

Clinical Social Work

Practice Update from the National Association of Social Workers

Volume 2, Number 3
April 2002

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MEDICARE TELEHEALTH PROVISIONS FOR THE CLINICAL SOCIAL WORKER

Advances in technology are making health care services accessible through telecommunications. Clinical social workers now have the opportunity to take advantage of telehealth services that are being reimbursed by Medicare for its beneficiaries. Effective October 2001, the Benefits Improvement Protection Act (BIPA) amended section 1834 to pay for telehealth services that are furnished via a telecommunication system to an eligible telehealth individual.

Medicare defines telecommunications as “multimedia communication equipment that includes, at a minimum, audio-video equipment permitting two-way, real-time interactive communications between the patient and physician or practitioner at the distant site practitioner” (p. 40393). It does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail).

As it pertains to clinical social workers, Medicare telehealth services are outpatient, individual, psychiatric services identified by Current Procedural Terminology (CPT) codes 90804, 90806, and 90808. An eligible telehealth patient is one who is enrolled under Medicare Part B and receives telehealth services furnished at an originating site which includes a practitioner’s office, rural health clinic or a federally qualified health center.

Clinical social workers are able to bill Medicare for telehealth services that are provided in an area designated as a rural health professional shortage area (HPSA) or in a county that is not included in a Metropolitan Statistical Area (MSA). Urban areas, for example, would be excluded as originating sites. An exception would be if the clinical social worker was participating in a federally approved telemedicine demonstration project. However, a clinical social worker in a MSA county would be eligible to provide telehealth services to a Medicare beneficiary at an outpatient office or health clinic in a non MSA county or HPSA.

As a condition of Medicare Part B payment for telehealth services, the clinical social worker at the distant site must be licensed to provide the service under state law at the distant site. The payment is equal to the amount that is paid for the service without the use of a telecommunications system. Any payment made to the clinical social worker at the distant site is not to be shared with the referring practitioner.

Key Concepts

- Medicare reimburses clinical social workers for outpatient, individual psychotherapy telehealth services provided at a distant site to Medicare beneficiaries at an originating site.
- The distant site is the location at which the clinical social worker performs the service at the time the service is delivered.
- The originating site is the location of the Medicare patient at the time the service is being performed via a telecommunications system.
- Telecommunications is particularly helpful to patients living in remote areas where mental health services may be limited due to travel time and distance. Now clinical workers are able to provide these services to rural America without extensive travel time.

The Power of Social Work



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The telehealth patient is responsible for any unmet deductible amount and Medicare coinsurance. Medicare pays a facility fee to the originating site of the telehealth services.

For additional information on Medicare payment for telehealth services, contact the Medicare carrier in your region.

Reference

Federal Register. November 1, 2001. Vol. 66, No. 212. Gov. Printing Office. Washington, DC.