

# Funding Health Psychology Services – It Doesn't Happen on It's Own

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American Psychological Association Services

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CCHPTP Midwinter Meeting, 02/29/24

# Objectives

- Discuss mechanisms for funding health psychology services.
- Describe CMS advocacy and outcomes
- Describe advocacy efforts around coding & reimbursement at state and federal level.

# APA and Psychology Positioned to Advance Population Health

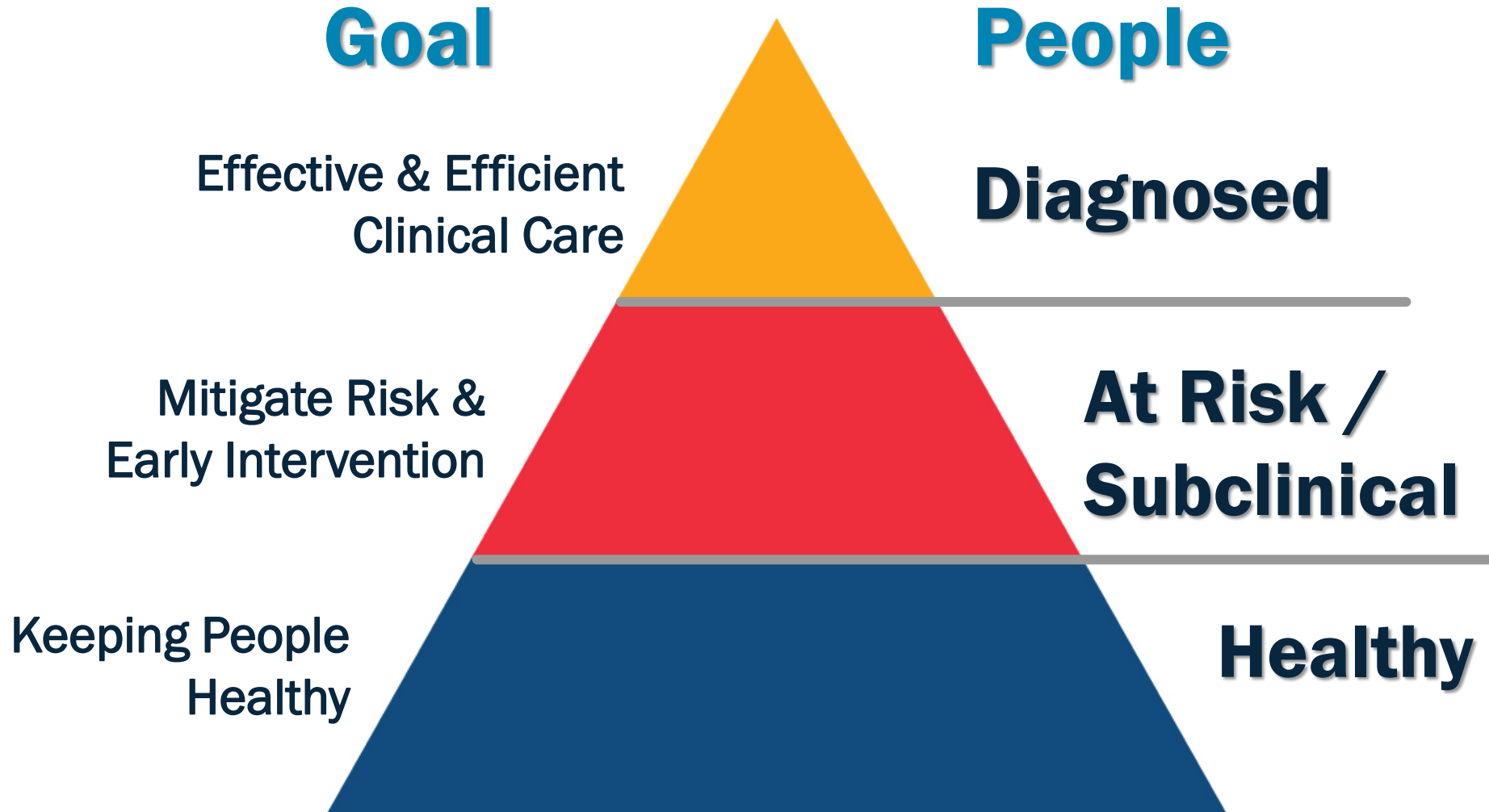
Council's February 2022  
policy is shaping APA's:

