

Services furnished in 1995	57.5 percent
Services furnished in 1996	55.0 percent
Services furnished in 1997	52.5 percent
Services furnished in 1998 and after	50.0 percent

150 - Clinical Social Worker (CSW) Services

(Rev. 1, 10-01-03)

B3-2152, B3-17000

See Medicare Benefit Policy Manual, Chapter 15, for coverage requirements.

Assignment of benefits is required.

Payment is at 75 percent of the physician fee schedule.

CSWs are identified on the provider file by specialty code 80 and provider type 56.

Medicare applies the outpatient mental health limitation to all covered therapeutic services furnished by qualified CSWs. Refer to §210, below, for a discussion of the outpatient mental health limitation. The modifier "AJ" must be applied on CSN services.

160 - Independent Psychologist Services

(Rev. 1, 10-01-03)

B3-2150, B3-2070.2

See the Medicare Benefit Policy Manual, Chapter 15, for coverage requirements.

There are a number of types of psychologists. Educational psychologists engage in identifying and treating education-related issues. In contrast, counseling psychologists provide services that include a broader realm including phobias, familial issues, etc. Psychometrists are psychologists who have been trained to administer and interpret tests. However, clinical psychologists are defined as a provider of diagnostic and therapeutic services. Because of the differences in services provided, services provided by psychologists who do not provide clinical services are subject to different billing guidelines. One service often provided by nonclinical psychologist is diagnostic testing.

NOTE: Diagnostic psychological testing services performed by persons who meet these requirements are covered as other diagnostic tests. When, however, the psychologist is

not practicing independently, but is on the staff of an institution, agency, or clinic, that entity bills for the diagnostic services.

Expenses for such testing are not subject to the payment limitation on treatment for mental, psychoneurotic, and personality disorders. Independent psychologists are not required by law to accept assignment when performing psychological tests. However, regardless of whether the psychologist accepts assignment, he or she must report on the claim form the name and address of the physician who ordered the test.

160.1 - Payment

(Rev. 1, 10-01-03)

Diagnostic testing services are not subject to the outpatient mental health limitation. Refer to §210, below, for a discussion of the outpatient mental health limitation.

The diagnostic testing services performed by a psychologist (who is not a clinical psychologist) practicing independently of an institution, agency, or physician's office are covered as other diagnostic tests if a physician orders such testing. Medicare covers this type of testing as an outpatient service if furnished by any psychologist who is licensed or certified to practice psychology in the State or jurisdiction where he or she is furnishing services or, if the jurisdiction does not issue licenses, if provided by any practicing psychologist. (It is CMS' understanding that all States, the District of Columbia, and Puerto Rico license psychologists, but that some trust territories do not. Examples of psychologists, other than clinical psychologists, whose services are covered under this provision include, but are not limited to, educational psychologists and counseling psychologists.)

To determine whether the diagnostic psychological testing services of a particular independent psychologist are covered under Part B in States which have statutory licensure or certification, carriers must secure from the appropriate State agency a current listing of psychologists holding the required credentials. In States or territories which lack statutory licensing and certification, carriers must check individual qualifications as claims are submitted. Possible reference sources are the national directory of membership of the American Psychological Association, which provides data about the educational background of individuals and indicates which members are board-certified, and records and directories of the State or territorial psychological association. If qualification is dependent on a doctoral degree from a currently accredited program, carriers must verify the date of accreditation of the school involved, since such accreditation is not retroactive. If the reference sources listed above do not provide enough information (e.g., the psychologist is not a member of the association), carriers must contact the psychologist personally for the required information. Carriers may wish to maintain a continuing list of psychologists whose qualifications have been verified.

Medicare excludes expenses for diagnostic testing from the payment limitation on treatment for mental/psychoneurotic/personality disorders.

Carriers must identify the independent psychologist's choice whether or not to accept assignment when performing psychological tests.

Carriers must accept an independent psychologist claim only if the psychologist reports the name/UPIN of the physician who ordered a test.

Carriers pay nonparticipating independent psychologists at 95 percent of the physician fee schedule allowed amount. Carriers pay participating independent psychologists at 100 percent of the physician fee schedule allowed amount.

Independent psychologists are identified on the provider file by specialty code 62 and provider type 35.

170 - Clinical Psychologist Services

(Rev. 1, 10-01-03)

B3-2150

See Medicare Benefit Policy Manual, Chapter 15, for general coverage requirements.

Direct payment may be made under Part B for professional services. However, services furnished incident to the professional services of CPs to hospital patients remain bundled. Therefore, payment must continue to be made to the hospital (by the FI) for such "incident to" services.

170.1 - Payment

(Rev. 1, 10-01-03)

B3-2150, B3-17001.1

All covered therapeutic services furnished by qualified CPs are subject to the outpatient mental health services limitation (i.e., only 62 1/2 percent of expenses for these services are considered incurred expenses for Medicare purposes). The limitation does not apply to diagnostic services. Refer to §210 below for a discussion of the outpatient mental health limitation.

Payment for the services of CPs is made on the basis of a fee schedule or the actual charge, whichever is less, and only on the basis of assignment.

CPs are identified by specialty code 68 and provider type 27. Modifier "AH" is required on CP services.

180 - Care Plan Oversight Services

(Rev. 1, 10-01-03)