

Medicare 401:

Assessing the Essential Features of the 2024 Medicare Physician Fee Schedule Rule and Implications for Counselors and MFTs

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

Aug. 17, 2023



Meeting Details

1

Closed Captioning is enabled and attendees can turn CC on or off as they desire.

2

Interpreter Phone Number: 305-224-1968 Webinar ID: 857 1317 1341 Passcode: 684539

3

Session Evaluation / [Take Our Evaluation Survey](#) ➡ (CE credit for live attendance only)

4

Webinar will be posted on NBCC website a few days following the webinar.

[Medicare 101 Video](#) ➡

[Medicare 201 Video](#) ➡

[Medicare 301 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

After this webinar, attendees will be able to:

Describe the annual Medicare Physician Fee Schedule, which is the main federal policy instrument that provides guidance to Medicare health care and mental health providers on payment and enrollment policies.

Analyze the key provisions contained in the proposed 2024 Physician Fee Schedule and implications for counselors and MFTs.

Identify who can enroll in the Medicare program, when, how, and where, and additional resources CMS has in place to accommodate providers who wish to enroll.

Interpret the proposed mental health codes that counselors and MFTs will use to bill Medicare starting in 2024 and payment rates for those services and related guidance.

Identify opportunities for counselors and MFTs to participate and receive reimbursement in various settings (e.g., community mental health centers, community health clinics, rural health clinics, skilled nursing facilities, hospices).

Outline next steps in the implementation of Medicare Part B coverage of counselors and MFTs and provide guidance on platforms to facilitate enrollment in the Medicare program.





Jeanne L. Vance, JD



Jeanne Vance is a health care transactions and regulatory attorney who is a partner with the Sacramento-based law firm of Weintraub Tobin. Vance has expertise in Medicare and Medicaid payment and enrollment matters, health care operations, and health care mergers. She provides outside counsel regulatory support to implement large-scale corporate reorganizations, name and branding changes, and change of control transactions for California-based health care providers. Vance advises health care professional groups and associations regarding health care licensing and payment requirements for compliant business structures and ongoing health care compliance obligations as a condition of participating in government payment programs.

She is currently Chair of the Regulation, Accreditation, and Payment Practice Group of the American Health Law Association (AHLA) and was previously the president of the Sacramento Health Law Committee and vice chair of the California State Bar Health Law Committee. Vance received her law degree from the University of California Law, San Francisco, and her undergraduate degree from Mills College.

Doug Jacobs, MD, MPH

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 center-wide 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.





Jolie Long

MS, EdS, NCC, MAC, LCMHC

Jolie Long is the legislative research manager in NBCC's Government and Legislative Affairs Department. She works to develop and implement policy initiatives in the state and federal legislative arena to promote professional excellence and aims to strengthen the regulatory framework of the profession, expand governmental recognition of counselors, and increase access to high-quality counseling services. Long analyzes active legislation and policy and coordinates advocacy, lobbying, and grassroots efforts on behalf of counselors and the profession.



weintraub | tobin

Jeanne Vance, Esq.

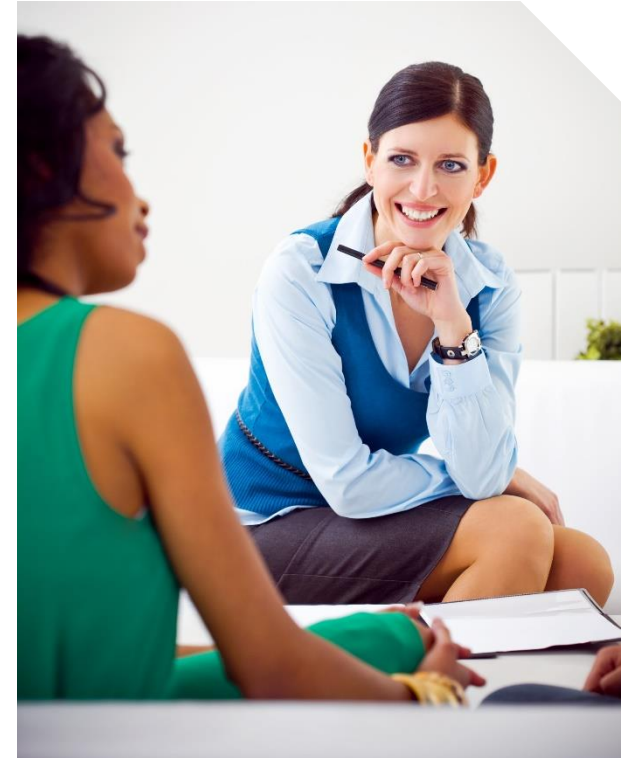
Proposed Medicare Physician Fee Schedule

