

Behavioral Health Integration FAQ

1. How is the psychiatric consultant being paid?

A billing provider needs to be established for the patient

Defined by Medicare as:

Treating (Billing) Practitioner – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology) all other clinical work done by the team under that billing provider is reimbursed by contract, or as a result of the clinical staff working for (employed by) the billing provider. This includes a psychiatrist.

“As noted in the CY 2017 final rule (81 FR 80235), these other care team members are either employees or working under contract to the billing practitioner whom Medicare directly pays for BHI”.

2. Would a Licensed Master Social worker be considered a provider and bill for these services?

Clinical Social Workers (CSW)

To qualify as a CSW, the following requirements must be met:

- Possess a master's or doctoral degree in social work;
- Have performed at least 2 years of supervised clinical social work; and either
- Be licensed or certified as a clinical social worker by the State in which the service(s) are performed; or
- In the case of an individual in a State that does not provide for licensure or certification, has completed at least 2 years or 3000 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.

Coverage of Services

The services of a CSW may be covered under Medicare Part B if they are:

- The type of services that are otherwise covered if furnished by a physician, or as incident to a physician's service.
- Performed by a person who meets the definition of a CSW and

- Not otherwise excluded from coverage.

Non-covered Services

Services of a CSW are not covered by Medicare Part B when furnished to inpatients of a hospital, patients of a partial hospitalization program, or to inpatients of a skilled nursing facility (SNF) if the services furnished in the SNF are those that the SNF is required to furnish as a condition of participation with Medicare. In addition, 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. Therapeutic services that are billed by a CSW under CPT psychotherapy codes that include E/M services are not covered. CSWs may not bill for pharmacological management. Also, there is no provision for billing services rendered incident to a CSW.

NOTE: LCSW are not considered a billing practitioner for BHI as per the definition above, so they would be paid via contract, or as employees. They are limited especially if they are not a Licensed Clinical Social Worker. The codes used to bill BHI and CoCM would not be billed out under the LCSW in this case.

NOTE: Claims for outpatient LCSW services provided in a hospital, outpatient or other facility (except a nursing facility) must be submitted by the facility for payment. Claims rendered in place of service 21, 51, 52 or 61 are not covered by Medicare Part B.

3. Could you also give me the answer to what procedure code to use with a licensed master's social worker provider?

CPT Codes

96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)