuable perspectives to contribute to these efforts, which allow us to help the public navigate and understand these mental health technologies and ultimately improve their well-being.

The intersection of technology and human behavior is psychology’s domain—whether it’s shaping the ways that technologies are developed, informing standards around ethical and responsible use of technology, or addressing the clinical needs of society resulting from technological advances. By also embracing technology, utilizing it to improve how we practice and treat patients, we can maximize our impact to benefit society and improve people’s lives.
Artificially intelligent technologies have the potential to transform mental health care. What does that mean for your practice?

By Hannah Calkins
Imagine a robot capable of having a conversation with a human user. But not just any kind of conversation: Imagine that the robot inquires about the user’s thoughts, behavior and mood. Imagine that the robot listens to the user’s answers and asks probing follow-up questions. Perhaps the robot challenges a thought that the user shares, or suggests reframing it, or expresses empathy with the user. Imagine, in other words, a robot that behaves a lot like a therapist.

This may sound like a futuristic scenario (and possibly a dystopian one, depending on your perspective). But this technology has existed since the mid-1960s, when Joseph Weizenbaum created a convincing computer simulation of a psychotherapist called “The Doctor.” Today, similar technologies are becoming increasingly advanced—and increasingly available at low or no cost on commercial markets. Depending on their purpose, these technologies use various applications of artificial intelligence—such as machine learning and natural language processing—to analyze, screen or even perform cognitive behavioral therapy techniques with users. They may take the form of “virtual humans” that look and sound like professionals, or of “chatbots” (sometimes called conversational agents) personified as cute nonhuman characters. While some of these tools are meant to be administered to patients by providers, others are primarily designed for consumers to use on their own mobile devices.

As a practicing psychologist, you may be bemused to learn of the emergence of these unusual entities into the highly personal, complex world of mental and behavioral health care. You may have concerns about user safety and confidentiality. You may question the scientific validity of technologies claiming to perform the skills and tasks you were trained to do. At the same time, you may also be intrigued by this technology’s potential—or you may fear that one day it will become sophisticated enough to put you out of work.

But no matter your feelings on the rise of artificial intelligence in mental health care, from a business perspective it makes sense to learn more about it, even if you decide not to engage with it directly.

“In the last five or six years, artificial intelligence [AI] has had a significant impact on the field of psychology,” said David D. Luxton, PhD, a psychologist and expert in behavioral health technologies and their ethics. “Our profession needs to pay attention to what is happening, and what is coming.”

**CHATBOTS AND VIRTUAL HUMANS: EXAMPLES**

One of the most popular iterations of artificially intelligent mental health technology today is the “chatbot” therapy app. These apps feature artificially intelligent “coaches” that users communicate with via instant messaging or texting. Some examples are “Tess,” which is described as a coach that helps people build resilience through conversation; “Wysa,” characterized as a cute talking penguin that does the same; and “Woebot,” a “charming robot friend who is ready to listen, 24/7.” Many of these chatbot apps can be downloaded to your phone from its app store.

Athena Robinson, PhD, is the chief clinical officer at Woebot Labs. She is a private practitioner and researcher who spent 10 years on the psychiatry faculty at the Stanford University School of Medicine before she was recruited to “oversee the theoretical foundation and integration of treatment skills” into the Woebot app.

“I would describe Woebot as a personal coach that offers intelligent mood-tracking,” she said. “Through conversation, its goal is to help people learn empirically supported skills, like thought-challenging, and to have a forum in which to practice those skills any time they are in need.”

According to Robinson, apps such as Woebot are a response to a global mental health crisis. Woebot, for instance, brings relief to people who are in need of care but who can’t afford or are otherwise unable to see a provider, she said. At least one study has already shown that...
Woebot is effective in reducing depression. (That study, as well as more information about the app, is available on Woebot Labs’ website, [www.woebot.io](http://www.woebot.io).)

But the app, which Robinson says is compliant with both the Health Insurance and Portability Act (HIPAA) and the General Data Protection Regulation (GDPR), also works well as a complement to in-person therapy.

“Woebot can be used as an early intervention before someone sees a counselor; it can be used as a step down from higher levels of care; and it can be used alongside therapy” as a point of discussion with a counselor or as “homework” in between sessions, Robinson said.

A different set of AI technologies is designed to guide users through specific processes, or to screen users for specific risks. These kinds of tools are often computer-based, administered by providers, and feature interactive, highly realistic human simulations that read and analyze users’ verbal and non-verbal responses. Good examples of these “virtual human” tools can be found at the University of Southern California’s Institute for Creative Technology, such as its “SimCoach,” which helps military personnel and their families engage with the mental health care system.

Another example is the tool and character “AiME,” developed by the tech company Textpert (AiME stands for for artificial intelligence mental evaluation).

“Think of AiME as a blood test or MRI for mental health,” said Ray Christian, Textpert founder and CEO.

