

Medicare 201:

The Implementation of Medicare Part B Coverage of Counselors and MFTs

Sponsored by the Medicare Mental Health Workforce Coalition / Presented by NBCC

May 5, 2023



- 1 Closed Caption is enabled and attendees can turn CC on or off as they desire
- 2) Interpreter Phone Number: 305-224-1968 Webinar ID: 893 5205 8967 Passcode: 506345
- 3 Session Evaluation / Take Our Evaluation Survey (CE credit for live attendance only.)
- Webinar will be posted on NBCC website a few days following the webinar. View Medicare 101 Video
- **5** Q&A: Please add your questions in the Q&A box at any time during the meeting.

Medicare Mental Health Workforce Coalition Members

American Association for Marriage and Family Therapy

American Counseling Association

American Mental Health Counselors Association

Association for Behavioral Health and Wellness

California Association of Marriage and Family Therapists

Centerstone

Center for Medicare Advocacy

Michael J. Fox Foundation for Parkinson's Research

National Association for Rural Mental Health

National Association of Community Health Centers

National Association of County Behavioral Health and Developmental Disability Directors

National Board for Certified Counselors

National Council for Mental Wellbeing

National Council on Aging

Network of Jewish Human Service Agencies

The Jewish Federations of North America

Learning Objectives

Attendees will hear from a key representative from the Centers for Medicare & Medicaid Services (CMS), which administers all aspects of the Medicare program.



The representative will describe the regulatory process, including:

an overview of CMS administrative and regulatory authority.

identification of key steps in the implementation of Medicare Part B coverage of MFTs and MHCs and guidance on technical platforms that are in place to enroll current eligible providers in the Medicare program.

A description of the annual Medicare Physician Payment Schedule (MPPS), which is the main federal policy instrument that provides guidance to Medicare health care and mental health providers on how to enroll in the program, coding issues, payment rates, and related guidance on Medicare legislation passed by Congress.



Dr. Doug Jacobs

Doug Jacobs is the chief transformation officer in the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS). In this role, he helps to lead centerwide efforts to move the health care system toward value-based care, advance health equity, and promote delivery system transformation.

Prior to this role, he was the chief medical officer and first chief innovation officer for the Pennsylvania Department of Human Services (DHS), where he helped oversee the state's Medicaid program. Dr. Jacobs is a **Board Certified Internal Medicine Physician** and continued seeing patients throughout the pandemic.

Guila Todd

Guila Todd has worked on the government affairs and public policy team of the **American Counseling Association** (ACA) for 10 years. He currently serves as the government affairs manager and the lead on all federal issues for the association. Guila attended Hampton University and graduated with a degree in political science.

After graduation he worked in a variety of settings, including the Criminal Division of the U.S Justice Department and the District of Columbia government.

During his 10 years at ACA, Guila has also served on the board of the Committee for Education Funding (CEF). Their mission is to provide a strong and unified voice in support of increasing the federal investment in education.

Guila is an active member of the **Medicare Mental Health Workforce Coalition**. He was also voted one of 2021's top 100 lobbyist by the National Institute for Lobbying & Ethics.



Roger Smith, J.D.

Roger Smith joined the American Association for Marriage and Family Therapy (AAMFT) in 2005. As AAMFT's chief advocacy officer, Roger oversees AAMFT's federal and state advocacy initiatives. As AAMFT's general counsel, Roger handles general legal issues for AAMFT. He serves as an AAMFT staff representative to the Medicare Mental Health Workforce Coalition.

After receiving a bachelor's degree from Purdue University, Roger earned his law degree from the Indiana University Robert H. McKinney School of Law, in Indianapolis.





Stephanie Katz, Esq.

Stephanie Katz is the **assistant vice president for policy and advocacy** at the National Council for Mental Wellbeing, where she specializes in access to mental health and substance use disorder services, federal programs, and political strategy.

