

National Coverage Provision
Clinical Social Worker Services

Contractor Number
PSYCH-009

Contractor Name
Wisconsin Physicians Service (WPS)

Contractor Number
00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05302, 05402, 52280

Contractor Type
Carrier B
Fiscal Intermediary A
MAC A
MAC B

Primary Geographic Jurisdiction

Carrier B: Wisconsin, Illinois, Michigan, Minnesota

Fiscal Intermediary A: Alaska, Alabama, Arizona, Arkansas, Connecticut, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, U.S. Virgin Islands

MAC A/B: Iowa, Missouri, Nebraska, Kansas

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CMS National Coverage Policy

1. Social Security Act Section 1861
2. Fed. Reg., Final Rule and coding update, 12/97.
3. Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services
170 - Clinical Social Worker (CSW) Services' (Rev. 1, 10-01-03)
B3-2152
4. Medicare Claims Processing Manual, Chapter 12 - Physicians/Nonphysician Practitioners
150 - Clinical Social Worker (CSW) Services, (Rev. 1, 10-01-03)
B3-2152, B3-17000
5. Medicare Claims Processing Manual, Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS) Billing for Hospital Outpatient Services Furnished by Clinical Social Workers (CSW), 270-270.3

6. Memo 02/25/1997, Q & As on New Psych Codes (Defines place of service)
7. Formerly
MCM 2152, 4162, 5112
IL C04/B2152/CSW, IL C04/B2152/CSW.2, CO Memo 12/03/96;

Description

Qualifications: *For Medicare Part B, purposes of reimbursement, a Clinical Social Worker (CSW) is an individual who meets all the following:*

1. *Possesses a master's or doctor's degree in social work; and*
2. *Has performed at least two years of supervised clinical social work; and*
3. *Either:*
 - a. *Is licensed or certified as a clinical social worker by the State in which the services are performed; or*
 - b. *In the case of an individual in a State that does not provide for licensure or certification, 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, SNF, or clinic.*

Services of CSW defined:

- A. ***Clinical Social Worker Services*** *covered are those that the CSW is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed for the diagnosis and treatment of mental illnesses. (ICD-9 codes 290.0-319, all-inclusive)*

The services that are covered are those that are otherwise covered if furnished by a physician or as incident to a physician's professional service.

Carriers should become familiar with the State law or regulatory mechanism governing a CSW's scope of practice in their service area.
- B. ***Non-covered Services***
 1. *Services of a CSW are not covered by Part B when furnished:*
 - a. *to inpatients of a hospital; or*
 - b. *to inpatients of a SNF, if the services furnished in the SNF are those that the SNF is required to furnish as a condition of participation in Medicare (e.g., discharge planning and treatment plans).*
 - c. *to patients in a home setting. CSW services are not covered and paid separately under the Part B CSW benefit when furnished to patients in the home setting under the Part A home health (HH) benefit. Instead, under the home health benefit, CSW services are bundled and paid under the HH prospective payment system (consult Part A for coverage in this setting).*
 - d. *Services that CSWs furnish to partial hospitalization patients under the partial hospitalization benefit, either in the hospital outpatient department or community mental health center (CMHC) setting, are bundled. This means that when CSWs furnish services to patients in either of these settings under the partial hospitalization benefit, the hospital or CMHC must bill the Intermediary (Part A) for these services.*
 2. *CSW services are not covered if they are otherwise excluded from Medicare coverage even though a CSW is authorized by State law to perform them.*

- *For example, the Medicare law excludes from coverage services that are not "reasonable and necessary for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member."*

D. Reimbursement

The fee schedule will be 75 percent of the amount paid to a clinical psychologist for a comparable service. Co-insurance and deductible apply to CSW services.

E. Assignment Requirement

All claims for covered services rendered by CSW will be on assignment-related basis:

1. *The CSW accepts assignment; or*
2. *The CSW claims direct Medicare payment after the death of the beneficiary; or*
3. *The CSW submits the claim under the indirect payment procedure.*

F. Place of Service Restrictions for Clinical Social Workers

Location	POS	Coverage
<i>Inpatient</i>	<i>21, 51, 54,55, 56,61</i>	<i>Services by CSWs are not covered by Part B. Part A reimburses hospitals under DRG for employees and may include CSW services.</i>
<i>Hospital Outpatient Emergency Room</i>	<i>22 23</i>	<i>Facility Bills to Medicare Part B.</i>
<i>Partial Hospitalization Program</i>	<i>52</i>	<i>Whether the CSW is an employee or not, the hospital bills Part A.</i>