Centers for Medicare & Medicaid Services

Published in the Federal Register **on August 7, 2023**
(see 88 Fed. Reg. 52262)

Comments are due by 5 pm September 11, 2023

Final Medicare Physician Fee Schedule to be published on or around November 1, 2023, to be effective January 1, 2024.





Medicare Payment to Begin for Services

Starting Jan. 1

Marriage and family therapists and mental health counselors to be eligible for payment effective January 1, 2024.

MFT/MHC must possess master's or doctoral degree and meet qualifications for licensure

After licensure, performed either 2 years or 3,000 hours of post-degree clinical experience

MFT/MHC is licensed

Does not include services provided to inpatients

Services covered only if MD would have been paid for the service

Will include addiction counselors if they meet these requirements

See proposed 42 CFR 410.53-54



weintraub | tobin

Background on the Medicare Physician Fee Schedule

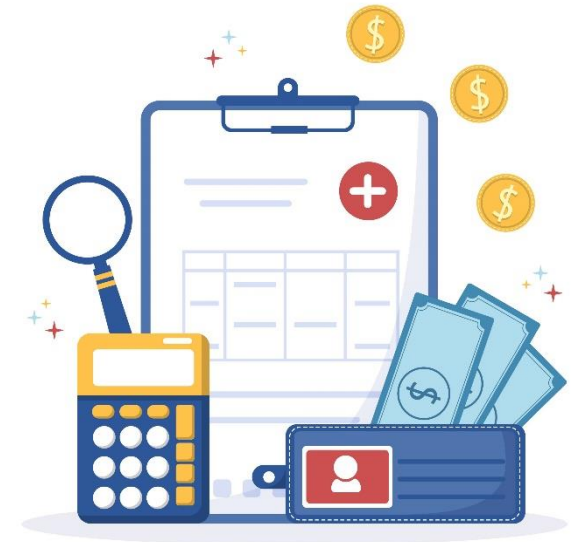
Rate of Payment

MFTs/MHCs to be paid the lesser of:

80%
of the
actual
charge

OR

75%
of the amount paid to
clinical psychologists
under the Medicare
Physician Fee Schedule



Rate of Payment

Example:

