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LCSW Modifier Coding

- 1) The ED includes the modifiers "LCSW" and "Ph.D.". These two modifiers apply **only** to licensed clinical social workers and licensed PhDs (including licensed PsyDs) and **all of their EDs must** have these modifiers checked. LCSW or Licensed Ph.D. clinicians **CAN** have these modifiers pre-checked for their EDs.
- 2) The primary diagnosis on the ED must be an included diagnosis in order to be reimbursed by Medi-Cal. An Excluded diagnosis such as Mental Disorders due to a General Medical Condition or Cognitive Disorder NOS cannot be the primary diagnosis if billing Medi-Cal.
- 3) The following codes **cannot** be the primary diagnosis once the assessment has been completed:
 - a) V Codes
 - b) Diagnosis or condition deferred 799.9
 - c) No Diagnosis or condition V71.09

Even if these are used during the assessment period the clinician <u>MUST</u> demonstrate medical necessity in the documentation.

4) Modifier 22 "Unusual Procedural Services" it is to be used **only** when the service is longer than 80 minutes. Modifier 52 "Reduced Service" is to be used **only** when the service is lower than 20 minutes.