AiME, a chic brunette with an English accent, asks users interactive questions, observes their responses, and then determines their risk for depression, anxiety and addiction. She does this by analyzing users’ speech content, vocal tonality and facial expressions—“the same three key inputs that a mental health professional observes in person,” said Christian.

AiME’s evaluation takes about five minutes, and her report results are sent directly to the treating physician or mental health professional. Christian says that AiME is HIPAA-compliant, and never sees users’ personal data (other than their faces and voices).

“The tool is designed for repeat use so the practitioner can track mental health trends over time,” Christian said. (More information about the science behind AiME can be found on the Textpert website, [www.textpert.ai](http://www.textpert.ai).)

**CONCERNS, LIMITATIONS AND A NEED FOR GUIDELINES**

Luxton, who is an associate professor at the University of Washington and the founder of Olympia, Washington-based behavioral health technology consulting and research company Luxton Labs, LLC, predicts that AI technologies like AiME and Woebot will only become more prevalent in mental health care as time goes on.

Considering this, you may have questions regarding the ethics, privacy and security of these technologies. These concerns are legitimate given that, so far, these technologies lack regulation or formal professional guidelines.

“Especially for advanced uses of AI, I would be hesitant to incorporate [them into my
practice) without more specific guidelines, training and markers for competency on using these technologies,” said JoAnna Romero Cartaya, PhD, a licensed psychologist in Iowa who uses an array of non-AI technological tools in her practice.

Luxton shares this concern. He’s an advocate for the development of guidelines for the ethical use and design of artificially intelligent mental health tools, and has proposed recommendations himself in his work. But since those guidelines haven’t been formally adopted by mental health care professional organizations, psychologists interested in AI need to make sure the technology they’re using is safe and secure.

“One of the first issues that comes to mind is privacy,” he said. “This technology can collect very sensitive information about people, and thus must be compliant with state, federal and international laws, as well as ethical guidelines, to assure that our profession does not lose public trust.”

Another concern of great significance, according to Luxton, is crisis response. A responsibly designed tool should effectively respond or intervene if a user discloses that they are suicidal or violent, for example. Both Woebot and AiME have these safeguards, but other technologies may have poorly designed response mechanisms or lack them altogether.

Other concerns about AI in mental health care are just as important but may be more difficult to address. While the biggest advantages of AI are extreme efficiency, memory, precision and—some would argue—objectivity, psychologists might point out that AI systems in other industries have been found to be biased. Others, such as Cartaya, have questions about cultural competency and accessibility.

“I wonder how this technology takes into account aspects of diversity, including rural and urban populations, different age groups, and multicultural and LGBTQ perspectives,” as well as the clients’ language choices or gender pronouns, she said.

Additionally, she noted that tools such as AiME, which “read” users’ faces and voices, may be unable to correctly assess patients with neurodevelopmental or neurological disorders, which can impact facial expression, voice intonation and word choices.

HELPFUL TOOLS—OR COMPETITORS?

Luxton says that some AI mental health tools are simply “better than humans at tracking clients, communicating with clients, and customizing an approach with clients,” and it’s possible that, in some cases, they may even apply ethical principles more reliably and consistently than a human provider would.

But Cartaya’s concerns highlight the fact that no matter how efficient, consistent and precise these machines may be, they fall short of offering a human provider’s nuanced judgment, empathy and experience.

So while Luxton cautions that “emerging artificial intelligence applications do pose a long-term threat to traditional jobs in our profession,” that threat likely is a long way off.

“The moment AI replaces a mental health professional is the same moment all our jobs are in jeopardy,” said Christian. “In the near- and medium-term future, AI is a tool that will enhance treatment and improve the lives of psychologists.”

Similarly, Robinson says that Woebot, at least, is not an app intended to diminish the roles of mental health providers. “I’m a clinician—I understand that there is something wonderful about the relationship every psychologist develops with the individual who comes to see them,” she said. “That relationship is special and unique, and cannot be replaced.”

The bottom line is that, when developed in collaboration with human care providers, artificially intelligent mental health technology has a great deal of positive potential—but it’s imperative that psychologists are involved in its design and application.

“Sometimes we’re too late, and the technology is already in the marketplace and could be causing harm,” said Luxton. “We need to recognize emerging issues and guide the development of the technology in a practical and ethical way.” ●

“In the near- and medium-term future, AI is a tool that will enhance treatment and improve the lives of psychologists.”

RAY CHRISTIAN
ADOPTING AN ELECTRONIC HEALTH RECORD SYSTEM—OR NOT

When the outpatient clinics of Pine Rest Christian Mental Health Services of Grand Rapids, Michigan—the nation’s fourth largest behavioral health care provider—switched from paper to electronic health records (EHRs) in 2013, the advantages were obvious. Instead of having to hunt for charts back at the office, for instance, clinicians could pull up a patient’s record no matter where they were.

