

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Health System Innovation

Project Number:	1556-Enrollment	Comments Due:	March 16, 2016	Proposed Effective Date:	As Indicated
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Mail Comments to: Nick Norcross
Bureau of Medicaid Policy and Health System Innovation
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Telephone Number: 517-335-5130 **Fax Number:** 517-335-5136
E-mail Address: norcrossn@michigan.gov

Policy Subject: Enrollment of Marriage and Family Therapists as Medicaid Providers

Affected Programs: Medicaid, Healthy Michigan Plan

Distribution: Practitioners, Outpatient Hospitals, Clinics, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans, Tribal Health Centers

Policy Summary: This policy will allow for the enrollment of marriage and family therapists as Medicaid providers of behavioral health services.

Purpose: To provide greater access to care for behavioral health services for the Fee-for-Service population and to make those services more consistent with the services available to beneficiaries in Medicaid Health Plans.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Practitioners, Outpatient Hospitals, Clinics, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans, Tribal Health Centers

Issued: May 1, 2016 (Proposed)

Subject: Enrollment of Marriage and Family Therapists as Medicaid Providers

Effective: As Indicated (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS)

NOTE: Implementation of this policy is contingent upon approval of a State Plan Amendment by the Centers for Medicare & Medicaid Services (CMS).

Purpose

In order to provide greater access to care for behavioral health services, the Michigan Department of Health and Human Services (MDHHS) will begin enrolling marriage and family therapists as Medicaid providers, enabling them to be directly reimbursed by Medicaid for behavioral health services provided to beneficiaries. Marriage counseling is not a Medicaid covered service.

Provider Enrollment

Effective June 1, 2016, fully-licensed marriage and family therapists will be eligible to enroll as Medicaid providers to provide behavioral health services to beneficiaries. Providers in Michigan must be currently licensed by the Department of Licensing and Regulatory Affairs. Out-of-state providers must be licensed by the appropriate standard-setting authority in the state where they are practicing.

Individuals holding limited licenses or student interns are not eligible to enroll as providers or be directly reimbursed by Medicaid. Services performed by limited licensed marriage and family therapists must be performed under the supervision of an enrolled, fully-licensed marriage and family therapist. Supervision is defined by Section 333.16109 of the Public Health Code (Act 368 of 1978). Services are billed to Medicaid under the National Provider Identifier (NPI) of the supervising marriage and family therapist.

Tribal Health Centers Only – To comply with 42 CFR 431.110, licensed health professionals employed by a Tribal Health Program must be licensed in good standing in at least one state, but do not need to be licensed in the state where they are practicing.

Telemedicine – Behavioral health services may be delivered via telemedicine in accordance with current Medicaid policy. In compliance with the Michigan Insurance Code of 1956 (Act 218 of 1956), telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Refer to the Practitioner Chapter of the Medicaid Provider Manual for additional information regarding telemedicine. The Medicaid Provider Manual is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy and Forms. The current list of covered procedure codes for telemedicine can be found on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics >> Telemedicine Services.

Providers must have their enrollment approved through the online MDHHS Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment subsystem to be reimbursed for covered services rendered to eligible Medicaid beneficiaries. Provider enrollment procedures and regulations are outlined in the Medicaid Provider Manual. Additional information regarding provider enrollment is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Provider Enrollment, or by contacting Provider Support at 800-292-2550.

Covered Services

The Medicaid Fee-for-Service (FFS) benefit allows 20 combined outpatient behavioral health visits in a 12-month period by all FFS providers. MDHHS will reimburse for services within the therapist's scope of practice as established by state law, regulations and MDHHS limitations. The following Current Procedural Terminology (CPT) codes are covered for behavioral health services:

90785	90791	90832	90834	90837
90839	90840	90847	90853	90887
96102	96103	96110	96111	96119
96120	96150	96151	96152	96153
96154	99408	96409		

After the effective date of this policy, providers should refer to the MDHHS website for the current list of covered services, as procedure codes used for covered services are subject to change. Providers are expected to follow correct coding procedures. Appropriate claim processing edits will be applied to all claims.

Services covered by the Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) are available and reimbursed through the PIHP/CMHSP.

Reimbursement

Reimbursement for covered behavioral health services will be established through a fee schedule, which will be published on the MDHHS website. The fee schedule format lists procedure codes, descriptions, and fees. Fee schedules are reviewed on an annual basis and are updated as appropriate.

For additional pertinent coverage parameters such as documentation and billing indicators, providers must refer to the Medicaid Code and Rate Reference tool, which is accessible via the External Links menu within CHAMPS. Medicaid Code and Rate Reference is an online code inquiry system that provides real-time information, including but not limited to the following:

- Age restrictions
- Documentation requirements
- Frequency limitations
- Rate information
- Required modifiers

Claims Processing

For dates of service on or after July 1, 2016, marriage and family therapists enrolled as providers will be eligible to be directly reimbursed by Medicaid for behavioral health services provided to Medicaid eligible FFS beneficiaries. Claims must be submitted on the ASC X12N 837 5010 professional format when submitting electronic claims and on the CMS 1500 claim form for paper claims. Information regarding billing is available in the Billing & Reimbursement for Professionals Chapter of the Medicaid Provider Manual.