



September 24, 2019

Centers for Medicare and Medicaid Services  
Director Seema Verma  
<http://www.regulations.gov>

RE: CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies, CMS-1715-P

Dear Director Verma:

The Clinical Social Work Association (CSWA) is happy to provide these comments on the proposed Medicare rules for 2020. There are over 250,000 licensed clinical social workers (LCSWs) in the country, the largest group of behavioral health providers. We are proud to be able to participate in the Medicare program and serve the mental health needs of beneficiaries.

As we understand the proposed rules for LCSWs, they are similar to the Physician Quality Record Systems (PQRS) which were in place from 2010-2017 for LCSWs. When the Merit-based Incentive Payment System (MIPS) was created in 2018, LCSWs were not asked to report on the measures that were part of that system. The proposed rule, CMS-1715-P, is specifically considering that clinical social workers now be included in the MIPS reporting. The PQRS rule had many difficulties for LCSWs with denied reporting and we hope that if the MIPS measures are applied to LCSWs that the processing of the reporting will be improved.

CSWA understands that the Medicare Economic Index (MEI) is subject to change, and is hopeful that the proposed 6% decrease in overall RVUs for LCSWs may change as well. As has long been the case, we have concerns about the way that LCSWs, who use the same behavioral health codes as psychologists and psychologists for psychotherapy, have nonetheless been reimbursed at 25% less than the other two groups. We know this will take legislative change. This disparity continues to be patently unfair; groups doing the same work using the same codes should not have different reimbursement rates. CSWA encourages our members to become Medicare providers and serve

this vulnerable population. However, decreasing reimbursement rates and increasing the paperwork burden could lead to fewer LCSWs choosing to do so.

As requested on p. 460, CSWA would like to offer the following comments on the Clinical Social Work specialty set, in the event clinical social workers are proposed for inclusion in the definition of a MIPS eligible clinician in future rulemaking. Measures which CSWA finds would fit with the clinical social work scope of practice are marked "ACCEPTED". Measures which are not included, but recommended by CSWA, are marked "PROPOSED".

#### **B.41 Clinical Social Work (p.664)**

##### *Measures in MIPS*

#130, Medications for every patient listed in the Medical Record in each session ACCEPTED

#134, Depression Screening, once a year, followup treatment plan if positive screening ACCEPTED

#181, Elder Maltreatment Screening, once a year, with followup treatment plan if positive screening ACCEPTED

#182, Functional Outcomes Assessment, as needed, followup treatment plan if positive screening ACCEPTED

#226, Tobacco Cessation, once every two years or sooner if positive screening ACCEPTED

#281, Dementia Cognitive Assessment, once a year regardless of age, followup treatment if positive screening ACCEPTED

#283, Dementia Psychiatric Screening, once a year if positive cognitive assessment for dementia, for behavioral/psychiatric disorders, followup treatment if positive screening ACCEPTED

#286, Dementia Physical Safety Screening, as needed if danger to self or others because of physical limitations, followup treatment if positive screening ACCEPTED

#370, Adolescent Depression Remission Percentage at 12 months for 12-17 year old patients who have a positive screening for depression ACCEPTED

#382, Assessment of Suicide Risk for children/adolescents who have diagnosed suicidality with followup plan for continued suicidality ACCEPTED

#383, Assessment of adherence to anti-psychotic medication as needed for patients who have a diagnosis of schizophrenia or schizoaffective disorder and followup plan if positive screening for non-adherence ACCEPTED

#402, Assessment of tobacco cessation for adolescents 12-20 as needed with followup plan if cessation not achieved ACCEPTED

#431, Assessment of Unhealthy Alcohol Use for adults every two years with followup plan for cessation if not achieved ACCEPTED

PROPOSED: Assessment of Unhealthy Alcohol Use for adolescents 12-20 every year if cessation not achieved

PROPOSED: Assessment of Unhealthy Drug Use for adults every two years with followup plan for cessation if not achieved

PROPOSED: Assessment of Unhealthy Drug Use for adolescents every two years with followup plan for cessation if not achieved

Thank you again for the opportunity to offer our comments to CMS on these proposed rules. We are happy to discuss them with you further.

Sincerely,

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