AMERICAN PSYCHIATRIC ASSOCIATION

800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

June 8, 2023

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services (CMS)
Attention: Gift Tee, Director, Division of Practitioner Services
Re: Telepsychiatry Practices Inform Importance of Maintaining Reimbursement Rates for Telehealth in the 2024 Medicare Physician Fee Schedule

Dear Director Tee,

The American Psychiatric Association (APA), the national medical specialty society representing over 38,000 psychiatric physicians and their patients, appreciates the commitment of the Centers for Medicare and Medicaid Services' (CMS) Hospital and Ambulatory Policy Group (HAPG) to healthcare equity and access through technology and the opportunity to continue to provide input on the coverage of telepsychiatry in the Medicare program.

On March 2, 2023, APA met with HAPG leadership to discuss telepsychiatry policy and shared with HAPG the priority of maintaining non-facility fee reimbursement and standardized coding for telehealth at reimbursement rates equivalent to in-person services. In this hybrid care environment, a **downward fee adjustment to the facility fee from the non-facility fee for outpatient telehealth services is a significant risk to the increased access that CMS has facilitated through telehealth policy throughout the COVID-19 public health emergency (PHE).** Feedback from our members shows that the typical psychiatrist is practicing in a hybrid environment, incurring the same level of practice expenses as they would be in an in-person environment. Negative implications of reduced reimbursement include a decrease in clinicians delivering telehealth, reductions in a clinician's ability to get and maintain telehealth technology, and potential cherry-picking of patients with the ability to travel to an in-person visit, all of which create risks to health equity, access, and quality.

The 2023 Medicare Physician Fee Schedule (MPFS) confirmed a straightforward coding framework that allows clinicians to use the same billing codes as those for an in-person service. **APA supports this long-standing approach and recommends that it continue.** Standardized coding reduces clinician confusion and burden and recognizes telehealth delivery – both audio/video and audio-only – as a modality of care rather than a separate service. This approach reflects that most psychiatrists will be treating patients in a hybrid environment where patient need drives how care is provided. **APA does not support coding constructs that define CPT codes by modality, and instead supports the use of modifiers only to identify telehealth delivery for the purposes of research and analysis.**

The 2023 MPFS also developed a construct for in-person care, deferred by the Consolidated Appropriations Act, 2023, that requires an in-person visit within the six months before a telehealth appointment and an annual in-person follow-up visit with allowable exemptions in the best interest of the patient. **APA urges CMS to permanently remove a mandatory in-person visit requirement for Medicare beneficiaries with mental health disorders prior to initiating or maintaining care with a psychiatrist.**

To support CMS in evaluating the landscape of care delivery to balance CMS's responsibility as a financial steward of the Medicare trust fund with providing for appropriate care to Medicare beneficiaries, the APA surveyed our members to assess current practice using telepsychiatry and telepsychiatry technologies. **These findings demonstrate the importance of maintaining telepsychiatry reimbursement at rates equivalent with in-person care to maintain access to high-quality care for Medicare beneficiaries:**

1. Most respondents are conducting at least some telepsychiatry in all practice settings, including in inpatient and outpatient clinics.
2. Most respondents maintain a physical practice location where they can see patients as necessary.
3. Most patients do not require a follow-up in-person visit after a telepsychiatry visit.
4. Most telepsychiatry is delivered using video technology.
5. Major barriers to respondents providing clinically-appropriate telehealth include reimbursement rates; licensure; and patient access to technology and digital literacy.

Survey methodology

The survey was distributed to 17,842 APA members in March and April 2023. There were 1,660 responses received for a response rate of about 9 percent. While the survey allowed responses that indicated that the respondent conducted no telepsychiatry, respondents likely self-selected for telepsychiatry use based on the survey title ("2023 APA Telepsychiatry Survey"). Accordingly, those who deliver telepsychiatry may be overrepresented in these results. We received 1,211 qualitative responses.