There was only one problem. “Not only did our outpatient EHR system not speak to our inpatient health record, it couldn’t speak to any of the other EHRs in our region,” says psychologist Mark Eastburg, PhD, Pine Rest’s president and chief executive officer. “It was a complete electronic silo.”

Now that’s changed. Last year, Pine Rest switched to a new EHR system for the entire organization, a system also used by many partner hospitals. Psychologists and other clinicians can now share notes with all providers in the system, ensuring that they all have the information needed to provide optimal treatment and follow-up. The system also makes it easy to track patient outcomes and provide clinician feedback. “For us,” says Eastburg, an EHR “is an absolutely essential tool to try to achieve the goal of integrated care.”

While psychologists who work in large organizations like Pine Rest may have no choice about using EHRs, many smaller practices and even solo practitioners are assessing the advantages and disadvantages.

EHRs can help protect your patients, streamline your practice and more, but there are still some holdouts.

BY REBECCA A. CLAY
WEIGHING THE PROS
An EHR’s advantages go far beyond ridding your practice of overstuffed file cabinets. EHRs also improve patient care, says Vanessa Casillas, PsyD, director of psychology at Oregon’s Providence Medical Group. Good EHR systems combine many practice management tasks—billing and scheduling, for example—with electronic clinical record keeping.

Providence emphasizes team-based care, says Casillas, and the EHR helps ensure all providers are on the same page. Clinicians can follow up with patients on a common treatment plan, for instance. “I can say, ‘I see that you saw Dr. B. last Friday. Tell me how that’s going,’ whether it’s a primary-care physician changing medication or recommending that someone connect with physical therapy,” says Casillas. The shared information also decreases the chances clinicians will overload patients. “We can see what the patient is working on and discuss whether it makes sense to add another goal related to weight loss, mood management or whatever,” she says.

Patients appreciate the EHR system, too, says Casillas. For one, they no longer have to repeat the same information to multiple providers. In addition, they can use a patient portal to email providers and review notes from office visits.

EHRs also help keep patients safe, says W. Douglas Tynan, PhD, director of integrated health care at APA’s Center for Psychology and Health. For example, in emergency situations EHRs give emergency room clinicians immediate access to a patient’s health record, which usually includes accurate information about prescriptions and previous illnesses. Many mental health groups don’t have on-call staff for emergencies, says Tynan.

“Having the electronic chart available helps emergency room providers determine the best course of treatment,” he says. And if a patient is seen by another provider when his or her primary therapist goes on vacation, leaves the practice or dies, the patient’s history is readily available to a new provider.

EHRs could even save patients money, says Tynan. “If a patient with panic attacks presents at the emergency room, he or she may undergo an unnecessary and expensive cardiac workup and may have to pay part of the costs,” he points out. “If the emergency room physician could see the psychologist’s notes on the patient’s history of panic attacks, that could save a lot of time and money for everyone.”

Casillas notes that EHRs can also easily compile data on patients’ A1C or depression scores or identify patients who could benefit from outreach.

Beyond the clinical realm, EHRs make practice management easier, says psychologist Lawrence Beer, EdD, founder of Child and Family Psychological Services in Kalamazoo and Portage, Michigan. “Although you can practice these days and not use an EHR, it’s just more efficient to do so,” says Beer.

Making billing easier was the number-one reason the practice adopted an EHR several years ago, says Beer. By bringing all the information needed for billing together in one place, the system saves support staff time. While the system’s not cheap, he adds, it’s well worth the cost.

Tynan says EHRs can provide additional protections for clinicians by prompting
psychologists to complete notes, including start and stop times, and make sure they’ve gathered data in key areas, made an accurate diagnosis and correctly completed documentation for a specific Current Procedural Terminology™ (CPT) code. “If you ever get audited by an insurer and you use an electronic chart,” Tynan says, “you will do well.”

**ASSESSING THE CONS**

For some solo practitioners, EHRs may not be a worthwhile investment. Take Michael Fresé, PhD, a Los Angeles geropsychologist who consults with facilities such as the Los Angeles Jewish Home. “I’m the outlier!” Fresé laughs.

Fresé has never considered adopting an EHR system. “Until it’s a requirement, I don’t see the benefit,” he says. For one thing, they’re expensive, and the federal government has yet to include psychologists in an incentive program designed to encourage adoption by physicians and medical groups.

Fresé also worries about the security of information stored in the cloud. Instead, he uses Word templates for initial evaluations and progress notes, then stores those documents on a computer not connected to the Internet plus an external drive he stores in a home safe. Fresé uses encryption on both the computer and the storage device.

But despite not having an EHR system of his own, Fresé is able to log into the Jewish Home’s EHR, which allows him to review patients’ charts from wherever he is plus upload scans of his notes. “I have the best of both worlds—and I don’t have to pay for it,” he says.

Even those who have adopted EHRs acknowledge there can be additional disadvantages. A power failure could bring your practice to a temporary halt. Some psychologists complain that EHRs aren’t flexible enough to meet their needs. Others are just comfortable with how they’ve always done things.