Stephanie worked previously for **The Michael J. Fox Foundation for Parkinson's Research**, where she focused on the provision of health care services and pharmaceuticals, specifically through the Medicare program. She also worked in the House of Representatives as a legislative assistant specializing in health care.

Additionally, Stephanie is a former deputy prosecuting attorney. Stephanie has a Master of Public Health from George Washington University, a Juris Doctorate from Santa Clara University, and a Bachelor of Arts in psychology from the University of Southern California. She serves as a National Council for Mental Wellbeing staff representative to the Medicare Mental Health Workforce Coalition.

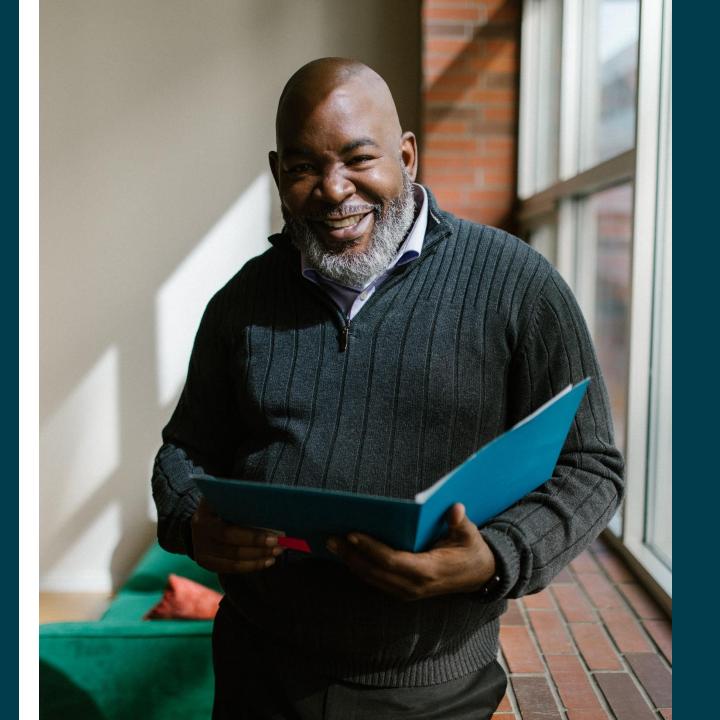


Dr. Doug Jacobs

Chief Transformation Officer

Center for Medicare at the Centers for

Medicare & Medicaid Services (CMS)





Implementation of Medicare Part B Coverage for Counselors

Jolie A. Long, MS, EdS, NCC, MAC, LCMHC

Legislative Research Manager

National Board for Certified Counselors

The Implementation Process

- Integration of counselors and MFTs in Medicare in 2023
- Consultation with Centers for Medicare & Medicaid Services (CMS) and Medicare Administrative Contractors (MACs)
- Creation of online steps to enroll in the Medicare program
- Guidance through the annual Medicare Physician Fee Schedule rule-making process
- MFTs and counselors cannot treat Medicare clients and bill Medicare for services until January 2024



Medicare Administrative Contractors (MACs) are responsible for enrolling providers in the Medicare fee-for-service (FFS) program.



MACs are private health care insurers awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or durable medical equipment (DME) claims for traditional Medicare feefor-service (FFS) beneficiaries.



CMS relies on a network of MACs to serve as the primary operational contact between the Medicare FFS program and the health care and mental health providers enrolled in the program.



MACs are multistate regional contractors responsible for administering both Medicare Part A and Medicare Part B claims.

MAC administrators are divided into 12 geographic regions: Learn More Here

MACs perform many activities, including:



processing Medicare FFS claims

making and accounting for Medicare FFS

payments

enrolling providers in the Medicare FFS program

handling provider reimbursement services and auditing institutional provider cost reports

handling **redetermination requests** (first stage of appeals process)

responding to provider inquiries

educating providers about Medicare FFS billing requirements

establishing local coverage determinations (LCDs)

reviewing medical records for selected claims

coordinating with CMS and other FFS contractors

What is the Medicare Physician Fee Schedule (MPFS)?

