

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-06 Medicare Financial Management</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12238</b>	<b>Date: September 8, 2023</b>
	<b>Change Request 13346</b>

**NOTE: This Transmittal is no longer sensitive and is being re-communicated February 8, 2024. The Transmittal Number 12238, February 8, 2024 of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**SUBJECT: Manual Update for New Medicare Provider Specialty Codes (E1 and E2) and Payment for Marriage and Family Therapists and Mental Health Counselors**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to establish new provider specialty codes and payment instructions for Marriage and Family Therapists and Mental Health Counselors, as authorized by Section 4121 (Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs) of the Consolidated Appropriations Act, 2023. These payments begin January 1, 2024. All Marriage and Family Therapists and Mental Health Counselors billing Medicare will be required to enroll with Medicare.

**EFFECTIVE DATE: January 1, 2024**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 2, 2023**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	6/400/400.5 – Non-Physician Practitioner/Supplier Specialty Codes

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements**

## Manual Instruction

# Attachment - Business Requirements

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## I. GENERAL INFORMATION

**A. Background:** Section 4121 of the Consolidated Appropriations Act, 2023, Coverage of Marriage and Family Therapist (MFT) Services and Mental Health Counselor (MHC) Services Under Part B of the Medicare Program, establishes a new Medicare benefit category for MFT services and MHC services furnished by and directly billed by MFTs and MHCs, respectively.

The purpose of this CR is to make the MACs aware of new provider specialty codes and payment for MFTs and MHCs under Part B of the Medicare program. These payments will begin January 1, 2024.

Providers self-designate their Medicare specialty on the Medicare enrollment application (CMS 855-I or CMS 855-O) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) when they enroll in the Medicare program. The provider specialty code describes the specific/unique types of services rendered. Provider specialty codes are used by CMS for programmatic and claims processing purposes.

**B. Policy:** Section 4121 of the Consolidated Appropriations Act, 2023, Coverage of Marriage and Family Therapist (MFT) Services and Mental Health Counselor (MHC) Services Under Part B of the Medicare Program, establishes a new Medicare benefit category for MFT services and MHC services furnished by and directly billed by MFTs and MHCs, respectively. MFT and MHC services are defined as services for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital). An MFT or MHC is defined as an individual who possesses a master's or doctor's degree, is licensed or certified by the State in which they furnish services, and who has performed at least 2 years or 3,000 hours of clinical supervised experience and meets other requirements as the Secretary determines appropriate.

MFT and MHC services will be paid at 75 percent of the amount determined for payment under the Medicare Physician Fee Schedule. MFT and MHC services are excluded from consolidated billing requirements under the skilled nursing facility prospective payment system. Services furnished by an MFT and MHC are covered when furnished in a rural health clinic and federally qualified health center. In addition, the hospice interdisciplinary team is required to include at least one social worker, MFT or MHC.

The CMS has established new provider specialty codes for MFTs and MHCs.

The information contained in this CR is based on proposed policies to implement the new benefit for MFTs and MHCs, as published in the CY 2024 Physician Fee Schedule proposed rule. All policies are subject to change pending the publication of the final payment policies in the CY 2024 PFS final rule. If there are changes to these proposed policies made in response to public comments in the final rule, CMS will provide further instruction.

## II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CFW	
13346.1	Contractors shall be aware of the updates to the Medicare Financial Management Manual - Chapter 6.		X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13346.2	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.		X			

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**