**CHOOSING A SYSTEM**

If you do decide to go the EHR route, ask other practitioners in similarly sized practices for recommendations. Consult colleagues on
Increasingly bad handwriting is one of the factors that helped Goleta, California, psychologist Dean Given, PhD, change his mind about electronic health records (EHRs).

Given, president and co-director of an affiliation of psychologists, psychiatrists, social workers and other mental health practitioners called Santa Barbara Behavioral Health, has been practicing psychology for more than three decades. When EHRs came along, he wasn’t convinced that they’d be more useful than the pen-and-paper template he had developed for himself as a charting system.

Then he began noticing a problem: As the years went by, his handwriting deteriorated. All too often, he says, “I couldn’t read my own handwriting.” He was embarrassed to share his records with other clinicians who were working with his clients. And he realized that in an increasingly integrated health care environment, more people were going to have access to his notes.

Given found a solution to his problem two years ago. Although each of the 15 practitioners in Santa Barbara Behavioral Health handles their own records, they share a practice management system. When Given decided it was time for a new system, he discovered that these days practice management systems are typically integrated into EHR systems.

Unfortunately, says Given, practitioners don’t have a great review system—a Consumers Report for EHRs, for example. He asked colleagues for recommendations and came up with a list of 75 or so potential candidates. He soon realized that determining exactly what he needed in an EHR system was key, especially since vendors usually want to begin their sales pitch with lengthy demonstrations. “I could do the math,” Given says. “I realized I would never be able to choose a system if everyone required a half-hour tour.”

Other important questions might be how much control users have when it comes to customizing templates and how financially stable the vendor is, says Given.

Now that Given has been using the system he settled on for two years, he’s convinced his change of heart about EHRs was a good decision.

In addition to making his records easily legible, the switch also saves him time when it comes to writing up his notes.

“For us, an EHR is an absolutely essential tool.”

MARK EASTBURG, PhD
TECHNOLOGY IN PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING

The costs, ethics and legal aspects of online and telehealth evaluations

BY STACEY LARSON, JD, PsyD
Advancements in technology have made long-distance mental health care a reality. New software for laptops and tablets now allows providers to perform psychological evaluations on clients who live on the other side of the country. Psychologists can provide services in different locations while maintaining access to patient information through electronic health records (EHRs) or cloud storage. Telehealth technology has also made it easier for psychologists and patients unable to meet in the same physical space due to long travel times. While there is greater flexibility in providing psychological services, practitioners must consider the varied options, the legal and regulatory implications and the ethical considerations of technology when incorporating it into a practice.

Online Assessments

There are companies that currently offer web-based platforms of assessment measures that can be purchased for psychological evaluations. PAR iConnect and Pearson’s Q-global are two online assessment platforms currently available to mental health providers. These platforms enable providers to administer on-screen assessments in their offices or allow clients to complete assessments remotely on their own through the online portal. Some benefits of these platforms include:

- **Flexibility**—the ability to purchase specific measures and generate reports;
- **Portability**—measures can be completed almost anywhere; and
- **Efficiency**—being able to complete measures remotely can potentially save time.

Both platforms have extensive libraries of assessments, but it is important to note that the tests offered by the two publishers are not the same. For instance, Q-Global has the Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V) while iConnect has the Reynolds Adaptable Intelligence Test (RAIT). Both platforms are compliant with the Health Insurance Portability and Accountability Act (HIPAA) and offer high levels of security for transmitting, accessing and storing assessments.

Derek Phillips, PsyD, a clinical neuropsychologist in the Department of Neurology at the Sarah Bush Lincoln Health Center (SBLHC) in Mattoon, Illinois, conducts outpatient and inpatient psychological and neuropsychological evaluations with adolescents, adults and older adults. In his practice, he uses Pearson’s Q-Global web-based system to administer and score certain tests in addition to the traditional paper and pencil formats.

“Some measures are administered to the patient during a testing appointment and others are sent electronically to the patient’s parents or teachers to complete at their leisure. I try to limit the number of computer-based tests, though, because I believe that the truly interactive tests are superior,” Phillips says.

While web-based assessments offer several benefits, there are also some potential concerns. For example, Phillips says interactive tests where the patient and the psychologist are in the same room may be
superior for ensuring validity because they are done in person. The validity of many measures relies on keeping the questions and answers secure. While allowing clients to complete the measures offsite may allow for flexibility, it also opens the potential for the copyrighted test materials to be shared improperly with others. It is also possible for results to be skewed by factors outside of the psychologist’s control, such as loud noises in the local coffee shop where a client chooses to complete the measure.

Finally, it is always relevant to consider the cost of using a web-based platform for assessments and scoring. Companies will generally charge for each measure template you purchase, but different companies may also charge a fee for generating the score reports and more expensive interpretive reports. Practitioners could potentially save money by opting to receive score reports over interpretive ones, Phillips says. If you are considering a web-based system to supplement your existing battery of tests, you will want to review all the options to determine which program’s catalog of measures and payment structure best fit your practice and needs.

