



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

AMERICAN
PSYCHIATRIC
ASSOCIATION



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

June 4, 2026

Mr. Steve Nelson
Executive Vice President and President
Aetna - CVS Health
151 Farmington Avenue
Hartford, CT 06156

Dear Mr. Nelson:

The American Psychiatric Association and American Psychological Association Services, Inc. write to express serious concern regarding recent reimbursement changes reportedly implemented by Aetna for behavioral health services delivered through Alma-affiliated clinicians.

Based on notices received by clinicians, these changes include:

- Reimbursing CPT code 90837 (psychotherapy, 53+ minutes) at the same rate as CPT code 90834 (psychotherapy, 37–52 minutes);
- Eliminating reimbursement differentials between master’s level providers and psychologists for these services;
- Reimbursing CPT code 99215 at the same rate as CPT code 99214; and
- Eliminating reimbursement differentials between nurse practitioners and physicians/psychiatrists for these services.

Taken together, these changes risk undermining access to high-quality mental health and substance use disorder care at a time when the nation continues to face unprecedented behavioral health needs and longstanding workforce shortages.

Psychotherapy and evaluation and management (E/M) coding distinctions exist because they reflect meaningful differences in time, intensity, complexity, clinical decision-making, and resource utilization. Flattening reimbursement across these codes effectively devalues higher-acuity and longer-duration services that are often medically necessary for patients with serious mental illness, trauma-related disorders, substance use disorders, suicidality, and other complex psychiatric conditions.

Similarly, reimbursement structures that fail to recognize differences in physician/doctoral-level training, scope, and clinical complexity raise significant concerns regarding the long-term sustainability of the psychiatric and psychological workforce and the ability of patients to access medically necessary specialty care.

We are particularly concerned that reimbursement policies of this kind may create incentives inconsistent with clinically appropriate care, including pressure to shorten visits or reduce availability of in-network behavioral health services. Over time, these effects could worsen existing access barriers for patients seeking behavioral health treatment.

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Additionally, if similar reimbursement cuts are not being applied comparably to medical/surgical services or provider categories, these policies may warrant scrutiny under the Mental Health Parity and Addiction Equity Act (MHPAEA), particularly with respect to network adequacy, design and application of reimbursement methodologies, and other nonquantitative treatment limitations that can adversely affect access to behavioral health services.

Accordingly, we respectfully request that Aetna:

1. Immediately pause implementation of these reimbursement changes pending stakeholder engagement and further review of patient access and parity implications;
2. Provide transparency regarding the rationale, methodology, and projected access impacts associated with these policies;
3. Clarify whether comparable reimbursement compression has been applied to analogous medical/surgical services, coding structures and provider categories; and
4. Engage with appropriate stakeholders, including professional organizations and patient advocates, to discuss these recent reimbursement changes and their potential adverse impacts on patient access, clinical appropriateness, and parity considerations.

At a time when policymakers, employers, and patients alike recognize the urgent need to strengthen behavioral health infrastructure, payment policies should support clinically appropriate care, patient access, and the availability of qualified behavioral health clinicians within insurance networks.

We would welcome the opportunity to discuss these concerns further and work collaboratively toward solutions that preserve patient access to medically necessary behavioral health services.

Sincerely,



Kristin Kroeger
Vice President, Advocacy, Policy, & Practice Advancement
American Psychiatric Association



Katherine B. McGuire
Chief Advocacy Officer
American Psychological Association Services, Inc

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