



The SNS Teleneuropsychology Resource Document ***March 21, 2020***

In response to the COVID-19 pandemic, the Sports Neuropsychology Society has created the following ***Teleneuropsychology Resource Document*** to assist our members in providing necessary and critical services to patients during these challenging times. The goal is to make available high quality, ethical, HIPAA compliant, and compassionate care to the public when physical access is limited or not available.

The following document is only a guide to inspire our members to become proficient in the practice of teleneuropsychology and is up to date only as of the time of this posting. No guarantees or promises are given to the reader or user of this document. Each health care professional is responsible to follow, and must keep abreast of, any rules, regulations, and/or laws that govern their particular practice and that pertain to their patient population. The reader understands that SNS is not responsible or liable for any action taken by the health care professional based on the reading and/or use of this document. The reader of this document also understands that there may be rules, regulations, and/or laws that should be followed that supersede the content of this document.

I. Introduction to Telehealth

The U.S. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services defines telehealth as “the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.” For the purposes of the present document, the terms “telehealth,” “telepsychology,” “tele-mental health,” “telebehavioral health,” “telemedicine,” and “teleneuropsychology” may be used interchangeably.

With the COVID-19 pandemic national emergency has come a swift need and responsibility for health care practitioners to provide services in the context of social distancing, curfews, quarantine, and isolation. National and private health insurers now have national and state mandates to provide coverage for, and lift limitations to, the use of telehealth. This is a remarkable advance for the public welfare and the health care professions, and an acute responsibility for practitioners to become quickly proficient and compliant in these service platforms. With these pressing needs in mind, the SNS Sports Neuropsychology Action and Professional Practice Committee (SNAPP), its Teleneuropsychology Subcommittee, and the



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Executive Board of SNS present the following document to assist our members and practitioners.

II. Education and Training in Telehealth

All health care professionals providing telehealth services are advised to obtain education and training in telehealth. Topics to review include ethics and legal responsibility, HIPAA compliance, state and jurisdictional requirements, telepresence, equipment, and telehealth platforms/venues, among others.

There are numerous educational providers of such training. Some we recommend include:

- A. American Psychological Association's on-demand Telepsychology Webinar Series "Telepsychology Best Practices Series"
<https://apa.content.online/catalog/product.xhtml?eid=15132&eid=1921>
- B. National Register of Health Service Psychologists Webinar "A Practical Guide to Providing Telepsychology with Minimal Risk"
<https://www.nationalregister.org/npc-telepsych-video/>
- C. The Telebehavioral Health Institute (telehealth.org) provides a variety of telehealth webinars and certification in Telehealth. This non-profit organization's website also has comprehensive resources.
<https://telehealth.org/telehealth-training-courses>
- D. Follow your local state psychology organizations, APA, NAN, and SNS listserves for up-to-date postings of news and contemporaneous educational webinars (recorded and live) as they are developed.

In addition, below are some documents which provide guidance and standards for telepsychology, as well as address COVID-19 impact on psychology practice:

- E. APA Guidelines for the Practice of Telepsychology:
<https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>
- F. APA How to Protect Your Patients and Your Practice:
<https://www.apaservices.org/practice/news/covid19-psychology-services-protection.pdf>

III. Compliance Checklist for Telepsychological Services

Before moving into the telehealth arena, be sure you are prepared to execute the patient-doctor relationship via telehealth platform in a compliant manner. Patients need to understand the difference between in-person and video or telephonic media for evaluation and treatment. They need to consent to engage in such services. All the forms, documentation, and procedures



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that are utilized in the office also pertain to patients “seen” through telehealth modalities. Furthermore, secure, confidential arrangements should be made for receipt of patient forms and consents, whether you use fax, regular mail, email, or telehealth platforms that have capability for electronic signature.

The practitioner needs to discuss consent and confidentiality with the patient, acquire voluntary written consent from the patient for telehealth, document why the particular modality is being utilized with the patient, note where the patient is at the time of the service, identify a local emergency contact/phone number and emergency services in the patient’s geographic area, and be aware of whether the patient is recording the session. Practitioners need to prepare their physical sites to make them conducive to telehealth, choose and test out the technology beforehand, and plan the manner in which the telepsychology sessions are conducted. The following resources assist in these details.

- A. APA offers the comprehensive **Office & Technology Checklist for Telepsychological Services** that can be found here:
<https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>
- B. APA also provides a template for **Informed Consent for Telepsychological Services**:
<https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist>

IV. Regulations and Law Regarding Telehealth

Each state or jurisdiction typically provides its own regulation and legal requirements regarding the practice of telehealth. Each practitioner is advised to locate the laws governing where they practice, as well as for where the patient may be located at the time of service. The Center for Connected Health Care provides telehealth resources with links to State Laws & Policies and Legislation & Regulation:

<https://www.cchpca.org/about/about-telehealth>.