**TESTING AND TELEHEALTH**

Telehealth policies have opened up greater opportunities to offer assessments to people who may not have been able to access specialty services.

Dustin Hammers, PhD, ABPP-CN, chair of the APA Committee on Rural Health and clinical director of neuropsychology services at the Center for Alzheimer’s Care, Imaging & Research, University of Utah, is actively embracing the use of telehealth—defined as services provided in real time via interactive audio or video telecommunications—in patient evaluations. Hammers’ practice is located in Salt Lake City, Utah, but he also provides services to clients in Jackson, Wyoming, through a relationship with a local hospital. (Hammers is licensed in both Utah and Wyoming.) The patients Hammers sees often travel great distances to Jackson for these evaluations.

One concern about conducting evaluations via telehealth is how to handle an emergency situation. Another issue is how to respond in the event of technology failure or disruption. Hammers’ practice employs a trained neuropsychological technician on-site, sitting in the room with the client while Hammers remotely

“I really like the telehealth system. We can deliver services to folks who otherwise wouldn’t get them.”

**DUSTIN HAMMERS, PhD, ABPP-CN**
conducts a full clinical interview. The technician is on-site to support the client in case of emergencies and to administer the cognitive measures as part of the evaluation. Hammers points out that with the use of telehealth technology, his patients in Wyoming get the same evaluations, including the same test battery, as his patients in Salt Lake City. “I really like the telehealth system because it is a way to provide services to people in rural and frontier areas. We can deliver services to folks who otherwise wouldn’t get them.”

Psychologists must take into consideration different factors when using telehealth technology with patients—for testing and therapy:

» Does the psychologist have the competence to use the system properly?

Before using any telehealth platform system with patients, it is important to familiarize yourself with the technology and have a plan in place in case any issues arise. Hammers has a technician in the room with his clients should problems come up but that may not be possible for all clinicians.

» Does the patient consent to using telehealth technology and does he/she have the capacity to do so?

The patient should be educated on how the evaluation will proceed and the benefits as well as the limitations in doing an evaluation via telehealth.

» Is the telehealth technology you’re considering compliant with privacy and security regulations?

Psychologists must use a HIPAA-compliant telehealth platform that utilizes the appropriate encryption, secure transmissions, audit trails and breach notification processes. For example, Skype is not considered a HIPAA-compliant telehealth platform. While Skype uses encryption that exceeds federal requirements, it does not offer audit control tools for monitoring who has access to patients’ protected health information (PHI); it does not provide notifications in the event of a breach; and it does not include appropriate controls for backing up of messages and electronic PHI communications. Additionally, Skype does not offer a business associate agreement (see related article in this issue).

TIPS FOR GETTING STARTED

Technology has the potential to open doors to mental health treatment and assessments for patients who aren’t familiar with the work that psychologists do and how they can help.

If you are considering adding a technological component to your testing practice—whether it is utilizing a web-based platform or testing via telehealth—you must do your research. “My main advice is to do your research before purchasing the specific technology to be sure that it can offer the service you are seeking. Also, if you are using this technology specifically to administer tests, take sufficient time to peruse the system after purchasing before using it with patients,” Phillips says.

Hammers also suggests openly communicating with other health care providers in the areas you are servicing to gather information about differences in culture—in his case, people are coming from very remote settings and there is still a lot of stigma with mental illness. In his work with patients in Wyoming, for example, Hammers uses the phrase “speak with someone” rather than “work with a therapist” due to that stigma. “My recommendations have to be relevant to patients in rural Wyoming. Any recommendation that can be personalized for the patient has more power.”

RESOURCES

There are numerous publications, trainings and resources available for psychologists who are looking to expand their use of technology in their testing practices. Visit APA.org to gather information on APA’s telehealth guidelines.
BECOMING LEADERS IN TELEHEALTH

BY JARED L. SKILLINGS, PhD, ABPP
APA Chief of Professional Practice

For practicing psychologists, technique has historically been of much greater significance than technology. Compared to our colleagues in other health professions, most of us require relatively little to do our jobs. We generally don’t rely on expensive medical equipment or high-tech laboratories; all we need are our well-honed skills and a private space to meet with our patients, and perhaps a test kit.

In many ways, this is to our advantage. Namely, we are flexible and can adapt to practicing in a wide range of settings, from solo independent practices to applied organizational settings, and large integrated health systems.

It’s a good thing, too. The organizations that are thriving in today’s digitally driven economy are moving away from heavy infrastructure—think Amazon, AirBnB, Warby Parker and even Walmart, which is the third-largest online retailer in the United States. Many medical systems are moving in the direction of virtual care, too. For psychologists, this trend presents exciting opportunities for creative, thoughtful revision of how we practice.