50-minute psychotherapy session: 90834

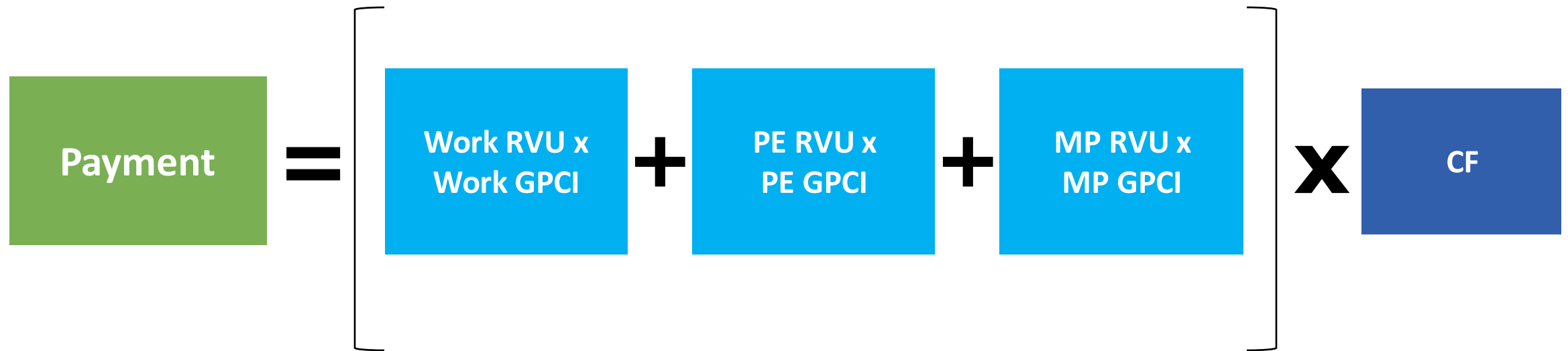


- Your “usual and customary charge” to patients who are private pay is **\$195**.
- In Northern California, the rate is **\$114** for this same service for a clinical psychologist.
- Medicare would pay an MFT or MHC **75% of the \$114, or \$85.50**.
A portion of this is the patient co-pay, which the practitioner must collect from the patient, and a portion is paid by the Medicare contractor.



Physician Fee Schedule Formula

Review of Basic Formula under MPFS for Professional Services Payment





Relative Value Units (RVU)



Work RVU—shows the Medicare PFS service's relative time and intensity.

Practice Expense RVU—shows the costs of supporting a practice (office rent, staff costs, etc.).

Malpractice RVU—shows the cost of malpractice insurance.

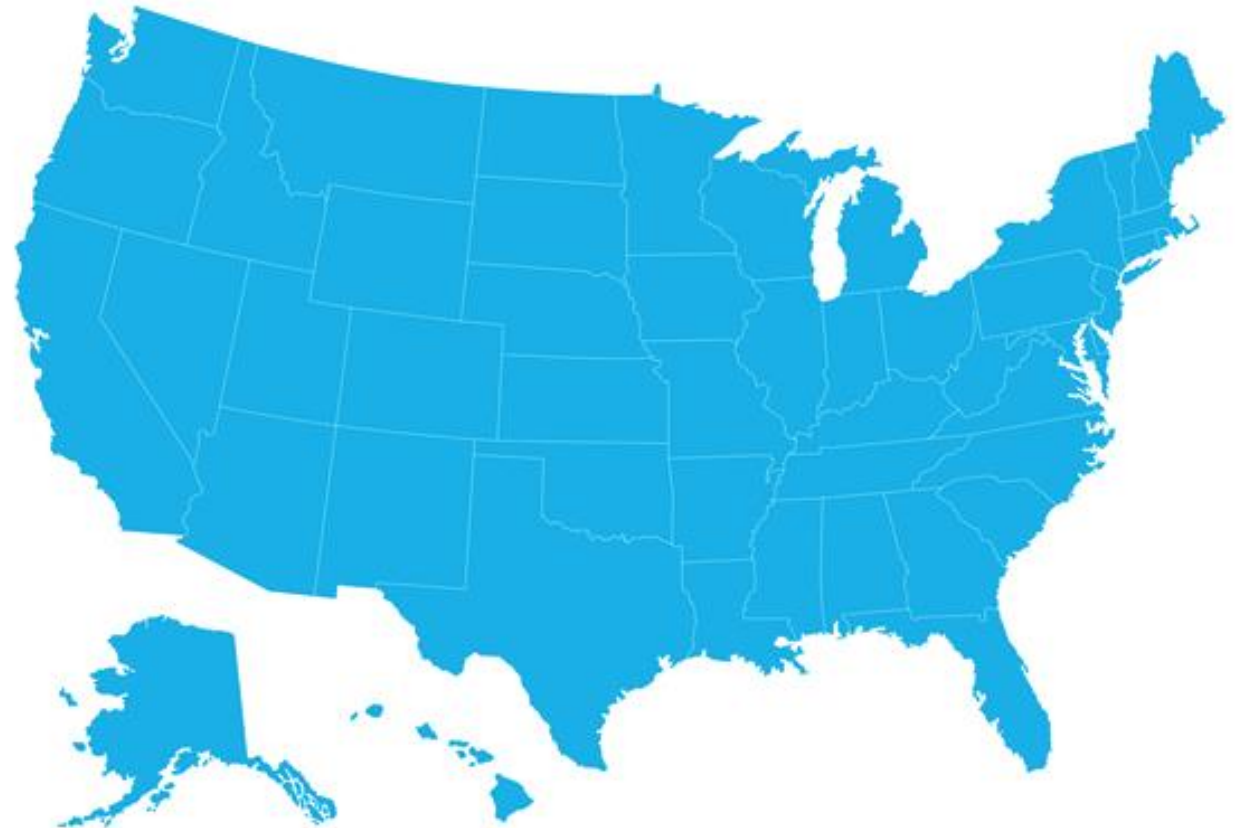
Geographic Practice Cost Indices (GPCI)

Each RVU is adjusted to account for geographic variations in the cost of practicing medicine in different parts of the country.



Conversion Factor:

Expressed in dollars. There is a formula for updating the conversion factor each year in the Social Security Act.



To be reimbursable under Medicare,

each of the following must be permitted under the Social Security Act for the Medicare program:



- a) The specific service is reimbursable.
- b) The method of delivery is reimbursable.
- c) The person has been approved to be a Medicare provider (enrollment).

See 42 C.F.R. 424.505.



weintraub | tobin

Specific Proposals for the 2024 Medicare Physician Fee Schedule



Ancillary Services to Enhance Professional Services Also Payable



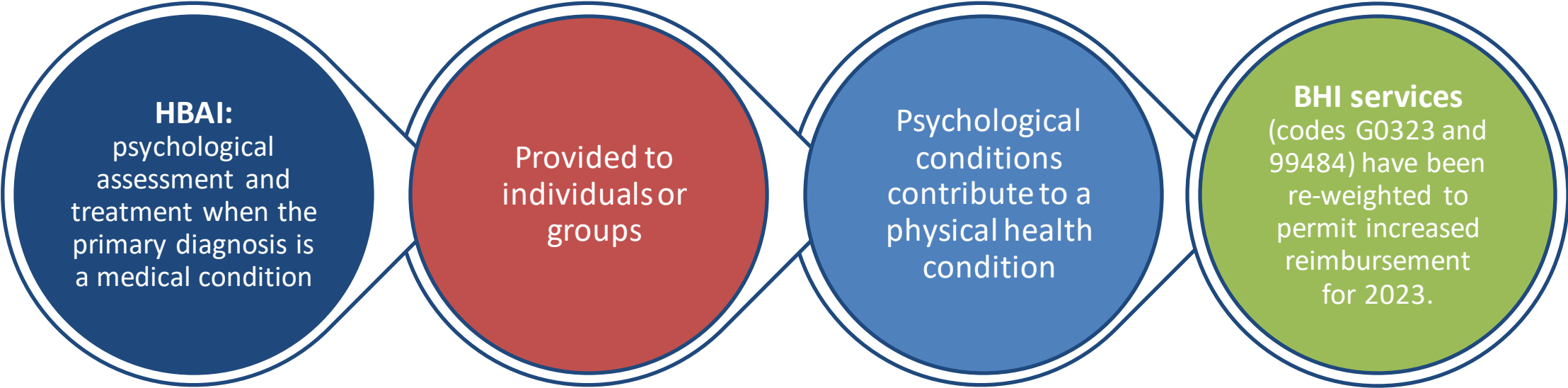
MFTs and MHCs may order diagnostic tests if the tests relate to the services for which they are providing professional services. Those diagnostic tests would then be paid for by Medicare, assuming the test is a Medicare-approved test.

Proposed 42 C.F.R. 410.32



Health Behavior Assessment and Intervention Services; Behavioral Health Integration

Billable when performed by MFTs/MHCs in 2024.



MFTs/MHCs Added to Eligible Staff of Rural Health Clinics & Federally Qualified Health Centers

Conditions of coverage have been updated for both

FQHC: MFT/MHC services through the **Prospective Payment System** (not billed by the MFT/MHC)

RHC: MFT/MHC services paid through the **All-Inclusive Rate** (not billed by the MFT/MHC)

Same policies/supervision as for LCSWs, psychologists

Same basic eligibility requirements as for Part B suppliers

Hospice Interdisciplinary Groups May Include MFTs/MHCs

Hospices must establish IDGs to evaluate and work with the patient and their family to establish a plan of care.

As of 2024, the IDG must include:

A social worker, a marriage and family therapist, or a mental health counselor, depending on the needs and preferences of the patient.

(see proposed 42 C.F.R. sec 418.56)





Telehealth Services

Telehealth Services by MFTs/MHC Permitted

Mobile crises codes can be billed for services delivered in any location.

Medicare will cover telebehavioral health through December 31, 2024.