Since 1992, Medicare payment has been made under the MPFS for the services of physicians and other billing professionals such as mental health providers. Services paid under the MPFS are furnished in various settings, including physician offices, hospitals, ASCs, SNFs, and other post-acute care settings.

The MPFS is a complete listing of fees used by Medicare to pay doctors and other providers.

On an annual basis, CMS issues a notice of proposed rulemaking (NPRM) for the Medicare Physician Fee Schedule (MPFS)—usually in early July—and accepts comments from stakeholders on the NPRM before issuing a final rule in the fall.

The NPRM will contain coding and reimbursement information pertaining to the implementation of Medicare Part B coverage of MFTs and counselors.



View the
Physician Fee
Schedule →>>>

Calendar Year (CY)
2023 Medicare
Physician Fee
Schedule
Proposed Rule

How do I know if I am an Eligible Medicare Provider?

Under the *Mental Health Access Improvement Act*, MFTs and counselors are eligible to participate in the Medicare program based on the following language:

Possesses a master's or doctor's degree which qualifies for licensure or certification as a marriage and family therapist, mental health counselor, clinical professional counselor, or professional counselor under the State law of the State in which such individual furnishes the services.

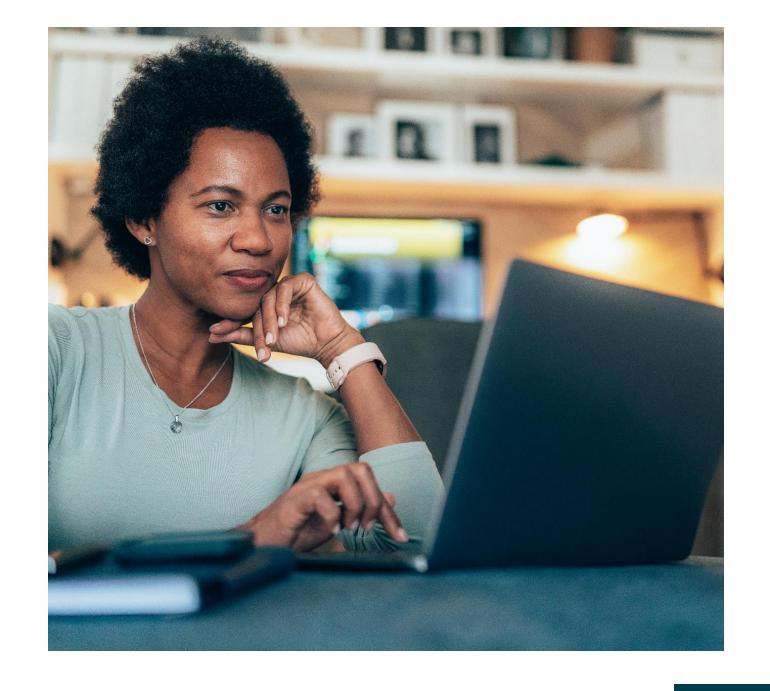
Is licensed or certified as a MFT, MHC, CPC, or PC by the state in which the services are furnished.



After obtaining such a degree, has performed at least 2 years of clinical supervised experience in marriage and family therapy, or mental health counseling.

Meets such **other requirements** as specified by the HHS Secretary.

Anticipated Key Steps to Becoming a Medicare Provider



Preview of Steps:



The **I&A** System lets you create one user account to manage access to CMS systems such as **PECOS**.

You must complete the <u>Medicare Participating</u>

<u>Physician or Supplier Agreement</u> (CMS-460) to participate in Medicare.

Register in the Identity and Access Management System (I&A).

Get a National Provider Identifier (NPI).

Enter information into Provider Enrollment, Chain, and Ownership System (PECOS).

