Billing for LCSW’s in Palliative Care (PC)

Brandi Rutan, LCSW in GA/NC and LISW-C-SC
Heidi McIntyre, Senior Billing Specialist
Four Seasons Compassion for Life, Flat Rock, NC

Importance of SW’s:

- Social workers have long helped meet the health related needs of the chronically ill living in the community.
- Social workers provided outreach for the medical practices at Massachusetts General Hospital in the early 1900s, were an important part of maternal and child health programs during the Great Depression, and have been an important part of Community Health Centers since the 1960s (Cowles, 2003).
- Yet today only 5.65% of social workers report working in the health care field. A minority of these social workers provide care for chronically ill patients in the community (Bureau of Labor Statistics, 2016).
- Only 44% of social workers in the health care field work outside the hospital, only 9% self identify as working in the field of aging, and only 1.3% are employed by home health agencies (National Association of Social Workers, 2010).
- While both the social work and medical communities support the idea of integrating social work into community-based medical care (Cowles, 2003), the role of social workers in community medical settings remains poorly defined.
- According to the Bureau of Labor Statistics of 2016, only 159,310 reported working in a health care position.
Key Benefits of LCSW

- Psychosocial support.
- Knowledge and resources.
- Revenue through billing psychotherapy services.
- Providing holistic care.
- Off-set the use of other disciplines needs with the LCSW’s skills set.

Bill in clinic setting or ALF’s for advance care planning codes with Medical Team.

Can bill in the home, office(tela-health), or ALF (assisted living facility).

Billing for LCSW’s in PC

- The **LCSW** must be licensed as a licensed clinical social worker or at the clinical level since each state has different requirements.
- The **LCSW** should be knowledgeable or have a background in mental health.
- The **LCSW** will work with their credentialing department to ensure that the LCSW is able to provide services for each insurance provider (Medicaid, Medicare, Blue Cross/Blue Shield, United, Cigna to name a few).
- The **LCSW** must have a NPI (National Provider Identification).
- Apply for a CAQH account which helps navigate these areas for you.
### LCSW Billing Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>NF</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>Psychotherapy 16-37 minutes (30 min)</td>
<td>$46.43</td>
<td>$45.94</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy 38-52 minutes (45 min)</td>
<td>$61.72</td>
<td>$61.23</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy 53+ minutes (60 min)</td>
<td>$92.56</td>
<td>$92.87</td>
</tr>
<tr>
<td>90846</td>
<td>Family Therapy w/o patient (50 min)</td>
<td>$74.62</td>
<td>$74.13</td>
</tr>
<tr>
<td>90847</td>
<td>Family Therapy w/patient (50 min)</td>
<td>$77.51</td>
<td>$77.01</td>
</tr>
</tbody>
</table>

### LCSW Billing Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>NF</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>90853</td>
<td>Group Psychotherapy</td>
<td>$18.65</td>
<td>$18.40</td>
</tr>
<tr>
<td>90839</td>
<td>Crisis (1st 60 min)</td>
<td>$96.72</td>
<td>$95.98</td>
</tr>
<tr>
<td>90840</td>
<td>Crisis (extra 30 min)</td>
<td>$46.18</td>
<td>$45.94</td>
</tr>
<tr>
<td>90791</td>
<td>Psych Diagnostic Procedure</td>
<td>$95.26</td>
<td>$92.31</td>
</tr>
<tr>
<td>90785</td>
<td>Interactive Complexity</td>
<td>$10.13</td>
<td>$10.13</td>
</tr>
</tbody>
</table>
Billing Cont.

- LCSW can bill individual therapy and family therapy in the same day as long as the “2” services are distinct.
- LCSW can bill telehealth services as long as it is a secure/HIPPA compliant setting.
- LCSW can assist with advance care planning as long as the main provider is in the same building/office for billing purposes.