Prior to the COVID-19 crisis, there were strict regulations that governed and restricted the practice of telepsychology across state lines or jurisdictions. Basically, the rule has generally been that the psychologist must be licensed in the geographic area where the services are being received by the patient.

The Psychology Interjurisdictional Compact or PSYPACT is a non-profit organization that advocates for telepsychology practice and temporary practice across state lines. Some states have already passed PSYPACT legislation allowing for these services among the states that are



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enrolled in this interstate compact. These states are able to regulate reciprocity of licensure as the “receiving” and “distant” states maintain control over who is practicing in their state without having a license in every PSYPACT state. More information may be found at **PSYPACT.org**. For a map of current PSYPACT legislation status, go to <https://psypact.org/page/psypactmap>.

In response to the COVID-19 crisis, some states are waiving the necessity of licensure within the state in which the patient is located. Practitioners are advised to check with their local psychological associations and state governments for updates.

NOTICE: SNS is currently working with PSYPACT to offer a free webinar within the next month to our members that focuses on the practice of teleneuropsychology across state lines. Be there!

V. Technology

Although during this state of national emergency there may be forgiveness for utilizing platforms such as Facebook and Skype, it is most advisable to avoid these platforms and to as soon as possible transition to HIPAA compliant technologies for video, audio, text, and email communications.

How do you know that a technology is HIPAA compliant? At the least, 1) the technology publicly claims that it is HIPAA compliant, 2) the technology provides secure encryption of the transmission of the communication, 3) the practitioner is provided with a signed Business Associates Agreement by the technology company or platform.

There are numerous technologies and companies to choose from. Practitioners should determine the needs of their practice. Do you need a simple way to communicate with one patient at a time? Do you need the ability to have more than one person join you in a session or meeting? Do you have more than one staff member in your practice who needs to access the technology simultaneously? Do you need to record? Do you need to use a smart board or split screen? Do you need to integrate with documentation, electronic signature of your practice forms, or accept credit card payments? Do you want capability for electronic health records? Do you need a personal account rep to serve your technology needs? And so on....

For a list of reviewed HIPAA compliant technology platforms go to the BUYERS' GUIDE tab on the home page of www.Telehealth.org .



VI. Evidence for Neuropsychological Testing via Telehealth

Practitioners will need to decide what procedures they will choose to implement via telehealth: Interviews and Exams, Testing, Consultations, Feedbacks, Psychotherapy, Cognitive Rehabilitation, Follow-ups, etc.

Although research into tele-mental health began in the 1990's, it has only been in the past decade that neuropsychology and sports neuropsychologists have begun to develop a research base to provide evidence for the efficacy of test administration via video platforms. Some practitioners have decided not to provide testing services over video connections citing concerns regarding standardization, validity, reliability, and the setting of undesirable precedents for future legal and forensic cases. In contrast, many practitioners are weighing the risks and benefits of denying access to testing services, especially if the COVID 19 crisis continues indefinitely, and are thus choosing to implement cognitive screenings and brief batteries with plans for more comprehensive in-office assessment in the future.

Some test manufacturers already provide rating scales and self-report instruments via remote platforms, thus not requiring paper forms. These may be convenient when there is no fax or secure email/scanning capability on either the practitioner or patient side.

Tests that have been included in the available neuropsychology research (references below) may be organized into the following categories:

****Global Cognitive***

Mini Mental State Exam, Ammons Quick Test, Camcog, National Adult Reading Test (NART), Short Portable Mental Status Questionnaire (SPMSQ), Wechsler Abbreviated Scale of Intelligence (WASI)

****Language***

Phonemic & Category Fluency, Boston Naming Test, Wechsler Adult Intelligence Scale-Third Edition (WAIS-3) Vocabulary Subtest, Boston Diagnostic Aphasia Exam (BDAE) Picture Description Subtest, Multilingual Aphasia Examination (MAE) Aural Comprehension (Subtest)

****Attention/Information Processing***

Digit Span, Symbol Digit Modalities Test, Trail Making Test, Brief Test of Attention, Seashore Rhythm Test, Adult Memory & Information Processing



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***Episodic Memory**

Hopkins Verbal Learning Test (HVLT), California Verbal Learning Test-Second Edition (CVLT-2)-Short Form, Rey Auditory Verbal Learning Test (RAVLT), Modified Rey-O Figure, Wechsler Memory Scale- Revised (WMS-R) Logical Memory Subtest, Benton Visual Retention Test, Adult Memory & Information Processing

***Visuospatial**

Clock Drawing, Wechsler Adult Intelligence Scale-Third Edition (WAIS-3) Matrix Reasoning Subtest, Beery Visual-Motor Integration Test (VMI), Visual Object & Space Perception

***Psychomotor**

Grooved Pegboard

***Composite**

Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)

Below are pertinent research articles that address the use of specific tests and batteries as well as the issues, limitations, and considerations surrounding teleneuropsychology.

Brearly, TW, Shura, RD, Martindale, SL, Lazowski, RA, Luxton DD, Shenal BV, & Rowland, JA. (2017). Neuropsychological Test Administration by Videoconference: A Systematic Review and Meta-Analysis. [ncbi.nlm.nih.gov] *Neuropsychol Rev.* Jun;27(2):174-186. doi: 10.1007/s11065-017-9349-1. Epub 2017 Jun 16. Review. PMID: 28623461

Cullum, C.M., Hynan, L.S., Grosch, M.C., Parikh, M., & Weiner, M.F. (2014). Teleneuropsychology: Evidence for video teleconference-based neuropsychological assessment. *Journal of the International Neuropsychological Society*, 20(10), 1028-1033. doi:10.1017/S13556174000873

Galusha-Glasscock, J.M., Horton, D.K., Weiner, M.F., & Cullum, C.M. (2016). Video Teleconference Administration of the Repeatable Battery for the Assessment of Neuropsychological Status. [ncbi.nlm.nih.gov] *Archives of Clinical Neuropsychology*. 2015 Oct 6. pii: acv058. PMID: 26446834

Grosch, M.C., Gottlieb, M.C., & Cullum, C.M. (2011). Initial practice recommendations for teleneuropsychology. *The Clinical Neuropsychologist*, 25, 1119-1133.



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Grosch, M., Weiner, M., Hynan, L.S., Shore, J., & Cullum, C.M. (2015). Video teleconference-based neurocognitive screening in geropsychiatry. *Psychiatry Research*, 2015 Feb 28; 225(3):734-5. doi: 10.1016/j.psychres.2014.12.040. PMID: 25596957.

Parikh, M., Grosch, M.C., Graham, L.L., Hynan, L.S., Weiner, M.F., & Cullum, C.M. (2013). Consumer acceptability of brief videoconference-based neuropsychological assessment in older individuals with and without cognitive impairment. *The Clinical Neuropsychologist*, 27,5, 808-817. Doi: 10.1080/13854046.2013.791723. PMID: 23607729.

Wadsworth, H.E., Galusha-Glasscock, J.M., Womack, K.B., Quiceno, M., Weiner, M.F., Hynan, L.S., Shore, J., Cullum, C.M. (2016). Remote Neuropsychological Assessment in Rural American Indians with and without Cognitive Impairment. [ncbi.nlm.nih.gov] *Archives of Clinical Neuropsychology*. 2016 Aug; 31(5):420-5. DOI: 10.1093/arclin/acw030. PMID: 27246957.

VII. Billing & Health Care Coverage

During this COVID-19 emergency, for the most part, insurers are being more flexible and are covering telehealth psychology services. Nevertheless, practitioners are advised to ask individual insurers as to this coverage. In addition, individual state psychological associations are advocating their state governing bodies to cover all tele-mental health services. However, it is unclear whether specific testing CPT codes (other than 96116) will be covered through telehealth across the states. APA is advocating for coverage of codes 96132-3, 96136-7, 96138-9.

Normally, when billing, the same CPT codes that are used for regular in-office services should be used for telehealth. However, a modifier of "95" for telehealth and a point of service (POS) or location code of "02" is typically needed. For some insurers, the old "GT" modifier may be required. Interestingly, there has been advice that for Medicare patients, we should bill the normal codes as if we provided the services in the office, so as not to confuse the system with telehealth coding for now. It is not clear how this will evolve over the next weeks.