The clearest example of this is the rise of telepsychology, which some of us are already practicing. When appropriate security and regulatory measures are enforced, video conferencing technology cuts across distances and through barriers to care, allowing psychologists to evaluate and treat patients who may not have their needs met otherwise. These potential patients may live in remote locations, face mobility or transportation issues, or have health or childcare needs that make it difficult for them to be seen in a traditional office setting. Furthermore, the Deloitte 2018 Survey of U.S. Health Care Consumers found that Medicaid beneficiaries own smartphones and tablets at the same rates as the general population—suggesting that psychologists have the opportunity to reach many people who have been traditionally underserved.

Put simply, technology has the potential to benefit not only your own practice but also the communities you serve. Psychologists who work within large health systems may have the easiest access to sophisticated video conferencing systems,
but user-friendly, HIPAA-compliant technologies are also now readily available to private practitioners who wish to connect with patients remotely. You can count on telepsychology to grow even more prevalent as time goes on: Third-party payers are recognizing its value and reimbursing accordingly. In 2019 we expect the Psychology Interjurisdictional Compact, or PSYPACT, to become operational and begin making it easier for psychologists to practice telepsychology across some state lines.

Of course, telepsychology isn’t the only technological innovation impacting how psychology is practiced. Outcome tracking—available to you through APA’s Mental and Behavioral Health Registry, or MBHR—is making it easier for psychologists to track patient outcomes and meet quality reporting requirements. Digital assessment tools, mood-tracking apps, and virtual reality and artificial intelligence will continue to make big waves in our field for some time.

I recognize that not all of us are thrilled and inspired by this rapid influx—some might say intrusion—of technology into our profession. But remember that these are tools meant to enhance, not compromise, the rigorous, evidence-based, deeply personal work you do with your patients, whether you’re face-to-face or screen-to-screen. These tools represent new mechanisms for delivery of the high quality of services you’ve always provided—only more efficiently, and to more people who need us. But using them certainly isn’t required, and you will likely find that some technologies are better for your practice than others.

As practicing psychologists, we are by nature (and by training!) curious, discerning and analytical. I’m confident that these traits will be assets as together we navigate—and ideally, lead—the infusion of technology into behavioral health care across the country and the world.

### Coding for Telehealth

**What Current Procedural Terminology (CPT)® codes should you use when providing telehealth services?**

The telehealth codes psychologists can use fall into three broad categories: psychotherapy, health and behavior, and neurobehavioral status exams (but not psychological or neuropsychological testing):

<table>
<thead>
<tr>
<th>CPT CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric diagnostic interview examination</td>
</tr>
<tr>
<td>90791</td>
</tr>
<tr>
<td>Interactive complexity psychiatry services and procedures</td>
</tr>
<tr>
<td>90785</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
</tr>
<tr>
<td>90832, 90834, 90837</td>
</tr>
<tr>
<td>Psychotherapy for crisis</td>
</tr>
<tr>
<td>90839, 90840</td>
</tr>
<tr>
<td>Psychoanalysis</td>
</tr>
<tr>
<td>90845</td>
</tr>
<tr>
<td>Family psychotherapy without the patient present</td>
</tr>
<tr>
<td>90846</td>
</tr>
<tr>
<td>Family psychotherapy with the patient present</td>
</tr>
<tr>
<td>90847</td>
</tr>
<tr>
<td>Individual and group health assessment and intervention</td>
</tr>
<tr>
<td>96150-96154</td>
</tr>
<tr>
<td>Neurobehavioral status examination</td>
</tr>
<tr>
<td>96116</td>
</tr>
</tbody>
</table>

Two of these services were added to the telehealth list in 2018: psychotherapy for crisis and interactive complexity. “Interactive complexity focuses on the extra challenges that some patients present,” explains Diane Pedulla, JD, director of regulatory affairs at APA. Examples might include an older patient with communication challenges or a child having problems in school because of mental health issues. The interactive complexity code must always be used in conjunction with a base code, such as psychotherapy.

Another change last year was the elimination of a modifier indicating when a service was provided via telehealth. “You have to indicate the site of service anyway, so they can tell if it’s telehealth,” says Pedulla.
GETTING PAID FOR TELEHEALTH

By offering psychological services through telecommunications technologies instead of in-person, telepsychology can improve access to all sorts of patients.

PUBLIC

VETERANS AFFAIRS
Actively working to remove barriers to telehealth
2018 new rule allows VA psychologists to practice telehealth across state lines regardless of license state
Does not have to be done at VA facilities

What’s covered in one state may not be in another
No federal mandate to include telehealth in state programs
Always check with your state Medicaid agency before offering telehealth services

Only applies to psychologists directly employed by the VA, not community providers

MEDICAID
Varies state by state
Many states cover telehealth in some form

Part B of traditional fee-for-service places limitations on services. Limitations include requiring the Medicare beneficiary/patient to be in either a rural area or in an area that is underserved by health professionals

MEDICARE
Includes several services as part of its telehealth program:
- diagnostic examination
- psychotherapy
- psychoanalysis
- health and behavior assessment
- intervention
- neurobehavioral status examination

PRIVATE

Currently, 36 states plus the District of Columbia have telehealth coverage mandates to ensure private insurers cover telehealth services.

