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April 2, 2020

Seema Verma, Administrator
Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

The American Psychiatric Association (APA) appreciates the work CMS has done thus far to ensure access to vital psychiatric services during this public health emergency. Our country is facing an unprecedented crisis. The days and weeks ahead are at best uncertain and for many crippling.

Easing geographic barriers and allowing for HIPAA discretion in the use of telemedicine platforms ensures that many patients are receiving the care they would otherwise be unable to access. However, the APA has been receiving a high volume of calls from our psychiatrist members indicating that further action is needed. A number of Medicare beneficiaries are either unable to use videoconferencing due to lack of internet access, have older phones without a camera, and/or are unfamiliar or fearful of technology. Our members report that patients are increasingly requesting therapy and evaluation and management (E/M) services via telephone. While CMS recently included new CPT codes for telephone consultation, these are not appropriate for psychiatrists to provide necessary care to their patients.

We must provide a springboard for those seeking access to critical mental health and substance use services during the devastating days ahead. **The APA is urging CMS to relax the restrictions for telehealth to allow psychiatrists to provide psychiatric services, including but not limited to evaluation and management (E/M) and psychotherapy services, via the telephone and that these services be reimbursed the same as an in-person visit.**

The APA would like to underscore its position that the gold standard for telemedicine remains live videoconferencing so that the standard of care is met (e.g., being able to gauge affect, psychomotor symptoms, eye contact, and other observable symptoms). However, these are extraordinary times. As one APA member stated "During the crisis, audio only should be accepted as the equivalent of telehealth. The individuals who have audio only access tend to be the oldest and poorest of the population and

need access to services. The comparison is not with the ideal, the comparison is with no service at all which is unacceptable.”

The APA therefore again requests that all telehealth psychiatric services ([see attached](#)) be considered as complete encounters when conducted by psychiatrists using the telephone only, at the same rate as an in-person visit. This is gravely needed during this public health crisis where social distancing is a necessity and even the most healthy have increased anxiety at the prospect of leaving home to seek treatment. If you have any further questions, please contact Becky Yowell, Director of Reimbursement Policy and Quality (byowell@psych.org).

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, M.D., M.P.A." in a cursive style.

Saul M. Levin, M.D., M.P.A., FRCP-E, FRCPsych
CEO and Medical Director

LIST OF MEDICARE TELEHEALTH SERVICES (Psychiatry) CY 2020	
Code	Short Descriptor
90785	Interactive complexity
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation w/medical serv
90832	Psychotherapy 30 minutes
90833	Psychotherapy with/e&m 30 min
90834	Psychotherapy 45 minutes
90836	Psychotherapy w/e&m 45 min
90837	Psychotherapy 60 minutes
90838	Psychotherapy w/e&m 60 min
90839	Psychotherapy crisis initial 60 min
90840	Psychotherapy crisis ea addl 30 min
90845	Psychoanalysis
90846	Family Psychotherapy w/o patient
90847	Family Psychotherapy w/patient
90853	Group psychotherapy*
96116	Neurobehavioral status exam
96160	Patient-focused health risk assessment
96161	Caregiver health risk assessment
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit established
99212	Office/outpatient visit established
99213	Office/outpatient visit established
99214	Office/outpatient visit established
99215	Office/outpatient visit established
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99307	Nursing fac care subsequent
99308	Nursing fac care subsequent
99309	Nursing fac care subsequent
99310	Nursing fac care subsequent
99406	Behavior change smoking 3-10 min
99407	Behavior change smoking > 10 min
99495	Transitional care management 14 day discharge
99496	Transitional care management 7 day discharge
99497	Advanced care plan 30 min
99498	Advanced are plan additional 30 min
G0396	Alcohol/substance use disorder intervention 15-30mn
G0397	Alcohol/substance use disorder intervention >30 min

LIST OF MEDICARE TELEHEALTH SERVICES (Psychiatry) CY 2020	
G0406	Inpatient/telehealth follow up 15
G0407	Inpatient/telehealth follow up 25
G0408	Inpatient/telehealth follow up 35
G0425	Inpatient/ed teleconsult30
G0426	Inpatient/ed teleconsult50
G0427	Inpatient/ed teleconsult70
G0436	Tobacco-use counseling 3-10 min
G0437	Tobacco-use counseling >10min
G0443	Brief alcohol misuse counseling
G0459	Inpatient telehealth pharmacologic management
G2086	Office based opioid treatment first, month
G2087	Office based opioid treatment, subsequent month
G2088	Office based opioid treatment, additional 30 min