The Centers for Medicare and Medicaid Services (CMS) have provided this document for billing guidance:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

In addition, telehealth benefits for Medicare Beneficiaries has been expanded by national regulation:

<https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>



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The Center for Connected Health Policy has offered the following fact sheet, entitled “Telehealth Coverage Policies in the Time of COVID-19” (as of March 16, 2020).

https://www.cchpca.org/sites/default/files/2020-03/CORONAVIRUS%20TELEHEALTH%20POLICY%20FACT%20SHEET%20MAR%2016%202020%203%20PM%20FINAL.pdf?utm_source=Telehealth+Enthusiasts&utm_campaign=a1c516ec33-EMAIL_CAMPAIGN_2020_03_16_10_31&utm_medium=email&utm_term=0_ae00b0e89a-a1c516ec33-353243355

VIII. Telepresence and Monitoring the Environment

Practicing teleneuropsychology is not an easy endeavor. The practitioner must be aware of developing a telepresence by considering the following:

- A. The hardware (computer, mouse, camera) for both patient and practitioner should be up-to-date, functioning properly, with a reliable internet/wireless connection. Be sure the patient uses a web browser, like CHROME, that is compatible with the telehealth software you are using.
- B. Dress as you would for the office or place of practice. Avoid black or dark clothing. Look professional. Make an effort to speak more clearly and louder. Your facial gestures and mannerisms will need to be slightly more pronounced on video in order to convey engagement. Avoid fidgetiness and wiggling around, which seem more obvious on video. Look at the camera not at the patient’s picture so as to communicate direct eye contact.
- C. Your “office” space requires proper lighting. If you are backlit, your face will be dark. Check to see if there is a glare on your eyeglasses, or on other items in the view of the patient. Bookshelves or busy backgrounds should be avoided. A neutral backdrop, wall, curtain, old film screen, or portable room divider will allow the patient to focus on you rather than the curious, personal details of your home.
- D. Practice with a colleague before attempting a telehealth session.
- E. Turn off cell phones. Remove possible sources of other noise and distractions. Be sure there is privacy on both your and your patient’s ends and that no one else can hear.
- F. Set boundaries and conditions with your patient to be sure that the session is not taken casually. They should not be eating, texting or working on their computer (nor should you) while in session. Ask them their location and determine whether it is conducive for treatment, if it is safe, and if it is private. Be sure they are not driving while they are contacting you.



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- G. Video viewing of a patient in their environment will offer you more information about them. You may see how they live, their tastes, and their interests. This can add to the richness of your understanding of who they are.

IX. Important Concerns

Children: Working with children and families results in a host of other considerations and the need for careful judgment. The parents or guardians may take on a greater role in their child's treatment as the psychologist must rely on them for proper consent, acquisition of minor's assent, creation of a suitable environment for the session, and arrangement for and protection of patient privacy. In many ways, this is unmarked territory.

Supervision: Likewise, there are concerns related to the supervision of unlicensed students, interns, and post-doctoral trainees, whether in the context of their telehealth provision of services to patients or your telehealth supervision of their work. The readers of this document should contact their state or jurisdictional psychology associations or regulatory boards because more lenient, flexible arrangements are being approved during this time of emergency.

Risk Factors: Most importantly, each practitioner must seriously consider the appropriateness of the patient for telehealth services. A patient who is psychotic may not be appropriate. Other risk factors should be considered such as suicidality, emotional lability, and residing in an abusive or dangerous environment. A safety plan should be formulated with patients that includes an emergency contact with phone number and identification of an emergency mental health mobile outreach service that can be contacted.

Cultural Considerations: Just as we must consider the importance of cultural factors in the delivery of neuropsychological services, we must also now consider how telehealth may render new challenges for differences in cultural, socioeconomic status, and ethnicity in the doctor-patient relationship. A number of considerations that affect sensitivity and attitudes toward diversity have been identified including: 1) access to technology and connectivity; 2) familiarity with the use of technology; 3) language barriers. Significant benefits to implementing telehealth for diverse groups are suggested, due to increased outreach when there are impediments such as 1) geographic barriers, especially in rural areas, 2) physical disabilities or disease that prevent travel, 3) lack of child care or elder care that prevent leaving the home, 4) need for an interpreter within the community who is available remotely, as well as other possible factors. However, research is still sparse in examining these issues in telehealth.



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X. Final Words

Due to the emergent situation in which we as practitioners find ourselves, this document was created by SNAPP and the SNS Board to quickly serve the needs of our membership. We hope you understand that it may not be comprehensive and thorough. We apologize if we have missed important questions and concerns, and we acknowledge that the accuracy of the content may likely change as events unfold.

Additional Resources

- A. From APA: <https://www.apa.org/members/your-growth/practice-management/telepsychology/>
- B. Center for Connected Health Policy: <https://www.telehealthpolicy.us/>.
- C. Health Resources & Services Administration's Telehealth Resource Centers: <https://www.hrsa.gov/>
- D. Four page compendium of Telehealth Resources: https://www.telehealthresourcecenter.org/wp-content/uploads/2018/07/HRSA-Telehealth-Compendium_March2018_v4.pdf.
- E. www.HealthIT.gov
- F. <https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth>