



CLINICAL SOCIAL WORK ASSOCIATION

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Position Paper on Medicare Changes - 2014

Medicare Changes for Clinical Social Workers

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Across the United States, Licensed Clinical Social Workers (LCSWs) are the largest group of mental health and substance abuse clinicians providing psychotherapy and case management services today, and the profession is regarded by many as the backbone of the mental health treatment community. For Medicare beneficiaries, however, access to LCSW services is limited. First, Medicare unduly restricts LCSW participation in skilled nursing facilities and hospitals, even where a long-standing therapeutic relationship exists between patient and independent provider. And second, the low Medicare reimbursement rates for LCSWs - significantly less than for other mental health professionals for the exact same services - are driving many LCSWs to opt out of the Medicare program.

The 234,000 LCSWs in the United States (*Clinical Social Work Association, 2014*) have been providing approximately 40-60% of all mental health care treatment in the country for the past 20 years (*Bureau of Labor Statistics, 2003, 2013*). Covered by almost all private insurers and Medicaid plans as well as Medicare Part B, LCSWs have been found to produce positive treatment results equal to those of psychologists and psychiatrists. (*Consumer Reports, 2004*)

This paper outlines ways that Medicare could make more effective use of LCSWs in skilled nursing facilities and hospitals, and addresses the payment discrepancy between LCSWs and other covered mental health clinicians.

Licensed Clinical Social Work Education and Scope of Practice

Licensed clinical social workers are fully qualified to treat mental health conditions. All LCSWs have a Master in Social Work (MSW) degree from a program approved by the Council on Social Work Education (CSWE), or a Doctorate (PhD or DSW) from a program approved by the Group for the Advancement of Doctoral Education in Social Work (GADE). In addition to graduate degrees, all states and the District of Columbia require candidates for clinical licensure to obtain 3000-4000 hours of post-graduate experience with 90-150 hours of direct approved supervision, and pass a clinical examination developed by the Association of Social Work Boards (ASWB), over the course of 2-3 years.

Specifically, a Licensed Clinical Social Worker is qualified to diagnose mental health conditions as defined in the Diagnostic and Statistical Manuals (currently DSM-5); conduct psychotherapy independently; and be reimbursed by third-party payers, including Medicare. LCSWs are also qualified to provide information on applications for social security disability insurance (SSDI); provide forensic reports in legal cases; determine whether a patient is a danger to self or others requiring involuntary treatment; and make biopsychosocial assessments about the mental health of patients. LCSWs do not prescribe psychotropic medication, but work closely with physicians and Advanced Registered Nurse Practitioners (ARNPs) when medication is needed in combination with psychotherapy services.

Description of Clinical Social Work Practice

Clinical social workers have a dual perspective: both the medical framework, rooted in an understanding of mental health disorders and their treatment, and the social work world view based on respect for diversity and an ethical approach to conducting human relationships. (*Cooper, M. and Lesser, J., 2014*) As mental health professionals, LCSWs regularly base their diagnostic formulations on the Diagnostic and Statistical Manual-5, yet conceptualize patients holistically, with a context encompassing their internal emotional worlds, social networks, capacity for intimacy, ability to be self-sufficient, and ability to be emotionally reflective as well as emotionally attached to others.

Unique to all social work practice are its core principles: respect for the humanity in everyone; respect for the diverse forms our humanity takes; respect for self; understanding of the person-in-situation paradigm; and use of the ethical underpinnings on which social work is based (*Germain, C.B. and Gitterman, A., 1996; Gibelman, M., & Schervish, P., 1997*). Clinical social work training incorporates systems theory, emphasizing an understanding of internal and external environments of the client individuals, couples, or groups while helping them resolve problems through psychotherapy and counseling. Indeed, the practice of family therapy, which is grounded in systems theory, was developed by the clinical social work profession.

In addition, LCSWs are trained in biopsychosocial assessment and treatment, allowing them the ability to do broad-based psychosocial assessments. The importance of social assessment in the overall understanding of a patient has been well recognized yet is widely under-utilized, as acknowledged by the 2014 creation of a task force by the Institute of Medicine on how to conduct psychosocial assessments.

Changes Needed to Allow LCSWs to Provide Mental Health and Psychosocial Treatment

The following Medicare changes would allow Medicare beneficiaries full access to the mental health and psychosocial skills of LCSWs:

Medicare Part A– Permit LCSWs to be independently covered as mental health clinicians in Medicare Part A.

At present, LCSWs are restricted in the skilled nursing facility (SNF) and hospital consolidated billing systems; they can be covered only as facility employees or contractors. This policy of "bundling" appropriately applies to social work treatment and discharge planning services required in the SNF or hospital Medicare contract. Inexplicably, however, the bundling policy restricts independent LCSWs from

providing mental health services that *are not provided* through the contract but *are needed* by Medicare beneficiaries. Patients should be able to maintain their established mental health treatment relationships during stays in skilled nursing facilities and hospitals. LCSWs who are independent practitioners should be able to bill for provision of the same mental health treatment services for which psychologists and psychiatrists bill in SNFs and hospitals, and for which all three professions bill for work outside of these facilities.

Medicare Part A and B – Include LCSWs under all billing codes for services which they are qualified to offer under Medicare Parts A and B.

LCSWs are not currently covered by certain Current Procedural Terminology (CPT) codes and thus are unable to bill for services including 96150 - health and behavior initial assessment (e.g., biopsychosocial clinical interview, face-to-face with patient); 96151 - re-assessment of biopsychosocial functioning; 96152 - individual health/behavior (h/b) intervention; 96153 group biopsychosocial assessment and/or intervention (2 or more patients); 96154 family biopsychosocial intervention (with the patient present); and 96155 - family h/b intervention (without the patient present). Permitting use of these CPT codes not available to LCSWs at present would dramatically improve beneficiaries' access to these services.

Reimbursement for LCSWs

Medicare's low reimbursement rates for LCSWs needs to be corrected to assure both fairness and a robust Medicare mental health provider network.

Three mental health professions - psychiatrists, psychologists, and LCSWs - provide psychotherapy services for Medicare beneficiaries under the CPT psychotherapy codes in the attached list. Yet for services that are *exactly the same*, using the *same CPT billing codes* and, as mentioned above, *achieving the comparable positive outcomes*, LCSWs are permitted only 75% of the rate reimbursed to psychiatrists and psychologists. To pay LCSWs at a rate that is so much lower than other clinicians for precisely the same services is demeaning to the training received and the work provided by LCSWs; this is driving social workers away from Medicare practice. With a shortage of mental health providers at a time of growing need, this discrepancy – clearly a barrier to Medicare beneficiary health care - must be addressed.

Summary

LCSWs work at the heart of the mental health treatment system. It is time for Medicare to include them in Medicare Part A as well as Part B and to reimburse them at rates that are the same as for other clinicians providing the mental health services provided by LCSWs.

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CPTCodes for Mental Health Procedures, 2013 (used by LCSWs)

90785	Psychotherapy treatment, complex interactive
90791	Psychiatric diagnostic evaluation
90832	Psychotherapy treatment, patient alone/with family, 30 minutes
90834	Psychotherapy treatment, patient alone/with family, 45 minutes
90837	Psychotherapy treatment, patient alone/with family, 60 minutes
90839	Psychotherapy, crisis, initial 60 minutes
90840	Psychotherapy, crisis, each additional 30 minutes
90845	Psychoanalysis (with psychoanalytic training)
90846	Family psychotherapy treatment without patient
90847	Family psychotherapy treatment with patient
90849	Multiple family group psychotherapy
90853	Group psychotherapy
90880	Hypnotherapy (with hypnosis training)
90887	Consultation with family
90889	Preparation of report
96110	Developmental screen