- **Approach to advocacy**
  - e.g., Social determinants of health
- **Partnership formation**
  - e.g., YMCA (children and families)
- **Content delivery**
  - Reaching people where they already are (e.g., Essence magazine)



*Resolution adopted by APA Council of Representatives (Feb. 2022)*

# Population Health Approach





**NO MONEY...**



**...NO MISSION**

# Funding Health Psychology Services

## Alternative Payment Models

- Affordable Care Organizations

- Merit-based Incentive Payment System (MIPS)

- Value-Based Care

  - Team Based Care

## Fee-For-Service

- Code Access

- Reimbursement Rates

- Medical Necessity Guidance

## Quality Metrics and Indirect Revenue

## Work Relative Value Units (wRVU) and RVU Metrics



# CMS PFS Final Rule

# CMS Proposed Rules

Physician Fee Schedule Proposed Rule

Hospital Outpatient Prospective Payment System Proposed Rule

Hospital Inpatient Prospective Payment System Proposed Rule

Inpatient Psychiatric Facility Prospective Payment System Proposed Rule



# Letters to CMS



**AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION**  
SERVICES, INC.

September 11, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1784-P  
7500 Security Blvd.  
Baltimore, MD 21244-1850

*Submitted electronically on Regulations.gov*

**Re: Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies – RIN 0938-AV07**

Dear Administrator Brooks-LaSure:

I am writing on behalf of American Psychological Association Services (APA Services), the companion organization of the American Psychological Association (APA), to provide comments on the proposed rule on the 2024 Medicare physician fee schedule (PFS) released by the Centers for Medicare and Medicaid Services (CMS) on July 13, 2023. Nearly 10,000 APA members also submitted individual comments on this proposed rule.

APA is the largest scientific and professional organization representing psychology in the United States, with a membership of over 146,000 clinicians, researchers, educators, consultants, and students. APA seeks to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. Each year almost 30,000 psychologists provide critically needed mental health, substance use disorder, and health behavior services to Medicare beneficiaries. This includes psychotherapy to diagnose and treat mental health and substance use disorder conditions, psychological and neuropsychological testing, and health behavior assessments and interventions for beneficiaries struggling with physical health problems.

APA Services appreciates the efforts of CMS staff to respond to a longstanding behavioral health crisis

[https://downloads.regulations.gov/CMS-2023-0121-21272/attachment\\_1.pdf](https://downloads.regulations.gov/CMS-2023-0121-21272/attachment_1.pdf)

## APPENDIX A – Tele-Neuropsychological Testing

**The totality and quality of the communication of information exchanged between the physician or other qualified health care professional (QHP) and the patient during the synchronous telemedicine service must be of an amount and a nature that would be sufficient to meet the requirements for the same service if services were to be rendered during an in-person face-to-face interaction;**

### *Synchronous Audio-Only*

There are over 100 published studies demonstrating the feasibility, reliability, and validity of telephone administered cognitive screening measures (see: Carlew et al., 2020) in the detection of mild cognitive impairment (Benge & Kiselica, 2021; Castanho et al., 2014; Cook et al., 2009; Crooks et al., 2005; Georgakis et al., 2017; Jagtap et al., 2021; Knopman et al., 2010; Pillemer et al., 2018; Tremont et al., 2011; Zietemann et al., 2017) or dementia (Camozzato et al., 2011; Dal Forno et al., 2006; Knopman et al., 2010; Robinson et al., 2021); in older adults (Mitsis et al., 2010; Mundt et al., 2007; Vanacore et al., 2006; Vercambre et al., 2010); and in people who have a medical/neurological disorder (Abdel Hafeez et al., 2021; Aiello et al., 2022; George et al., 2016; Gonzalez et al., 2022), psychiatric illness (Ball et al., 1993; Berns et al., 2004), or neurological injury (Cairncross et al., 2022; Chen et al., 2015; Dams-O'Connor et al., 2018; DiBlasio et al., 2021; Higginson et al., 2010; Kanser et al., 2021; Nelson et al., 2021; Pendlebury et al., 2013; Zietemann et al., 2017).

### *Synchronous Audio-Video*

Evidence in support of the reliability of tele-neuropsychological testing (tele-np-t) in adults and those with cognitive impairment has been shown through studies comparing testing data from clinical samples to matched samples obtained from retrospective chart reviews (Alegret et al., 2021; Ceslis et al., 2022; Parks et al., 2021; Requena-Komuro et al., 2022). The results from prospective neuropsychological studies that employed counterbalancing methodology provides more extensive evidence of the reliability of tele-neuropsychological testing. Such studies show that tele-neuropsychological screening (Iiboshi et al., 2020) and comprehensive tele-np-t administered from a provider located in clinic to a patient located in a separate location (Cullum et al., 2006; Galusha-Glasscock et al., 2016; Gnassounou et al., 2022; Jacobsen et al., 2003b; Wadsworth et al., 2016, 2018; Zeghari et al., 2022)(Zeghari et al., 2021) is both feasible and reliable. Studies show that tele-np-t a reliable method of assessing healthy individuals (Jacobsen et al., 2003b), people with subjective cognitive deficits (Gnassounou et al., 2022; Zeghari et al., 2022), and patients with mild cognitive impairment or Alzheimer's disease (Cullum et al., 2006; Galusha-Glasscock et al., 2016; Iiboshi et al., 2020; Cullum et al., 2014; Wadsworth et al., 2016, 2018). Secondary analyses show the reliability and validity of tele-np-t in adults with human

[https://downloads.regulations.gov/CMS-2023-0121-21272/attachment\\_2.pdf](https://downloads.regulations.gov/CMS-2023-0121-21272/attachment_2.pdf)



AMERICAN PSYCHOLOGICAL ASSOCIATION

# CMS PFS Comments Over Time

	Total APASI Comments	Total CMS Comments	Proportion of Total Comments	APASI Letter Length
2023	10,182	22,454	45%	51
2022	12,771	24,335	52%	24
2021	9,814	35,808	27%	11
2020	7,800	44,163	17%	13

# CMS PFS Comments by State

Total Count by State 2023 vs 2022											
	2023	2022		2023	2022		2023	2022		2023	2022
<b>AK</b>	16	40	<b>ID</b>	42	63	<b>MT</b>	33	58	<b>RI</b>	111	114
<b>AL</b>	51	69	<b>IL</b>	581	743	<b>NC</b>	373	427	<b>SC</b>	78	72
<b>AR</b>	49	73	<b>IN</b>	148	164	<b>ND</b>	16	22	<b>SD</b>	16	28
<b>AZ</b>	140	177	<b>KS</b>	60	84	<b>NE</b>	71	71	<b>TN</b>	113	195
<b>CA</b>	911	1263	<b>KY</b>	111	108	<b>NH</b>	52	80	<b>TX</b>	422	497
<b>CO</b>	193	230	<b>LA</b>	43	101	<b>NJ</b>	420	461	<b>UT</b>	69	115
<b>CT</b>	140	184	<b>MA</b>	515	572	<b>NM</b>	90	100	<b>VA</b>	278	307
<b>DC</b>	47	61	<b>MD</b>	267	361	<b>NV</b>	88	104	<b>VT</b>	26	34
<b>DE</b>	63	75	<b>ME</b>	68	68	<b>NY</b>	680	1045	<b>WA</b>	182	267
<b>FL</b>	421	551	<b>MI</b>	264	376	<b>OH</b>	677	560	<b>WI</b>	139	131
<b>GA</b>	343	430	<b>MN</b>	256	482	<b>OK</b>	85	106	<b>WV</b>	34	51
<b>HI</b>	73	123	<b>MO</b>	235	184	<b>OR</b>	142	266	<b>WY</b>	14	16
<b>IA</b>	60	63	<b>MS</b>	42	35	<b>PA</b>	805	934			
Total Count By Military Area and Territory											
<b>AE</b>	3	5	<b>GU</b>	1	2	<b>MP</b>	1	1	<b>PR</b>	29	37

