



Provider Enrollment Changes to the Medicare Program Integrity Manual

Related CR Release Date: November 9, 2023

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Effective Date: January 1, 2024

Related Change Request (CR) Number: [CR 13331](#)

Implementation Date: January 2, 2024

Related CR Transmittal Number: R12356PI

Related CR Title: Incorporation of Recent Provider Enrollment Regulatory Changes into Chapter 10 of CMS Publication (Pub.) 100-08 - Physician Fee Schedule (PFS) Final Rule

Affected Providers

- Marriage and family therapists (MFTs)
- Mental health counselors (MHCs)
- Physicians and other practitioners paid under the PFS
- All other Medicare provider and supplier types

Action Needed

Make sure your billing staff knows about these changes effective January 1, 2024:

- Medicare enrollment of MFTs and MHCs
- Other provider enrollment policy updates like denial reasons and revocations

Background

CR 13331 updates Chapter 10 of the Medicare Program Integrity Manual. These changes for MFTs, MHCs, and other regulatory changes are in the CY 2024 PFS final rule.

The key updates are:

- [Section 10.1.1.1](#):
 - Authorized official (per [42 CFR 424.502](#)) is currently defined as an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to:
 - Enroll it in the Medicare Program
 - Make changes or updates to the organization's status in Medicare

- Commit the organization to fully abide by the statutes, regulations, and program instructions of Medicare

The PFS rule clarifies that, for the authorized official definition only, the term organization means the enrolling entity as identified by its legal business name and tax identification number.

- Indirect ownership interest means any ownership interest in an entity that has an ownership interest in the enrolling or enrolled provider or supplier, or any ownership interest in an indirect owner of the enrolling or enrolled provider or supplier.
- Supplier means all of the following:
 - The individuals and entities that qualify as suppliers
 - Physical therapists in private practice
 - Occupational therapists in private practice
 - Speech-language pathologists
- [Section 10.2.3.17](#): Medicare covers services that MFTs provide, effective January 1, 2024. An MFT is a person who:
 - Possesses a master's or doctor's degree which qualifies for licensure or certification as an MFT pursuant to state law of the state in which such a person provides MFT services
 - Has performed at least 2 years or 3,000 hours of post master's degree clinical supervised experience in marriage and family therapy in an appropriate setting such as a hospital, skilled nursing facility (SNF), private practice, or clinic after obtaining such degree
 - Is licensed or certified as an MFT by the state in which the MFT performs the services
- [Section 10.2.3.18](#): Medicare covers MHC services effective January 1, 2024. An MHC is person who:
 - Possesses a master's or doctor's degree which qualifies for licensure or certification as an MHC, clinical professional counselor, or professional counselor under the state law of the state in which such person provides the MHC services
 - Has performed at least 2 years or 3,000 hours of post master's degree clinical supervised experience in mental health counseling in an appropriate setting such as a hospital, SNF, private practice, or clinic after obtaining such a degree
 - Is licensed or certified as an MHC, clinical professional counselor, professional counselor, addiction counselor, or alcohol and drug counselor by the state in which the services are performed.

Like certain other practitioners, MFTs and MHCs may:

- Opt-out of Medicare
- Form groups
- Reassign their benefits

- Receive reassigned benefits
- Order or certify services to the extent otherwise permitted by law

They'll complete the Form CMS-855I to bill for services and be subject to limited-risk screening. [Section 10.6.12](#) has more details.

Other changes in Chapter 10 regarding provider enrollment regulations include:

- [Section 10.4.2.2](#) has complete details on 2 more denial reasons
- [Section 10.4.7.2](#) has new details on revocations and their effective dates

More Information

We issued CR 13331 to your MAC as the official instruction for this change. CMS encourages providers to review all the updates to [Chapter 10](#), which is part of CR 13331.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
November 9, 2023	Initial article released.

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