

The



's of CSW Billing

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A clinical social worker (CSW) is a practitioner trained, educated, and licensed at the graduate level, with a master's degree or higher in social work, to provide mental health services for individuals, families, and groups. Some states have licensing requirements, and these practitioners are referred to as licensed clinical social workers (LCSWs).

The profession of clinical social work originated in the 1920s, and the role of social workers shifted over time with increasing attention on individual social adjustment. By the mid-20th Century, psychiatric social work was an accepted area of practice and laid the foundation for what would be labeled "clinical social work" in the 1970s.

Of the four core mental health professions, social workers comprise the largest group of clinically trained practitioners in the United States. In addition, social workers are more likely than psychologists and psychiatrists to work in rural communities.¹

Cancer Center Social Work

A cancer center social worker typically provides psychosocial services to patients, families, and caregivers facing the impact of a cancer diagnosis. Social workers are knowledgeable about the psychosocial, emotional, and financial issues that cancer patients may confront. Oncology social workers help facilitate the patient's adjustment to cancer and can help patients navigate the healthcare system. In addition, oncology social workers are knowledgeable about local resources, pharmaceutical and non-pharmaceutical patient assistance

programs, and government programs and can assist patients and their families in accessing this support. In many cancer programs, the clinical social worker coordinates and/or facilitates patient and caregiver support groups.

The clinical social worker is generally part of a multidisciplinary team that works together to meet the needs of the cancer patient and/or family. The CSW may be primarily responsible for managing practical issues, such as transportation, housing, financial assistance, and language or cultural barriers to treatment or ancillary services. While the primary assistance provided by the social worker may be providing education related to the disease process, discussion of treatment decisions, and support with coping skills, the CSW may also provide and document individual and family counseling sessions.

Reimbursement

For purposes of Medicare reimbursement, a clinical social worker is an individual who possesses a master's degree or doctorate in social work, has performed at least two years of supervised clinical social work, and either:

1. Is licensed or certified as a clinical social worker by the State in which the services are performed, or
2. If the State does not have a licensing or certification process, has completed at least two years or 3,000 hours of post master's degree supervised clinical social work practice under the supervision of a master's level social worker in an appropriate setting, such as a hospital, skilled nursing facility (SNF), or clinic.

In addition, covered services include those that the CSW is legally authorized to perform under State law or regulation to diagnose and treat mental illnesses. Services provided to beneficiaries that are inpatient or in a partial hospitalization program are considered to be Medicare Part A expenses, while services performed in a physician's office, outpatient hospital, hospice, or community mental health center can be billed by the CSW to Medicare Part B. Mental health services provided to a skilled nursing home patient may be Part A or Part B, depending on the nature of the patient's admission to the SNF.

Covered therapeutic services are reimbursed as follows:

- The payment for CSW services is based on 80 percent of the lesser of 1) the actual charge, or 2) 75 percent of the physician fee schedule.
- Professional services billed outpatient in a Critical Access Hospital (CAH) are reimbursed at 115 percent of the allowed amount (75 percent of the physician fee schedule). The CAH is required to append HCPCS Level II modifier AJ (clinical social worker) to the professional charges.
- The annual Medicare Part B deductible and 20 percent coinsurance apply to CSW services.

Covered clinical social worker services in the hospital outpatient setting are reimbursed by Medicare Part B, regardless of whether the CSW is employed by the hospital or practices independently. However, clinical social workers cannot bill Medicare directly for outpatient services;

“Managing the costs of cancer treatment is difficult for many patients and families coping with cancer, and may cause distress and worry and make it more challenging to follow their doctors’ prescribed treatment course,” said Carolyn Messner, president of the Association of Oncology Social Work (AOSW).² AOSW was formed in 1984 and is dedicated to the enhancement of psychosocial services to people with cancer and their families to help them cope with the practical, financial, emotional, and social concerns of living with cancer.

the hospital must file the Medicare claim and identify the social worker with a specific provider number. The CSW cannot generally charge for evaluation and management (E/M) services, psychological testing, or procedure codes that include medical management. Therapeutic services that can generally be billed by a CSW include individual psychotherapy, group therapy, and family therapy (procedure codes **90804–90899**).

Remember that payers other than Medicare may have different limitations on the number of sessions or hours reimbursed per patient per calendar year or fiscal year.

Component of Hospital Clinic Visit

There are two parts to every outpatient hospital visit 1) the professional component that reports the physician’s service and 2) the technical and facility component used to report the services of hospital ancillary staff, room, and overhead costs, collectively called the hospital resources.

Since the implementation of the Medicare Hospital Outpatient Prospective Payment System (HOPPS) in August 2000, hospitals have been coding clinic visits using the same E/M procedure codes as those reported by physician offices. When assigned by the hospital, however, these codes have entirely different definitions. Physician reporting relates to CPT® definitions based on complexity of history, examination, and medical decision-making. In contrast, hospital reporting of a technical visit service takes into account the intensity of facility resources used by hospital staff on the day of a patient encounter with the physician.

Medicare holds each facility accountable for following its own system

for assigning the different levels of clinic visit codes. As long as the services furnished are documented and medically necessary and the facility is following its own system, which reasonably relates the intensity of hospital resources to the different code levels, Medicare assumes that the hospital is in compliance with these reporting requirements.³ Therefore, Medicare has only two requirements:

- The services must be documented and medically necessary, and
- The mapping should reasonably reflect the intensity of the hospital’s technical resources.

While the CSW cannot bill for clinic visits, management services, or non-psychotherapy procedures, all resources expended by the hospital in an outpatient department can be used to report a facility clinic visit (technical service). This visit includes social worker services relating to patient education, navigation, or other services that include direct face-to-face patient contact. For example, if the hospital employs a point system or other methodology to track resource utilization for purposes of billing the clinic visit, appropriate credit can be given for the services of the CSW on the date of a technical clinic visit. Remember that the clinic visit is the technical component of a face-to-face physician evaluation and management service in the outpatient department. Hospital clinic visit codes include:

- New patient visits (**99201–99205**)
- Established patient visits (**99211–99215**).

To recap: clinical social workers cannot bill separately for services provided to an individual patient that are not considered

individual, group, or family therapy. However, the CSW can be considered part of the hospital resources that contribute to the level of the technical clinic visit service on the day the patient is evaluated by the physician in the hospital outpatient department.

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References

1. National Association of Social Workers. *Clinical Social Work Medicare Facts*. Social Work Reinvestment Initiative. National Association of Social Workers. Available online at www.socialworkreinvestment.org/Content/cswmedicarefacts.pdf. Last accessed Jan. 31, 2012.
2. Association of Oncology Social Work Survey Shows More than Half of Cancer Patients Say Cancer Costs Negatively Impact Their Focus on Recovery [press release]. Association of Oncology Social Work; December 2, 2009. Available online at www.disabilityrightslegalcenter.org/about/documents/AOSWSurveyShows_StreetInsider_120209.pdf. Last accessed Jan. 31, 2012.
3. Federal Register. April 7, 2000. 

Additional Resources

- CPT® Manual, 2012 Edition
- Medicare Benefit Policy Manual. Available online at: www.cms.gov/manuals/Downloads/bp102c06.pdf. Last accessed Feb. 6, 2012.
- Medicare Claims Processing Manual, Chapter 4 – Part B Hospital. Available online at: www.cms.gov/manuals/downloads/clm104c04.pdf. Last accessed Feb. 6, 2012.
- Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners. Available online at: www.cms.gov/manuals/downloads/clm104c12.pdf. Last accessed Feb. 6, 2012.