# 2024 CMS PFS Final Rule Highlights



WORK  
VALUES



TELEHEALTH



NEW CODES



DIGITAL CBT



SUICIDALITY  
AND SAFETY  
PLANNING



[WWW.APASERVICES  
.ORG/PRACTICE/REI  
MBURSEMENT/GOV  
ERNMENT/2024-  
PHYSICIAN-FEE-  
SCHEDULE-FINAL-  
RULE](https://www.apaservices.org/practice/reimbursement/government/2024-physician-fee-schedule-final-rule)



[VIEW THE  
ASSOCIATION'S  
COMMENT  
HERE \(PDF,  
750KB\).](#)



**I CAN HELP YOU WITH THAT...**



**...BUT THERE ISN'T A CODE FOR IT.**

# CPT® Code Strategy – Three Areas of Focus

- 1) Pursue access to existing CPT codes that represent the work psychologists provide but have not been reimbursed by the majority of payors
  - a. Goal - Obtain access and reimbursement for psychologists.
- 2) Ensure that as new codes are developed and proposed by other societies but represent clinical work that psychologists also provide, that psychologists will be able to use these codes and receive reimbursement from payors.
  - a. Goal - Ensure psychologists can access and receive reimbursement.
- 3) Propose new codes to capture clinical services provided by psychologists
  - a. Goal - Lead in code development for mental health, behavioral health, and health behavior services.



# Codes & Resources

## Brief Smoking Cessation Codes

- Practice Update article - <https://www.apaservices.org/practice/reimbursement/health-codes/smoking-tobacco-cessation-counseling>
- Monitor article – <https://www.apa.org/monitor/2022/10/psychologists-stop-smoking>

## Changes to Interprofessional Telephone/Internet/Electronic Health Records Consultations Codes

- Practice Update article – <https://www.apaservices.org/practice/reimbursement/health-codes/interprofessional-record-health-consultations>
- Payor Resource – <https://www.apaservices.org/practice/reimbursement/health-codes/interprofessional-consultation-codes>
- Links regarding Medicaid: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23001.pdf>

# Codes & Resources

## Group Caregiver Behavior Management Training Service

- Practice Update article - <https://www.apaservices.org/practice/reimbursement/health-codes/caregiver-behavior-management-training>
- Payor Resource – <https://www.apaservices.org/practice/reimbursement/health-codes/caregiver-behavior-management>

## Behavioral Health Integration (BHI)

- Practice Update article – <https://www.apaservices.org/practice/reimbursement/health-codes/mental-behavioral-health-medicare>

## Social Determinants of Health Assessment

## Principal Illness Navigation

- <https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0>

**THE GOOD NEWS IS I CAN HELP YOU!**



**THE BAD NEWS IS YOUR SYMPTOMS AREN'T BAD  
ENOUGH FOR YOUR INSURANCE TO PAY FOR IT.**

# Psychotherapy Services: Medical Necessity

- New York Medicaid
- Two-generational and preventative approaches are critical when supporting and caring for the health and well-being of children and their caregivers. To support these approaches, the following clarification for medical necessity related to individual, group, and family psychotherapy services, allowing for reimbursement for services to be provided to the child and/or the caregiver to prevent childhood behavioral health issues and/or illness.
- New York State (NYS) Medicaid fee-for-service (FFS) accepts International Classification of Diseases, Tenth Revision (ICD-10) code "Z65.9" (problem related to unspecified psychosocial circumstances) as an indication of medical necessity on claims for the psychotherapy services listed below when provided by qualified NYS Medicaid-enrolled providers to NYS Medicaid members under 21 years of age. A diagnosis of "Z65.9" is intended for prevention-based services when no other behavioral health diagnosis is present.
- Effective April 1, 2023, NYS Medicaid Managed Care (MMC) Plans and providers should ensure claiming systems do not exclude ICD-10 code "Z65.9" in the identification of medical necessity for the psychotherapy services and Current Procedural Terminology (CPT) codes listed below.

