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RESULTS OF REQUEST FOR COMPELLING EVIDENCE TO INCREASE PSYCHOTHERAPY CPT CODES

In 2009, NASW informed its members that the Current Procedural Terminology (CPT) codes for psychotherapy services were being considered for review to increase the work and practice expense values associated with reimbursement rates. Work values are based on the time, mental effort and judgment required to perform a service, and the stress encountered. Practice expense values involve the direct expenses of a clinical practice including clinical labor, medical supplies, and equipment. The review process is expected to take place some time in 2010 through the American Medical Association Relative Value Scale Update Committee (RUC) and the Health Care Professional Advisory Committee (HCPAC), and reviewers will consider compelling evidence that psychotherapy codes should be revalued.

NASW asked clinical social workers to submit comments for compelling evidence to re-survey the work and practice expense values of CPT psychotherapy codes. Such evidence establishes the necessary foundation for the codes to be revalued.

We received more than 200 comments from clinical social workers, and although few offered evidence, all believed that increases in values were warranted because the last increases were made in the 1990s. Other comments included the following:

1. There have been changes in the work of psychotherapy services.

- The intensity, frequency, and complexity of the work have increased. For example, increases in post-traumatic stress from war, 9/11, drug and weapon related violence, Katrina, and other natural disasters, have all made psychotherapy services more difficult to provide and created a need for specialized skills. In addition to cognitive and behavioral therapy, a psychotherapist may need to acquire new treatment modalities and skills to address these problems. Evidence of the changes in work is documented in the literature including the 1999 Surgeon General Report on Mental Illness and literature published by the National Institute of Mental Health.
- The development of new pharmaceuticals and the need to keep current about the effects of these drugs on patients have required new skills and increased referrals of patients to a psychiatrist for a medication evaluation.

2. Documentation requirements have increased.

- The Health Insurance Portability and Accountability Act (HIPAA) privacy rule requires two types of psychotherapy notes—one for

treatment and insurance purposes and the other for private psychotherapy notes—increasing the workload for clinical social workers and other psychotherapists.

- Insurance companies are requiring additional justification for treatment and paperwork for claim processing, including pre-authorization forms, requests for additional treatment sessions, and the reporting of outcome measures. In addition, treatment plans vary by health plan and clinical social workers must learn each one.

3. Technology has changed psychotherapy services and increased the work.

- A clinical social worker must acquire new assessment and intervention skills for video conferencing and on-line interviews with patients. Many health plans require clinical social workers and other psychotherapists to learn new skills in the use of the Internet in providing services.

4. Psychotherapy work is stressful.

- The stress of meeting the needs of patients at risk and remaining vigilant of legal and ethical considerations is intense. The cumulative impact of listening and bearing witness to the realities of trauma and loss can be stressful to clinical social workers who must keep abreast of new developments in treatment interventions.

5. The codes were last surveyed for new work and practice expense values in 1997 and require updating.

- The Omnibus Budget Reconciliation Act of 1990 requires a comprehensive review of all CPT codes at least every five years in order to make any needed adjustments. The psychotherapy codes are overdue for updating.

NASW will use the compelling evidence its members have submitted to seek permission to re-survey the psychotherapy codes from the Centers for Medicare and Medicaid Services, the RUC and HCPAC. NASW is collaborating with the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Psychological Association, American Nurses Association, American Psychiatric Nurses Association, and the Association of Geriatric Psychiatry and will keep its members apprised of the status of the review process.

Additional information about how reimbursement rates are developed is available online in the Practice Update, “How Reimbursement Rates are Developed for Clinical Social Workers in Private Practice” at www.socialworkers.org/practice/clinical/csw0503.pdf