Decide whether you'd like to be a participating provider.



PECOS

<u>PECOS</u> is an electronic Medicare enrollment system. It uses a scenario-driven, interactive application process with built-in help screens.

The Medicare Administrative Contractor (MAC) that serves your state or practice location will process your enrollment application and answer questions.

Through PECOS, providers and suppliers can:

send Medicare enrollment applications.

view and print enrollment information.

update enrollment information.

complete the revalidation process.

voluntarily withdraw from the Medicare program.

track the status of a Medicare enrollment application.

Deciding Whether You'd Like to Participate

Participation means that you agree to accept assignment of the Medicare Part B payment for all covered services you offer to Medicare patients.

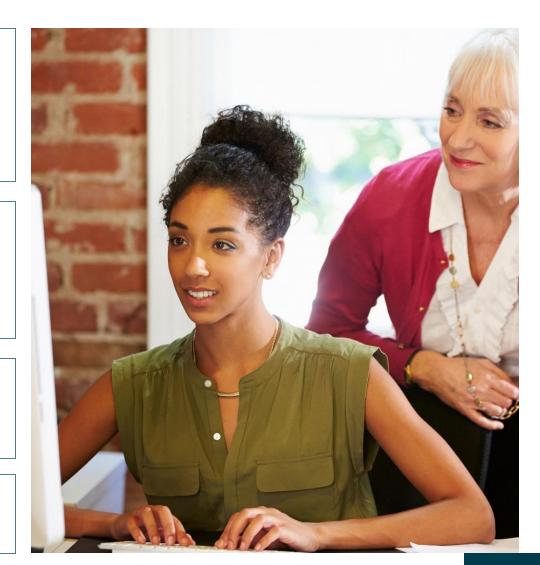
By accepting assignment, you agree to accept Medicareallowed amounts as payment in full.

You may not collect more from the patient than the Medicare deductible and coinsurance or copayment.

The <u>Social Security Act</u> says you must send claims for Medicare patients whether you take part or not.

Nonparticipating providers and suppliers who haven't signed an agreement to accept assignment for all Medicare-covered services can still choose to accept assignment for individual services.

You have **90 days** from when you enrolled to decide whether you'd like to be a participating provider or supplier.





Commonly Used CPT Codes That Medicare Reimburses for MH Providers

The **Medicare Coalition** has requested that LMFTs and LMHCs should be paid under the Medicare program for any services that are paid to psychologists or LCSWs.

CMS has identified **50 MH codes** where providers have billed for patient care.

Specific reimbursement rates for codes will be provided through the 2024 Physician Fee Schedule.

CMS has identified CPT codes commonly used in the delivery of behavioral health services for which they reimburse providers.

See the *Medicare Mental Health Booklet* (pages 20–22)

https://www.cms.gov/files/document/mln1986542-medicaremental-health.pdf

- 90791 Psychiatric diagnostic evaluation
- 90792 Psychiatric diagnostic evaluation with medical services
- 90832 Individual psychotherapy for 30 minutes
- 90833 Individual psychotherapy for 30 performed with an E/M service
- 90834 Individual psychotherapy for 45 minutes
- 90836 Individual psychotherapy for 45 performed with an E/M service
- 90837 Individual psychotherapy for 60 minutes
- 90838 Individual psychotherapy for 60 performed with an E/M service
- 90846 Family psychotherapy for 50 minutes without the patient present
- 90847 Family psychotherapy for 50 minutes with the patient present
- 90853 Group psychotherapy
- 96127 Brief behavioral or emotional assessment
- 96130 Evaluation services including reporting, treatment planning, clinical decision-making, interpreting test results
- 96131 Testing evaluation services, psychological and neuropsychological
- 96136 Test administration and scoring, first 30 minutes
- 96137 Test administration and scoring, additional 30 minutes

This is not a complete list of CPT mental health codes.



