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Kevin Patrick Beagan
Deputy Commissioner, Health Care Access Bureau
Massachusetts Division of Insurance
1000 Washington Street
Boston, MA 02118

Dear Deputy Commissioner:

On behalf of the Massachusetts Psychiatric Society, thank you for the opportunity to participate in the listening session on March 12, 2021 to discuss implementation of telehealth provisions within Chapter 260 of Acts of 2020. The Massachusetts Psychiatric Society (MPS) wishes to submit the following comments for your consideration:

Regarding What Constitutes a telehealth visit:

Massachusetts Psychiatric Society (MPS) notes that the law rightly states that services provided by telehealth conform to the applicable standards of care. We strongly discourage definitions of a visit to go beyond standards of care for each profession providing the service. MPS supports the *t*Med Coalition's position that there should be no additional non-quantitative treatment limits (NQTL) such as prior authorization dictating the appropriateness of telehealth as a modality or the platform used for telehealth. We strongly believe that the decision about the location and modality of the treatment including in-person versus telehealth should be a clinical and person-centered decision that should be determined together by clinicians and the patient, and is inherently dictated by the required standard of care.

MPS also strongly believes that guidance on telehealth which defines necessary component parts of a visit are a backward step and inconsistent with changes to the current Procedural Terminology (CPT) codes. CPT codes were developed by the American Medical Association (AMA) and universally adopted by the Center for Medicare and Medicaid Services (CMS) and insurance carriers. For the first time in 30 years, starting Jan. 1, 2021 CPT codes have incorporated streamlined documentation requirements for Evaluation and management (E/M) with a renewed emphasis on medical decision making instead of requiring a myriad of separate component component parts of a visit. (See link #1 below and attached) The new proposed changes E/M CPT code changes were based on public comment with the goal of decreasing unnecessary documentation. In essence, the billing codes have less emphasis on a score for components of the documentation and have more emphasis on the degree of medical decision making and hence accurately reflect the actual practice of medicine. Previous emphasis on necessary component parts led to practice and documentation inefficiencies whereby providers were penalized or rewarded from a billing perspective for evaluation components which were not relevant for the visit. This contributed to excessive documentation burdens, physician burnout and decreased carrier network participation.

MPS also agrees with the *t*Med Coaltion and advocates that the definition of telehealth recognize, cover, and reimburse for **e-consults or interprofessional telephone/internet/electronic consultation**. Starting in 2019, CMS introduced CPT codes 99451 and 99452 that will reimburse both the referring provider (PCPs) and the consulting provider (Specialist) for performing an e-consult. These services have been added in recognition of the importance of integrated care. Telehealth modalities should also be adopted in the service of care coordination and integration. The American Psychiatric Association have issued guidance regarding documentation for such visits. (Attached) Likewise, MPS advocates that the definition of telehealth should also include recognition,

coverage, and **reimbursement for e-visits** which are patient-initiated, non-face-to face digital communications over HIPAA-complaint, secure platforms or portals that require a clinical decision that otherwise typically would have been provided in the office. Such visits were provided with CPT codes (physician codes 99421, 99422, 99423, and non-physician health professional—98970, 98971, 98972) that were published in 2020 by CMS.

In summary, we do not think it is appropriate that DOI guidance go beyond these established standards by adding defined components to visits.

Regarding the definition of services, we applaud the expansion of the definition of Behavioral Health Services to include the care and services for individuals with developmental disabilities who have suffered from all of the social distancing brought on by the Covid-19 pandemic which limits in-person care and necessitates telehealth services.

Best Regards,

Sally Reyering, MD, DFAPA
President, Massachusetts Psychiatric Society

(1) https://www.ama-assn.org/system/files/2020-04/e-m-office-visit-changes.pdf