<i>Community Mental Health Centers</i>	<i>53</i>	<i>In a Partial Hospitalization program, the facility bills Part A . In an Outpatient program, the facility bills part B with appropriate outpatient CPT codes.</i>
<i>Skilled Nursing Facility Nursing Facility</i>	<i>31 32</i>	<i>If services are required under Medicare Part requirements for participation of SNF, they are not covered by Medicare Part B. If services are not part of contract, services may be covered and billed to part B directly by the CSW.</i>
<i>Other Outpatient Setting, Office</i>	<i>11</i>	<i>CSW can bill Part B directly.</i>
<i>Hospice</i>	<i>34</i>	<i>CSW can bill only if the services are furnished in a hospice inpatient facility.</i>

G. Outpatient Mental Health Services Limitation

1. *Regardless of the actual expenses a beneficiary incurs for treatment of mental, psychoneurotic, and personality disorders while the beneficiary is not an inpatient of a hospital at the time such expenses are incurred, the amount of those expenses that may be recognized for Part B deductible and payment purposes is limited to 62.5 percent of the Medicare allowed amount for those services. This limitation is called the outpatient mental health treatment limitation. Expenses for diagnostic services (e.g., psychiatric testing and evaluation to diagnose the patient's illness) are not subject to this limitation. This limitation applies only to therapeutic services and to services performed to evaluate the progress of a course of treatment for a diagnosed condition.*

2. *Clinical Social Worker services in the hospital outpatient setting are covered by Medicare Part B whether the social worker is in independent practice or facility based (employed by the hospital).*
3. *Effective 07/09/93 services provided by CSWs in the hospital outpatient setting must be billed to Medicare Part B by the facility (hospital). Clinical Social Workers cannot bill Medicare directly for these services. The facility needs to specifically identify the social worker with a specific provider number.*

H. ***Billing for Hospital Outpatient Services Furnished by Clinical Social Workers (CSW) 270***
Payment may be made for covered diagnostic and therapeutic services furnished by CSWs in a hospital outpatient setting. CSW services furnished under a partial hospitalization program are included in the partial hospitalization rate. Other CSW services must be billed to the carrier on Form CMS-1500 or the electronic equivalent.
See chapters 13 and 15, of the Medicare Benefit Policy Manual, for a discussion of the coverage requirements for CSW.

Fee Schedule to be Used for Payment for CSW Services 270.1

The fee schedule for CSW services is set at 75 percent of the fee schedule for comparable services furnished by clinical psychologists, except for services under a CAH partial hospitalization program. These are paid on a reasonable cost basis.

Outpatient Mental Health Payment Limitation for CSW Services 270.2

The CSW services are subject to the outpatient mental health services limitation in §1833 of the Act. The limitation of 62.5 percent is applied to the lesser of the actual charge or fee schedule amount. Diagnostic services are not subject to the limitation.

Note: This limitation is being gradually phased out

Coinsurance and Deductible for CSW Services 270.3

The annual Part B deductible and the 20 percent coinsurance apply to CSW services.

I. ***Clinical Social Worker (CSW) Services Away and at the RHC/FQHC Clinic or Center***

Services at the Clinic or Center 110.6

RHC-419.2.F

The services of clinical social workers performed at the clinic or center are RHC or FQHC services and are payable only to the clinic or center.

Services Away From the Clinic or Center 110.7

RHC-419.2.G

Clinical social workers who are employees of an RHC or FQHC, or who are compensated by the clinic or center for providing services furnished to clinic or center patients in a location other than at the clinic/center facility, may furnish services to clinic/center patients at the clinic/center facility or in other locations, such as in a patient's home. These services are RHC/FQHC services and are reimbursable only to the clinic or center.

A clinical social worker that is compensated by the clinic/center for services in locations other than the clinic/center, may not bill the Medicare program through the carrier for services furnished to Medicare beneficiaries who are clinic/center patients, regardless of place of service.

ICD-9 Codes that Support Medical Necessity

290.0-319, all inclusive

Reasons for Denial

Medical Necessity, Non-Covered, Scope of Practice

Coding Guidelines

1. Codes with medical management services and Evaluation and Management Services cannot be billed.
2. When employed by a provider, the physician/clinic who bills for the CSW should use the same codes described in 1, and bill using the CSW's provider number.
3. Facility-based Social Worker: The hospital outpatient department / Emergency Room should bill Medicare Part B directly for these services.

The Social Worker's specific provider number must be used to bill for these services in Section 24K of the 1500 form. When submitting EMC, the CSW's provider number should be placed in Record FAO, field 23.

4. Use the AJ modifier when the services are billed by a provider, physician, or supplier.
5. The hospital's 5-digit group number (3-digit Medicare number plus two leading zeros) must be placed in box 33. For EMC, use CA0, field 28.

Documentation Requirements

Documentation supporting the medical necessity of this item, such as ICD-9 codes, must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.

Start Date of Notice Period

(Published)

Existing regulations

Revision History