

**Bulletin Number:** MSA 16-14

**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:** June 1, 2016

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

**Effective:** July 1, 2016

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

### 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. Enrollment is mandatory for fully-licensed marriage and family therapists who, render, order or bill for services to Medicaid beneficiaries. As of July 1, 2016, fully-licensed marriage and family therapists will no longer bill for rendered services under their delegating/supervising physician's National Provider Identifier (NPI) and must be uniquely identified on all claims. Marriage counseling is not a Medicaid covered service.

This policy applies to Fee-for-Services beneficiaries. For beneficiaries enrolled in a Medicaid Health Plan, providers should contact the individual health plan for policy and coverage information.

### Provider Requirements and Enrollment

Effective July 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 or interns 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.

A student intern is an individual who is currently enrolled in a health profession training program for marriage and family therapy that has been approved by the appropriate board, is performing the duties assigned in the course of training, and is appropriately supervised according to the standards set by the appropriate board and the training program.

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](http://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](http://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](http://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	99409		

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.

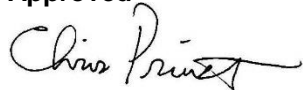
### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**

A handwritten signature in cursive script that reads "Chris Priest".

Chris Priest, Director  
Medical Services Administration