Participating in Medicare Advantage (Part C) Plans

Over one half (52% of all Medicare beneficiaries) have enrolled in Medicare Advantage (MA) plans. The remainder are essentially enrolled in the traditional Medicare fee-for-service program.

After enrolling in the Medicare program through the PECOS systems, providers will need to contact individual MA plans in your region to obtain enrollment forms with that health plan and complete them ASAP—when the enrollment process begins later this year—to apply to serve on their insurance panels.

MA plans must cover the same mental health benefits (and can provide additional benefits) that traditional Medicare covers.

The largest MA insurers in 2022:

UnitedHealthcare: 7 million Medicare enrollees

Humana: 5.1 million

BCBS plans: 4.1 million

CVS Health/Aetna: 3.3 million

Kaiser Permanente: 1.8 million

You are automatically enrolled in traditional Medicare when you enroll in the Medicare program.

Telemental Health Guidance for Practitioners



During the pandemic, Congress removed geographic restrictions and added a Medicare beneficiary's home as a permissible originating site for the diagnosis, evaluation, and treatment of a mental health disorder. Medicare beneficiaries can access telemental services from home for mental health needs in addition to substance use (and co-occurring mental health) disorders.

However, Congress also imposed an **in-person requirement** for these flexibilities: The beneficiary must have an in-person visit with their provider within the six months prior to the telemental treatment.

The **2023 omnibus budget bill** delays implementation of the in-person visit requirement through December 31, 2024, meaning that beneficiaries can continue to access telemental services from home until January 1, 2025, without needing to have an in-person visit with their provider before beginning treatment.

Medicare also covers audio-only visits for MH/SUD services, subject to limitations.



Critical Resources on Medicare Part B **Coverage of Counselors and MFTs**



Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf

Medicare Mental Health Benefits for Beneficiaries

Medicare and Your Mental Health Benefits:

https://www.medicare.gov/Pubs/pdf/10184-Medicare-and-Your-Mental-Health-Benefits.pdf

Medicare Mental Health:

https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf

Medicare Beneficiary Handbook:

https://www.medicare.gov/Pubs/pdf/10050-medicare-and-vou.pdf

Role of the Centers for Medicare and Medicaid Services (CMS)

- https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp
- https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnershipemail-archive

How to Enroll in the Medicare Program

The Medicare Learning Network:

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlngeninfo

Web-based Training:

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/ webbasedtraining

Becoming a Medicare Provider (World of Medicare):

https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html

Weekly Email Newsletter for Medicare Providers:

https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnershipemail-archive



Critical Resources on Medicare Part B **Coverage of Counselors and MFTs**

Medicare Administrative Contractors (MACs)

https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac

Medicare Physician Fee Schedule

- https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched
- https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-proposed-rule

Medicare CPT Billing Codes for Mental Health

Please see the **Medicare Mental Health Booklet** (page 20–22) for complete details.

https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf

Example of Current Mental Health Provider Guidance on Codes:

Psychotherapy Codes for Psychologists

https://www.apaservices.org/practice/reimbursement/health-codes/psychotherapy

Social workers use similar Medicare codes as psychologists and can be found on the link below:

https://www.socialworkers.org/includes/newlncludes/homepage/PRA-NL-27117.CPT-Codes-PP.pdf

Medicare Reimbursement Rates

https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=2&CT=0&H1=96100&H2=96140&M=5

Medicare Telehealth Services

- https://www.congress.gov/bill/117th-congress/house-bill/2617
- https://oig.hhs.gov/oei/reports/OEI-02-20-00520.asp



Key Steps to Becoming a Medicare Provider

- Register in the <u>I&A</u> System
- Get an NPI
- Enter information into PECOS
- 4. Decide if you want to be a participating provider

Form CMS-855I: Physicians and nonphysician practitioners (PDF link)

Our Panelists



Guila Todd



Roger Smith



Stephanie Katz



Questions and Answers!