# Reimbursement Strategy



# Reimbursement Strategy

- Increase work RVUs
- Increase PE RVUs
- Improve Medicare Conversion Factor



# Conversion Factor - Important Facts



Budget Neutrality



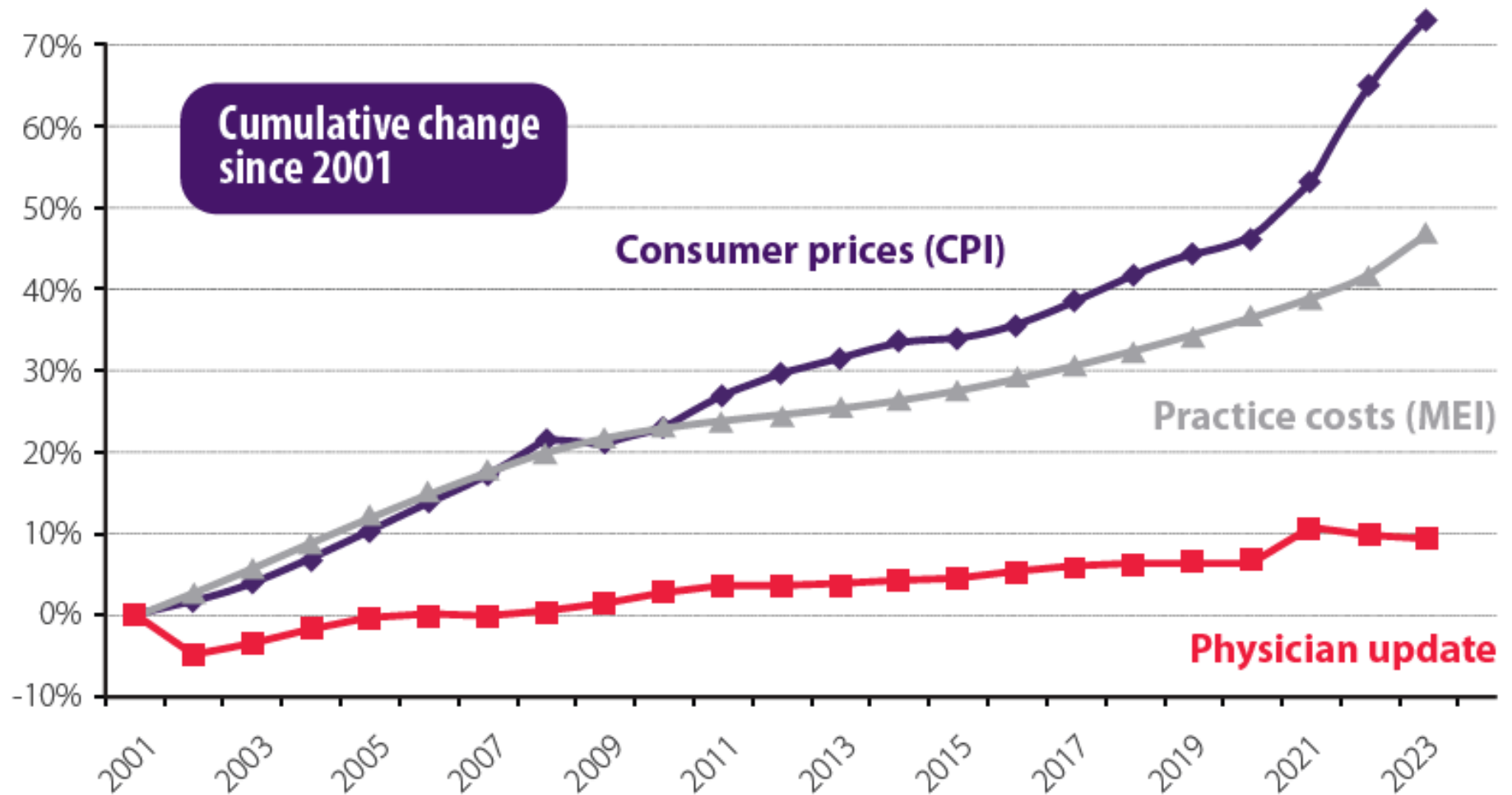
Zero Sum Game = Winners and Losers



Changes to the conversion factor impact every healthcare specialty and provider

# Medicare updates relative to inflation

## The Medicare physician payment system needs annual inflation updates



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

Year	Conversion Factor	% Change	Primary Care Conversion Factor	% Change	Surgical Conversion Factor	% Change	Other Nonsurgical Conversion Factor	% Change
1992	\$31.0010		N/A		N/A		N/A	
1993	N/A				\$31.9620		\$31.2490	
1994	N/A		\$33.7180		\$35.1580	10.0	\$32.9050	5.3
1995	N/A		\$36.3820	7.9	\$39.4470	12.2	\$34.6160	5.2
1996	N/A		\$35.4173	-2.7	\$40.7986	3.4	\$34.6293	0.0
1997	N/A		\$35.7671	1.0	\$40.9603	0.4	\$33.8454	-2.3
1998	\$36.6873							
1999	\$34.7315	-5.3						
2000	\$36.6137	5.4						
2001	\$38.2581	4.5						
2002	\$36.1992	-5.4						
2003	\$36.7856	1.6						
2004	\$37.3374	1.5						
2005	\$37.8975	1.5						
2006	\$37.8975	0.0						
2007	\$37.8975	0.0						
2008	\$38.0870	0.5						
2009	\$36.0666	-5.3						
1/1/10-5/31/10	\$36.0791	0.03						
6/1/10-12/31/10	\$36.8729	2.2						
2011	\$33.9764	-7.9						
2012	\$34.0376	0.18						
2013	\$34.0230	-0.04						
2014	\$35.8228	5.3						
1/1/15-6/30/15	\$35.7547	-0.19						
7/1/15-12/31/15	\$35.9335	0.50						
2016	\$35.8043	-0.36						
2017	\$35.8887	0.24						
2018	\$35.9996	0.31						
2019	\$36.0391	0.11						
2020	\$36.0896	0.14						
2021	\$34.8931	-3.3						
2022	\$34.6062	-0.80						
2023	\$33.8872	-2						



