

# BECOMING LEADERS IN TELEHEALTH

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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. •

### Reimbursement Rates

*Here's a sampling of nationwide telehealth services reimbursement rates for 2019*

Psychiatric diagnostic interview

**\$140.00**

Individual psychotherapy, 45 minutes

**\$91.18**

Psychotherapy for crisis, initial 60 minutes

**\$142.72**

Family psychotherapy with patient

**\$114.61**

Group psychotherapy, per patient

**\$27.39**

Health and behavior, assessment

**\$23.43**

Health and behavior, individual intervention

**\$21.26**

Neurobehavioral status exam

**\$97.31**

*Rates will vary according to location.*

## Coding for Telehealth

### *What Current Procedural Terminology (CPT)<sup>®</sup> 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):

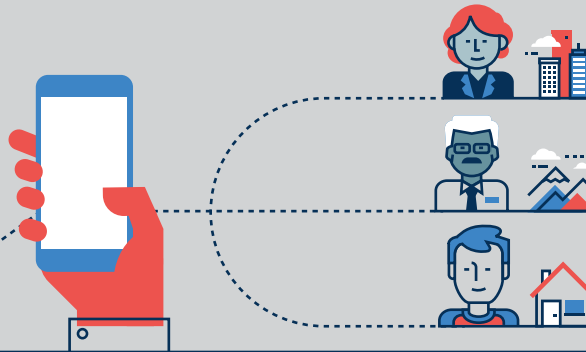
	CPT CODES
Psychiatric diagnostic interview examination	90791
Interactive complexity psychiatry services and procedures	90785
Individual psychotherapy	90832, 90834, 90837
Psychotherapy for crisis	90839, 90840
Psychoanalysis	90845
Family psychotherapy without the patient present	90846
Family psychotherapy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

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.



employees who **CAN'T TAKE TIME OFF** from work

individuals living in **RURAL AREAS** far from health care facilities

people whose chronic health conditions render them **HOMEBOUND**

## 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

### MEDICARE

Includes several services as part of its telehealth program:

- diagnostic examination
- psychotherapy
- psychoanalysis
- health and behavior assessment
- intervention
- neurobehavioral status examination

### MEDICAID

Varies state by state  
Many states cover telehealth in some form

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

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

## 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

REIMBURSEMENT RATES FOR TELEHEALTH SERVICES EQUIVALENT TO IN-PERSON SERVICES

Arkansas, Georgia, Iowa, Mississippi, Nebraska, New Hampshire, New Mexico, North Dakota, Oregon, Vermont, Washington

Colorado, Kentucky, Missouri

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.



### Real-time Dashboards

Identify and respond to the data you capture and maximize your reimbursement.



### Data Validation and Support

Quality experts validate your data before submission to CMS to ensure reporting success.



### MIPS Quality, ACI and IA

The Registry supports all specialties and all measures for all MIPS components.



### Choose Your Path

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



### 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](https://mbhregistry.com)**

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MENTAL & BEHAVIORAL  
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*Measuring progress,  
tracking outcomes*