

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12448	Date: January 11, 2024
	Change Request 13469

SUBJECT: Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the Medicare Claims Processing Manual and Medicare Benefit Policy Manual to reflect Medicare coverage and payment for MFTs and MHCs, effective January 1, 2024.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: February 12, 2024

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	15/330/Marriage and Family Therapist Services
N	15/340/Mental Health Counselor Services

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

Pub. 100-02	Transmittal: 12448	Date: January 11, 2024	Change Request: 13469
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SUBJECT: Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)

EFFECTIVE DATE: January 1, 2024

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IMPLEMENTATION DATE: February 12, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to update the Medicare Claims Processing Manual and Medicare Benefit Policy Manual to reflect Medicare coverage and payment for MFTs and MHCs, effective January 1, 2024.

B. Policy: Section 4121 of the Consolidated Appropriations Act, 2023, Coverage of MFT Services and 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.

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	CWF	
13469 - 02.1	Contractors shall be aware of the updates to the Medicare Benefit Policy Manual - Chapter 15.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13469 - 02.2	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):

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.

ATTACHMENTS: 0

Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

Table of Contents

(Rev.12448; Issued:01-11-24)

Transmittals for Chapter 15

330 – Marriage and Family Therapist (MFT) Services

340 – Mental Health Counselor (MHC) Services

330 – Marriage and Family Therapist (MFT) Services

(Rev. 12448; Issued:01-11-24, Effective: 01-01-24; Implementation: 02-12-24)

See the Medicare Claims Processing Manual Chapter 12, Physician/Nonphysician Practitioners, §240, “Marriage and Family Therapist Services,” for payment requirements.

A. Marriage and Family Therapist Defined

§ 410.53 defines a “marriage and family therapist” as an individual who:

- Possesses a master's or doctor's degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law of the State in which such individual furnishes the services defined as marriage and family therapist services;
- After obtaining such degree, 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, SNF, private practice, or clinic; and
- Is licensed or certified as a marriage and family therapist by the State in which the services are performed.

B. Marriage and Family Therapist Services Defined

Section 1861(III)(1) of the Act defines “marriage and family therapist services” as services furnished by an MFT for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital), which the MFT is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are furnished, as would otherwise be covered if furnished by a physician or as an incident to a physician's professional service.

C. Covered Services

Coverage is limited to the services a MFT is legally authorized to perform in accordance with State law (or State regulatory mechanism established by State law). The services of a MFT may be covered under Part B if they are:

- The type of services for the diagnosis and treatment of mental illnesses that are otherwise covered if furnished by a physician, or as incident to a physician's service. (See §30 for a description of physicians' services and §70 of Pub 100-1, the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, for the definition of a physician.);
- Performed by a person who meets the definition of a MFT (See subsection A.); and
- Not otherwise excluded from coverage.

A/B MACs (B) should become familiar with the State law or regulatory mechanism governing a MFT's scope of practice in their service area.

D. Noncovered Services

Services of a MFT are not covered when furnished to inpatients of a hospital. In addition, MFT services are not covered if they are otherwise excluded from Medicare coverage even though a MFT is authorized by State law to perform them. For example, the Medicare law excludes from coverage services that are not “reasonable and necessary for the diagnosis or treatment of an illness or injury or

to improve the functioning of a malformed body member.”

E. Assignment Requirement

Assignment is required.

340 – Mental Health Counselor (MHC) Services

(Rev. 12448; Issued:01-11-24, Effective: 01-01-24; Implementation: 02-12-24)

See the Medicare Claims Processing Manual Chapter 12, Physician/Nonphysician Practitioners, §250, “Mental Health Counselor Services,” for payment requirements.

A. Mental Health Counselor Defined

§ 410.54 defines a “mental health counselor” as an individual who:

- *Possesses a master's or doctor's degree which qualifies for licensure or certification as a mental health counselor, clinical professional counselor, professional counselor under the State law of the State in which such individual furnishes the services defined as mental health counselor services;*
- *After obtaining such a degree, 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; and*
- *Is licensed or certified as a mental health counselor, clinical professional counselor, professional counselor by the State in which the services are performed.*

B. Mental Health Counselor Services Defined

Section 1861(III)(3) of the Act defines “mental health counselor services” as services furnished by a mental health counselor (MHC) for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital), which the MHC is legally authorized to perform under State law (or the State regulatory mechanism provided by the State law) of the State in which such services are furnished, as would otherwise be covered if furnished by a physician or as incident to a physician’s professional service.

Additionally, to the extent that addiction counselors and alcohol and drug counselors who furnish services for the diagnosis and treatment of mental illnesses, including substance use disorders, meet all of the statutory and regulatory requirements regarding education, clinical supervised experience, and State licensure for MHCs, such counselors can enroll in Medicare as MHCs.

C. Covered Services

Coverage is limited to the services a MHC is legally authorized to perform in accordance with State law (or State regulatory mechanism established by State law). The services of a MHC may be covered under Part B if they are:

- a. *The type of services for the diagnosis and treatment of mental illnesses that are otherwise covered if furnished by a physician, or as incident to a physician’s service. (See §30 for a description of physicians’ services and §70 of Pub 100-1, the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, for the definition of a physician.);*
- b. *Performed by a person who meets the definition of a MHC (See subsection A.); and*
- c. *Not otherwise excluded from coverage.*

A/B MACs (B) should become familiar with the State law or regulatory mechanism governing a MHC’s scope of practice in their service area.

D. Noncovered Services

Services of a MHC are not covered when furnished to inpatients of a hospital. In addition, MHC services are not covered if they are otherwise excluded from Medicare coverage even though a MHC is authorized by State law to perform them. For example, the Medicare law excludes from coverage services that are not “reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.”

E. Assignment Requirement

Assignment is required.