# History of Medicare Conversion Factors

# Federal Legislation - Select

**Accelerating the Development of Advanced Psychology Trainees (ADAPT) Act (S. 2511)**

Connecting Our Medical Providers with Links to Expand Tailored and Effective Care COMPLETE Act (S. 1378)

Increasing Mental Health Options Act (S. 669)- [www.apaservices.org/advocacy/news/bipartisan-legislation-medicare-psychologists](http://www.apaservices.org/advocacy/news/bipartisan-legislation-medicare-psychologists)

*Telemental Health Care Access Act* - [www.apaservices.org/advocacy/news/supporting-legislation-gains-telehealth-access](http://www.apaservices.org/advocacy/news/supporting-legislation-gains-telehealth-access)

Treat and Reduce Obesity Act (TROA) - <https://www.obesityaction.org/troa-reintroduction-in-118-congress/>

**Strengthening Medicare for Patients and Providers Act (H.R. 2474) - [www.apaservices.org/advocacy/news/medicare-payment-rates-inflation](http://www.apaservices.org/advocacy/news/medicare-payment-rates-inflation)**

# Connect Federal and State Reimbursement Health Policy

- 1) Align federal and state advocacy regarding CPT code access, reimbursement and health care financing policy. Medicaid Programs and state-based payors.
- 2) Advocating for Medicare reimbursement rates to be set as the floor for state Medicaid programs.
- 3) Advocating for Medicare and Medicaid to reimburse for clinical services provided by interns and fellows under the supervising psychologist.
- 4) State legislation

Goal – Consistency/Alignment across Medicare, Medicaid, and Commercial Payers (National & State Based)



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION  
Services, Inc.

# Participation Propels Psychology