Videoconferencing is usually included in these mandates but phone, fax, and/or email are often excluded
Some states allow insurance companies to limit coverage to only in-network providers

EXPANDED COVERAGE INCLUDES STATE EMPLOYEE HEALTH PLANS
Arkansas, Georgia, Iowa, Mississippi, Nebraska, New Hampshire, New Mexico, North Dakota, Oregon, Vermont, Washington

COLORADO, KENTUCKY, MISSOURI

REIMBURSEMENT RATES FOR TELEHEALTH SERVICES EQUIVALENT TO IN-PERSON SERVICES
COLORADO, DELAWARE, HAWAII, KENTUCKY, MINNESOTA, MISSOURI, TENNESSEE, VIRGINIA
A Data Registry Created Just for You

The Mental & Behavioral Health Registry (MBHR) was created by and for psychologists and other behavioral health professionals to meet quality reporting requirements under Medicare’s Merit-based Payment System (MIPS) and other value-based payment programs.

A wealth of benefits for you and your practice —

Adapt to Your Practice
Whether you are in a group or solo practice, the Registry scales to meet your needs.

Data Validation and Support
Quality experts validate your data before submission to CMS to ensure reporting success.

Choose Your Path
The Registry is flexible and can be used to achieve maximum incentives or to avoid penalties.

Real-time Dashboards
Identify and respond to the data you capture and maximize your reimbursement.

MIPS Quality, ACI and IA
The Registry supports all specialties and all measures for all MIPS components.

Secure, Integrated Data
Sending your data is easy with API, data upload and transmission services.

Learn more and sign up for the MBHR at mbhregistry.com

THE MENTAL & BEHAVIORAL HEALTH REGISTRY IS A SERVICE OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION AND THE APA PRACTICE ORGANIZATION
THE NUTS AND BOLTS OF BUSINESS ASSOCIATE AGREEMENTS

When to use a BAA and how to get one

BY STACEY LARSON, JD, PsyD

Nowadays, most psychologists are using business, technical or professional services provided by external entities or individuals to support their practices and increase efficiency. Telephone answering services, cloud storage providers and collections agencies are typical examples. Under the Health Insurance Portability and Accountability Act (HIPAA), you can disclose a patient’s protected health information (PHI) to these “business associates”—as long as they sign a Business Associate Agreement (BAA). This article offers an overview of business associates and BAAs.

WHO IS A BUSINESS ASSOCIATE?
A business associate is an organization or person outside of your practice that handles your patients’ PHI in order to provide services to you or on your behalf. For example, your practice’s certified professional accountant is considered a business associate if he or she has access to your patients’ identifying information, such as their full names or account numbers, that may used for billing for services.
WHO IS NOT A BUSINESS ASSOCIATE?
Service providers that have no access to your patients’ personal information are not considered a business associate, so no BAA is required. Janitorial and cleaning services would fall into this category. HIPAA also excludes the following from the business associate definition: A) private mail couriers (such as FedEx) and the U.S. Postal Service; and B) banks and credit card companies (as long as they only process patient payments for you and do not provide additional services, such as sending invoices to patients, tracking payments, etc.).

WHAT ABOUT EMAIL PROVIDERS?
The Department of Health and Human Services (HHS) has not specifically stated whether it considers email providers (e.g., Gmail) to be business associates. APA staff’s analysis of HHS guidance, however, suggests that these providers would likely be considered business associates. Therefore, if you plan to use email to communicate and share PHI with your patients, we strongly recommend that you work with a service provider that is HIPAA-compliant and will sign a BAA. (See sidebar for some vendors that will sign BAAs.)

WHAT IS A BAA?
A BAA is a written contract that specifies each party’s responsibilities to protect PHI that you disclose to the business associate. It sets out the uses and disclosures of PHI the business associate is permitted to make and obligates them to protect the privacy and security of patients’ information. It also requires them to take other steps relating to that protection, such as notifying you of possible HIPAA violations, like data breaches.

WHY SHOULD YOU HAVE ONE?
You should have a BAA because HIPAA compliance requires it. HHS has levied large fines against health care providers who ignored this requirement and did not have an appropriate BAA with their business associates. Having a BAA also provides benefits to you and your patients. BAAs not only describe and limit the ways in which business associates are permitted to handle patients’ personal information, they also obligate business associates to implement policies and procedures to protect that information. And if a business associate has a breach that exposes PHI, the BAA requires the business associate to notify you and take other steps to address the situation.