ICD Billing Codes

Depressive Disorders:
- F32.9 Maj. Dep. Unspecified/Single
- F33.9 Maj. Dep. Unspecified/Recurrent
- F32.0 Maj. Dep. Mild/Single
- F33.0 Maj. Dep. Mild/Recurrent
- F32.1 Maj. Dep. Mod./Single
- F33.1 Maj. Dep. Mod/Recurrent
- F32.2 Maj. Dep. Severe/Single
- F33.2 Maj. Dep. Severe/Recurrent
- F32.3 Maj. Dep. w/psychotic/Single
- F33.3 Maj. Dep. w/psychotic/recurrent
- F33.4 Maj. Dep. w/psychotic/recurrent/remission
- F06.31 Mood D/O due to known physiological condition with depressive features
Anxiety Disorders

- F41.1 Generalized Anxiety Disorder
- F06.4 Anxiety Disorder due to medical condition—specify medical condition
- F41.8 Other specified anxiety disorder
- F41.9 Unspecified Anxiety disorder
- F41.0 Panic Disorder
- F03.91 Unspecified dementia with behavioral disturbance
- F29 Unspecified schizophrenia spectrum and other psychotic disorder
- F43.23 Adjustment disorder with mixed anxiety and depressed mood
- F43.20 Adjustment Disorder unspecified
- Others might be added as needed.

ICD Billing Codes

LCSW Billing Paperwork

- Comprehensive Clinical Assessment (CCA)- completed yearly or updated with any significant mental health changes.
- Psychiatric Paper/Electronic note completed after each visit.
- Submitting claims for service(s) rendered.
Psychotherapy Note Example:

Common Medical Diagnosis that can POSSIBLY cause Depressive symptomology:

- Alzheimer’s Disease
- Chronic Fatigue Syndrome
- Congestive Heart Failure
- Ulcerative Colitis
- Aids
- Anemia
- Apnea
- Chronic Pain
- Diabetes
- Hyperthyroidism
- Hypothyroidism
- Influenza
- Lupus
- Malnutrition
- Multiple Sclerosis
- Parkinson’s Disease
- Rheumatoid Arthritis

Common Medical Diagnosis that can Possibly cause Anxiety symptomology:

- Cardiac Arrhythmia
- CNS Degenerative Disease
- Delirium
- Hypoglycemia
- Hyperthyroidism
- Partial-Complex Seizures
- Meniere’s Disease (early stages)

Reference by Preston & Johnson, 2012

Common Medical Diagnosis that can Possibly cause Psychosis symptoms

- Dementia’s
- Folic Acid Deficiency
- Huntington’s Disease
- Lewy Body Dementia
- Urinary Tract Infection(s)
- Multiple Sclerosis
- Pancreatitis
- Lupus
- CNS infections, trauma, or neoplasms

Reference by Johnson & Preston, 2012
Mental Health Facts

• **One in four** older adults experiences some mental disorder including **depression**, **anxiety disorders** and **dementia**. This number is expected to double to **15 million by 2030** (National Council on Aging, 2017).

• Depression affects **seven million older Americans**, and many **do not** receive treatment (National Council on Aging, 2017).

• The number of older adults with **substance abuse problems** is expected to double to **five million** by 2020 (National Council on Aging, 2017).

Mental Health Facts Cont.

• **Two-thirds** of older adults with mental health problems do **not receive** the **treatment** they need. **Current preventative services** for this population are extremely limited (NIMH, 2014).

• **Untreated** substance abuse and mental health problems among older adults are associated with **poor health outcomes**, higher health care utilization, increased complexity of the course and prognosis of many illnesses, increased disability and impairment, compromised quality of life, **increased caregiver stress**, increased mortality, and higher risk of **suicide**. (NIMH, 2014).

• Symptoms of **depression** and **anxiety** in older Americans are overlooked and untreated because they often **coincide** with **other medical illnesses** or **life events** that commonly occur as people age (e.g., loss of loved ones)(NIMH, 2014).
Suicide Statistics

- Suicide among older adults is a significant public health problem; an older adult dies by suicide every 68 minutes in the United States, resulting in 7693 deaths by suicide among adults ages 65 and older in 2014.

- **Depression** is a significant predictor of suicide in elderly Americans (National Institute of Mental Health, 2009).

- Mental health issues are often implicated as a factor in cases of suicide. **Older men** have the highest suicide rate of any age group (Web-based Injury Statistics and Query Reporting System, 2008).

- **Men aged 85 years or older** have a suicide rate of 49.9 per 100,000, compared to an overall rate of 11.01 per 100,000 for all ages (American Association of Suicidology, 2014).

- Three-fourths of older adults who commit suicide have seen their physician in the past month (National Council on Aging, 2017).

Contact Information:

Brandi Rutan-LCSW
Heidi McIntrye-Senior Billing Specialist
Emails: brutan@fourseasonscfl.org
   hmcintyre@fourseasonscfl.org
Phone: 866-466-9734

Thank you for your attendance today and feel free to reach out to us with any other immediate needs or questions. Have a great rest of the day and enjoy the conference!
References: