



# 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

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**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).

## For Consideration

### CAN YOU USE IT?

*Competency is necessary in case technology issues arise*

### DOES THE PATIENT UNDERSTAND?

*Educate the patient about the process and limitations*

### IS IT COMPLIANT?

*The platform must be HIPAA-compliant (unlike Skype)*

### IS IT RELEVANT?

*Culture differences can affect the features you need in a system, and how you communicate your services*

## 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](http://APA.org) to gather information on APA’s telehealth guidelines. •

**REIMBURSEMENT**

# 2019 PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING CPT® CODES & DESCRIPTIONS

CPT® Codes and Descriptors Effective January 1, 2019

CPT® Code #	Descriptor
<b>Assessment of Aphasia and Cognitive Performance Testing</b>	
96105	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
96125	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
<b>Developmental/Behavioral Screening and Testing</b>	
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
96112	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
+96113	Each additional 30 minutes (List separately in addition to code for primary procedure)
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
<b>Psychological/Neuropsychological Testing</b>	
Neurobehavioral Status Exam	
96116	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
+96121	Each additional hour (List separately in addition to code for primary procedure)
Test Evaluation Services	
96130	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
+96131	Each additional hour (List separately in addition to code for primary procedure)
96132	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
+96133	Each additional hour (List separately in addition to code for primary procedure)
Test Administration and Scoring	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
+96137	Each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
+96139	Each additional 30 minutes (List separately in addition to code for primary procedure)
Automated Testing and Result	
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only

"+" Indicates an Add-On Code to be reported with another code

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