WHAT ABOUT EMAIL PROVIDERS?
The Department of Health and Human Services (HHS) has not specifically stated whether it considers email providers (e.g., Gmail) to be business associates. APA staff’s analysis of HHS guidance, however, suggests that these providers would likely be considered business associates. Therefore, if you plan to use email to communicate and share PHI with your patients, we strongly recommend that you work with a service provider that is HIPAA-compliant and will sign a BAA. (See sidebar for some vendors that will sign BAAs.)

WHERE CAN I GET A BAA?
HHS has a sample BAA on its website. Many business associates may also have their own BAA that will meet HIPAA requirements. If a business associate asks you to sign their BAA, however, you should read it carefully and potentially consult with a local attorney.

Vendors Who Will Sign a BAA
As of late 2018, the vendors listed below will sign BAAs. By providing this list we do not endorse or vouch for the compliance or quality of any of the listed companies. Psychologists are encouraged to research and speak to vendors to make their own informed decisions.

CLOUD STORAGE
- Carbonite
- MosyPro
- Sookasa
- ClearData

TEXTING
- OhMD
  ohmd.com
- pMD
  pmd.com/hipaa-compliant-messaging-products
- Backline from DrFirst
  drfirst.com/products/backline/secure-texting-healthcare/

EMAIL
- Hushmail for Healthcare
  hushmail.com/business/healthcare/hipaa-compliant-email/
- PauBox
  paubox.com
Almost half of the nearly **30 million people living with diabetes** in the United States experience mental health challenges.

You can make a difference.

Enroll in the Mental Health Provider Diabetes Education Program.

Diabetes is a growing epidemic in the United States—1 out every 11 Americans has type 1 or type 2 diabetes. Living with diabetes brings a unique set of health and emotional challenges, which can include difficulty managing the disease, physical burdens associated with diabetes, and feelings of frustration, hopelessness, and distress. A growing number of people with diabetes also experience comorbid depression, anxiety, and disordered eating.

The ADA and APA have partnered in developing a two-part continuing education program about diabetes for licensed psychologists.

This course will help you identify mental health issues associated with diabetes and how to treat them.

**Benefits of completing this program include:**

- American Diabetes Association professional membership
- Up to 12 CE credits
- Eligibility for listing in the Mental Health Referral Directory

Register online: [professional.diabetes.org/mentalhealth](http://professional.diabetes.org/mentalhealth).

February 22, 2019 in New York

This program sponsored by a grant from The Helmsley Charitable Trust
# 2019 Psychological and Neuropsychological Testing CPT® Codes & Descriptions

CPT® Codes and Descriptors Effective January 1, 2019

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment of Aphasia and Cognitive Performance Testing</strong></td>
<td></td>
</tr>
<tr>
<td>96105</td>
<td>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour</td>
</tr>
<tr>
<td>96125</td>
<td>Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
</tr>
<tr>
<td><strong>Developmental/Behavioral Screening and Testing</strong></td>
<td></td>
</tr>
<tr>
<td>96110</td>
<td>Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</td>
</tr>
<tr>
<td>96112</td>
<td>Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour</td>
</tr>
<tr>
<td>96113</td>
<td>Each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96127</td>
<td>Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument</td>
</tr>
<tr>
<td><strong>Psychological/Neuropsychological Testing</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Neurobehavioral Status Exam</strong></td>
<td></td>
</tr>
<tr>
<td>96116</td>
<td>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour</td>
</tr>
<tr>
<td>96121</td>
<td>Each additional hour (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td><strong>Test Evaluation Services</strong></td>
<td></td>
</tr>
<tr>
<td>96130</td>
<td>Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</td>
</tr>
<tr>
<td>96131</td>
<td>Each additional hour (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96132</td>
<td>Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</td>
</tr>
<tr>
<td>96133</td>
<td>Each additional hour (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td><strong>Test Administration and Scoring</strong></td>
<td></td>
</tr>
<tr>
<td>96136</td>
<td>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes</td>
</tr>
<tr>
<td>96137</td>
<td>Each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>96138</td>
<td>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes</td>
</tr>
<tr>
<td>96139</td>
<td>Each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td><strong>Automated Testing and Result</strong></td>
<td></td>
</tr>
<tr>
<td>96146</td>
<td>Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only</td>
</tr>
</tbody>
</table>

*Indicates an Add-On Code to be reported with another code
Looking to fill open psychology positions?

Get 15% off all job listings on APA psycCareers—just for being an APA member.

Enter code MEMBER15 when making a purchase on psycCareers.com
Provide care that makes a difference to our Soldiers and their families. As a psychologist on the U.S. Army or Army Reserve health care team, you’ll practice in a collaborative environment, with no overhead or concerns about malpractice insurance. You may be eligible for a bonus, a full-tuition scholarship with a monthly stipend of more than $2,200, specialized training assistance or qualify for an education loan repayment program. If you decide to serve in the Army Reserve, you may continue to work in your community and serve when needed.

To learn more about U.S. Army medicine career opportunities, contact a recruiter or visit healthcare.goarmy.com/oe31