For most responses, APA stratified by settings of services ("Office practice," "Outpatient clinic," and "Inpatient unit") for additional contextualization of responses. The majority of respondents – 71 percent – practice in either solo or group office practices, while about 25 percent practice in outpatient clinics.

Survey results

Our findings indicate that **most telepsychiatry is provided in hybrid settings with practitioners maintaining physical locations in addition to offering virtual care.** Our survey data indicates that:

- About 85% of respondents maintain at least one physical practice location.
- About 25% of respondents are at risk of being unable to prescribe clinically-appropriate controlled substances across state lines due to DEA regulations requiring an in-person location in the state in order to obtain a DEA registration.
- About 18% of respondents working in inpatient units answered that they only see patients remotely, indicating that these respondents provide psychiatric support via telehealth to inpatient facilities.

In-person requirements and cross-state prescribing barriers, particularly around controlled substances relevant to psychiatric populations, risk patient-provider relationships and patient access to care, particularly in states where there may not be local psychiatrists to refer a patient to. Fifty-five percent of counties in the US have no psychiatrists, and 130 million people live in areas with a shortage of mental health providers. Those with co-occurring mental illness and health-related social needs are at the highest risk of being left without care when policies impose barriers to access.

Our findings also highlight that **telepsychiatry encounters very rarely require an additional in-person visit.** In situations where in-person follow-up visits are necessary, those same follow-ups would have been necessary after an initial in-person visit as well (e.g., prescribing psychiatric medications that require periodic blood tests like lithium or clozapine, or if a specific facility or payer requires in-person visits on a particular cadence). No responses indicated that psychiatrists were adding duplicative or unnecessary encounters as a result of telepsychiatry visits.

More specifically, our survey data indicates that:

- Across all settings, follow-up in-person visits are needed rarely or never (25% or less).
- In about 90% of office-based and inpatient settings, follow-up in-person visits are needed rarely or never.
- In about 80% of outpatient clinic settings, follow-up in-person visits are needed rarely or never.
- In about 6% of situations across all settings, follow-up in-person visits are almost always needed.

Next, our members indicated that **the majority (82%) of telehealth is delivered in video formats.** Some reported that they only resort to audio-only when video does not work to ensure access for their patients. In inpatient settings, about 85% of telehealth is delivered via all or mostly video.

APA respondents reported policy and structural challenges with delivering telehealth including issues and concerns with reimbursement for telemedicine, virtual prescribing of controlled substances, uncertainty about liability and rules, and interstate medical licensure. APA hopes to work with CMS and other federal agencies to address these barriers and ensure continuity of care through telehealth. An APA member reported that they are worried that insurers are going to begin to lower reimbursement for telehealth services and that this alone could shutter their practice.

Overall, APA members consider telehealth as a high-quality alternative to in-person care when virtual care is most appropriate for the patient's need. This flexibility has allowed patients to maintain their care despite returning to in-person work or moving farther away from city centers; has allowed new patients to access care that otherwise were prevented due to physical, financial, or social barriers; and has allowed clinicians to offer care in the way that best fits the patient's needs and preferences. While clinicians enjoy and appreciate the additional flexibility, which is a valuable tool in combatting the shortage of psychiatrists and clinicians more broadly, the largest benefit accrues to patients.

The APA urges CMS to maintain access to high-quality telepsychiatry for Medicare beneficiaries by: maintaining reimbursement for telehealth at the same rate as in-person care; maintaining a straightforward coding framework that allows clinicians to use the same billing codes as those for an in-person service; removing in-person care requirements and deferring to the discretion of the treating clinician; and partnering to mitigate additional policy barriers for Medicare beneficiaries including cross-state licensure and prescribing issues. APA also urges CMS to partner with researchers to study the effectiveness and cost effectiveness of telehealth interventions.

Thank you for your review and consideration of these comments. If you have any questions or would like to discuss our member survey, please contact Abby Worthen (aworthen@psych.org), Deputy Director, Digital Health.

Sincerely,

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CEO and Medical Director
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