

Bulletin Number: MSA 15-44

Distribution: Practitioners, Outpatient Hospitals, 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: October 30, 2015

Subject: Enrollment of Psychologists, Social Workers, and Professional Counselors as Medicaid Providers

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan

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 Psychologists, Social Workers, and Professional Counselors as Medicaid providers. Fee-for-Service outpatient behavioral health visits will be increased from 10 to a maximum of 20 combined visits in a 12-month period, per beneficiary, by all providers of behavioral health services.

Provider Requirements and Enrollment

Effective December 1, 2015, licensed Psychologists (Master's Limited or Doctoral level), Social Workers (Master's level), and Professional Counselors (Master's or Doctoral levels) will be eligible to enroll as Medicaid providers to provide behavioral health services. Individuals holding other limited licenses or student interns in these professions are not eligible to enroll as providers or be directly reimbursed by Medicaid.

Services performed by limited licensed psychologists (except as noted in Section 333.18223 of the Public Health Code), social workers, and professional counselors, or student interns must be performed under the supervision of an enrolled, fully-licensed provider of the same profession. Services are billed to Medicaid under the National Provider Identifier (NPI) of the supervising psychologist, social worker, or professional counselor.

Supervision is defined by Section 333.16109 of the Public Health Code (Act 368 of 1978) as follows:

"Supervision," except as otherwise provided in this article, means the overseeing of or participation in the work of another individual by a health professional licensed under this article in circumstances where at least all of the following conditions exist:

- (a) The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional.*
- (b) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.*
- (c) The provision by the licensed supervising health professional of predetermined procedures and drug protocol.*

A student intern is an individual who is currently enrolled in a health profession training program for counseling, psychology, or social work 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. Social work student interns must be pursuing a master's degree in social work and be supervised by a Licensed Master's Social Worker in a manner that meets the requirements of a Council on Social Work Education (CSWE) accredited education program curriculum that prepares an individual for licensure.

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. 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.

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. This Federal regulation supersedes any licensing requirements identified in the preceding paragraph.

Enrollment as a provider is done through the Community Health Automated Medicaid Processing System (CHAMPS). Provider enrollment procedures and regulations are outlined in the Michigan Medicaid Provider Manual, which is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy and Forms>> Medicaid Provider Manual. Additional information regarding provider enrollment is available at www.michigan.gov/medicaidproviders >> Provider Enrollment or by contacting Provider Support at 1-800-292-2550.

Claims Processing

For dates of service on or after January 1, 2016, Psychologists, Social Workers, and Professional Counselors enrolled as providers will be eligible to be directly reimbursed by Medicaid for behavioral health services provided to beneficiaries. Claims must be submitted on the ASC X12N 837 5010 professional format when submitting electronic claims or on the CMS 1500 claim form for paper claims.

Information regarding billing is available in the Billing & Reimbursement for Professionals Chapter of the Michigan Medicaid Provider Manual.

Covered Services

The following Current Procedural Terminology (CPT) codes will be covered for services provided by enrolled Psychologists, Social Workers and Professional Counselors:

90785	90791	90832	90834	90837
90839	90840	90847	90853	90887
96101*	96102	96103	96110	96111
96116*	96118*	96119	96120	96150
96151	96152	96153	96154	99408
99409				

*Psychologists only

Providers may provide and bill only for those services that are within the scope of practice of their profession. Procedure codes used for covered services are subject to change. After the effective dates of this policy, providers should refer to the MDHHS website for the current list of covered service procedure codes, which are updated on an annual basis or more frequently if changes are applicable. It is expected that providers will follow correct coding procedures. Appropriate claim processing edits will be applied to all claims including, but not limited to, Medically Unlikely Edits (MUE) and Procedure to Procedure (PTP) editing.

Reimbursement

Reimbursement for covered behavioral health services will be established through a fee schedule that will be published on the MDHHS website. The fee schedule format lists procedure codes, descriptions, and fees.

For additional pertinent coverage parameters, such as documentation and billing indicators, providers must refer to the Medicaid Code and Rate Reference tool that 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 for the following:

- Age restrictions
- Diagnoses allowable for Ambulance
- Documentation requirements
- Frequency limitations
- Hospital discharge – Bypass PA
- NDC information
- Prior authorizations and medical conditions that may bypass these requirements
- Rate information
- Required modifiers
- Supplies/DME – per diem
- Tooth number and surface requirements


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. 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



Chris Priest, Director
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