Provider Enrollment for MFTs/MHCs

Submit an application one of two ways:

1 Complete paper form CMS 855I (available at [cms.hhs.gov](https://www.cms.hhs.gov)) and send it to your Medicare Administrative Contractor.

2 Complete an electronic application via the Provider Enrollment, Chain, and Ownership System (pecos.cms.hhs.gov).

If you will practice in a group, the group will complete forms CMS 855B and 855R.

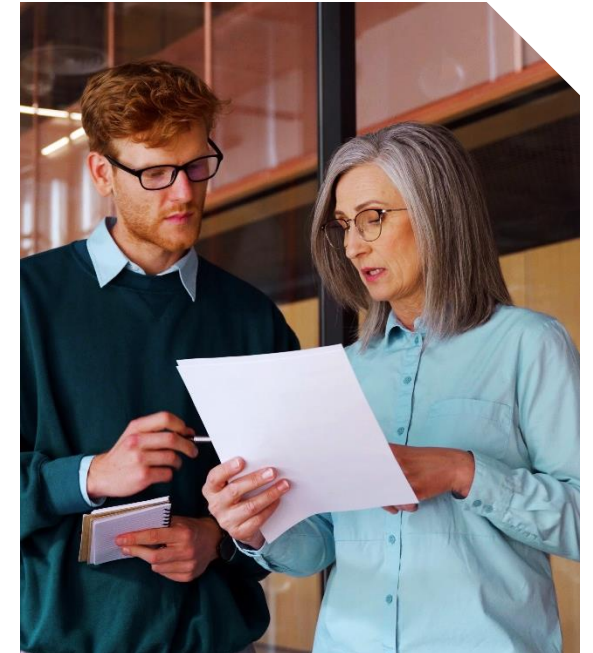
This may be submitted as soon as the MPFS is finalized (approximately November 1, 2023).

Provider Enrollment Details

Default Screening Level is “limited.” This means that unless the practitioner is personally elevated to a moderate- or high-risk screening level, it is not automatic that there will be a site visit or fingerprint-based background check. **However, practitioners should always be prepared for site visits, which can occur at any time.**

When Enrollment Applications May Be Submitted:

Applications can be submitted just as soon as this rule is final (estimated to be November 2023).



42 CFR 424.518

CMS Solicits Input From Community

- Access to care in general
- Access to behavioral health integration (including psychiatric collaborative model)
- Whether interprofessional consultation should be separately reimbursable
- Settings in which intensive outpatient services should be reimbursed
- Is there a need for separate coding and payment for interventions furnished in a crisis setting such as the ED for patients with suicidality or a risk of suicide?
E.g., safety planning interventions, telephonic post-discharge follow-up contacts
- Utility of mobile medical applications for cognitive behavioral therapy





Questions and Answers!



Eligibility Questions



Eligibility Questions

Question 1:

The Proposed Medicare Physician Fee Schedule rule references certain terms for mental health counselors: (1) Licensed Mental Health Counselor (LMHC), (2) Licensed Clinical Professional Counselor (LCPC), and (3) Licensed Professional Counselor (LPC). Other designations used by states include Licensed Professional Clinical Counselor (LPCC), as an example.

Despite the rule with the three designations highlighted, if I meet all the requirements—licensed as a MFT or MHC at the state level to provide mental health services, possess at least a master’s degree, performed the necessary clinical supervised experience, and so on—can I enroll in Medicare despite any slight variations in mental health counselor licensure designations?



Eligibility Questions

Question 2:

Are Associates (LCMHCA, LPCA, etc.) eligible to enroll in the Medicare program and bill for services?



Eligibility Questions

Question 3:

The MFPS rule includes new language not included in the legislation that after receiving a degree, an individual who has performed at least two years “or 3,000 hours post-master’s degree clinical supervised experience in mental health counseling” will be eligible to participate in Medicare as well as meeting other requirements. How did CMS arrive at the 3,000 hours number, and is there a definition of “clinical supervised experience” that CMS can provide now or in the final rule or other guidance?

Question 4:

How will the clinical supervised hours requirement be addressed for practitioners who have been in practice since the 1980s (and even recently for many MFTs and MHCs) and experience potential documentation challenges?



Eligibility Questions

Question 5:

Will addiction counselors have an opportunity to enroll in the Medicare program?



Enrollment Issues



Enrollment Issues

Question 1:

How do MHCs and MFTs who meet the applicable eligibility requirements enroll in the traditional Medicare program?

MHCs and MFTs can visit

[cms.gov/medicare/provider-enrollment-and-certification](https://www.cms.gov/medicare/provider-enrollment-and-certification) for basic information on the provider enrollment process.

Question 2:

If a practitioner has an NPI number already, is there a requirement to have another for Medicare?



Enrollment Issues

Question 3:

Will the enrollment process begin when the final MPFS is issued, and is there a projected time frame when the final rule will be released?

Question 4:

How will practitioners be informed (formal announcements, releases, etc.) by CMS when they can begin to enroll in the Medicare program?



Enrollment Issues

Question 5:

What forms will need to be completed for a practitioner to enroll and be approved in the Medicare program?

Question 6:

After completing the necessary enrollment forms, what is the time frame for the practitioner to be notified if they have been accepted or declined to participate in the Medicare program (or that additional information is needed)?



Enrollment Issues

Question 7:

How can practitioners opt out of the Medicare program?



Enrollment Issues

Question 8:

If a practitioner opts out of the Medicare program and the client has secondary insurance, how will reimbursement work in that situation?

Question 9:

If I work for an FQHC or RHC or related agency, will they automatically enroll me in the Medicare program? Or will I need to apply through the formal enrollment process?

Enrollment Issues

Question 10:

Will providers need to apply to become providers for both traditional Medicare as well as each Medicare Advantage (MA) plan and Medigap policy?

For additional information on how to enroll in MA plans, please see the following links:

- [Credentialing by Medicare Advantage Organizations \(CMS presentation\)](#)
- [Closed Insurance Panel: Responsive Steps](#)
- [50 Things to Know About Medicare Advantage](#)
- [CIGNA Provider Manual](#) — *See Page Numbers 118-128: Health Care Professionals Provider Manual*
- [Understanding Medicare Advantage Plans \(CMS publication\)](#) — *See Page 17*





Enrollment Issues

Question 11:

If I am part of a current health insurance provider panel or network, will I automatically be eligible to treat Medicare beneficiaries?



Coding, Reimbursement, and Administrative Issues



*Coding, Reimbursement, and
Administrative Issues*

Question 1:

What Medicare CPT codes for mental health services will MFTs and MHCs be able to bill for starting in January?

[Learn About Medicare & Mental Health Coverage](#)



Coding, Reimbursement, and Administrative Issues

Question 2:

Are there any limitations in the legislation and proposed rules that limit where MFTs and MHCs can bill for services when treating a Medicare beneficiary?

Question 3:

What is the payment formula for services that MFTs and MHCs provide to beneficiaries?



[How to Use the PFS Look-Up Tool](#)



*Coding, Reimbursement, and
Administrative Issues*

Question 4:

Are referrals needed to provide services?



*Coding, Reimbursement, and
Administrative Issues*

Question 5:

What does “Provider Assignment” mean?



Coding, Reimbursement, and Administrative Issues

Question 6:

Is there a Medicare provider directory for behavioral health practitioners?

 [Find and Compare Healthcare Providers](#)

Question 7:

What kind of paperwork requirements are in place for billing Medicare for services provided?

 [View MACs by state and region](#)



*Coding, Reimbursement, and
Administrative Issues*

Question 8:

Will there be opportunities to engage in the CMS implementation process this year?

Question 9:

How will Medicare recognition of counselors affect the Counseling Compact and vice versa?



Coding, Reimbursement, and Administrative Issues

Question 10:

Will CMS provide guidance to MFTs and MHCs when they treat dual eligibles?

Question 11:

If I am treating a client that has both Medicare and Medicaid coverage, will Medicare begin to reimburse MHCs and MFTs for sessions at the Medicare payment rate on January 1?



*Coding,
Reimbursement, and
Administrative Issues*

Question 12:

Will regular or rare audits
be performed by MACs?



*Coding, Reimbursement, and
Administrative Issues*

Question 13:

How does the inclusion of MFTs and MHCs in Medicare change or affect the Medicaid program and implications for counselors?



Medicare Mental Health
Workforce Coalition

**Thank you
for attending!**

