



TO: Behavioral Health Clinicians

RE: Mental Health Access Improvement Act

As of January 1, 2024, Medicare will implement two provider types that can enroll and bill Medicare independently for services:

1. Licensed Professional Counselors (LPCs)
2. Licensed Marriage and Family Therapists (LMFTs).

Congress passed the Mental Health Access Improvement Act (S.828/H.R.432) and was signed into law by President Biden. This bill allows LPCs and MFTs to enroll as providers in the Centers for Medicare and Medicaid Services as Medicare providers. Please refer to the following CMS link for additional information:

[Marriage and Family Therapists & Mental Health Counselors | CMS.](#)

Once enrolled in Medicare, LPCs and LMFTs will be able to bill Medicare Part B and be reimbursed for approved services in accordance with Medicare reimbursement rates.

Please refer to the following links for additional information on enrolling in Medicare:

https://www.counseling.org/docs/default-source/government-affairs/faqs-on-the-passages-of-mha-improvement-act_2022.pdf

<https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>

Claim Submission Requirements:

Beginning January 1, 2024, Medicare will become the primary payer for dual eligibles receiving these services. Effective with dates

of service January 1, 2024 and forward claims for dually eligible clients will be required to be billed as crossover claims with the Medicare payment information included on the claim. The Department will consider claim payments for Medicare coinsurance and deductible up to the Medicaid fee schedule amount.

The Department of Social Services (DSS) will allow LPCs and LMFTs (if they have started the enrollment process with Medicare) to continue to bill following the current process as defined in Provider Manual Chapter 8 “Provider Specific Claims Submission Instructions” until April 1, 2024. This will allow providers to continue to be paid until their enrollment with Medicare is completed.

Once enrolled in Medicare, LPCs and LMFTs will be required to bill their secondary claims to Medicaid. If providers who are retroactively enrolled in Medicare but have billed Medicaid first for dates of services now covered under Medicare, will need to recoup their claims from Connecticut Medical Assistance Program (CMAP) and submit those claims to Medicare for processing.

Failure to enroll in Medicare by April 1, 2024 will cause your claims to deny if Medicare’s payment is not indicated appropriately.

For additional information on billing secondary Medicare claims to Medicaid please refer to the www.ctdssmap.com Web site, under information, publications, provider manual chapter 11 “Other Insurance and Medicare Billing Guides”, claim type “Professional Other Insurance/Medicare Billing Guide”.

General Provider Requirements

To maintain enrollment in the Connecticut Medical Assistance Program, a provider shall abide by all federal and state statutes, regulations and operational procedures promulgated by the department, which govern the Connecticut Medical Assistance Program and be currently certified and enrolled in the Medicare program if required by any federal or state statutes or regulations which govern the Medical Assistance Program goods or services furnished by a provider under the provider's assigned type and specialty.

For additional information on general provider requirements please refer to the www.ctdssmap.com Web site, under information, publications, Provider Manual Chapter 2 “Provider Participation policy”.

Questions:

For questions please contact the Gainwell Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.