

Behavioral Health Providers Required to Enroll with Medicare

Centers for Medicare and Medicaid Services (CMS) will implement two (2) new behavioral health provider types effective January 1, 2024:

1. Mental Health Counselor
2. Marriage and Family Therapist

Wyoming Medicaid enrolls these two behavioral health provider types with the following taxonomies:

1. 101YP2500X – Licensed Professional Counselors (LPC)
2. 106H00000X – Licensed Marriage and Family Therapists (LMFT)

Note: CMS does not allow Provisional Marriage and Family Therapists (PMFT) to enroll with Medicare.

CMS Medicare Learning Network (MLN) New Provider Types 2024 Newsletter and Website:

CMS Provider Newsletter: [New Provider Types 2024: Marriage and Family Therapists & Mental Health Counselors](#)

CMS will implement marriage and family therapist and mental health counselor provider types on January 1.

You must enroll in Medicare to submit claims and get paid for covered items or services. You can start submitting enrollment applications after the CY 2024 Physician Fee Schedule final rule is on display at the Federal Register, usually around November 1:

- Your effective enrollment date won't be earlier than January 1
- We'll send an MLN Connects newsletter when it displays

In the meantime, find out how to become a Medicare provider, and get ready to enroll:

- Review the application: electronic version in PECOS or paper CMS-855I
- Gather your supporting documents
- Find your Medicare Administrative Contractor's website
- Sign up to get our weekly MLN Connects newsletter

More Information:

- Medicare Enrollment for Providers & Suppliers webpage
- FAQs

Note: The above content was taken directly from the CMS website. Go to the CMS Medicare website provided above and hyperlinks will be available to allow you to navigate to the specific Medicare sites referenced within the Medicare Newsletter.

Medicaid – Important Information:

- Wyoming Medicaid's Provider Services Call Center cannot assist you with your Medicare enrollment or enrollment questions. Providers must follow Medicare's instructions and guidelines.
- Providers are **not** able to opt out of enrolling with Medicare as Medicaid is the payer of last resort.
 - Per Medicaid policy as outlined in the CMS-1500 Provider Manual, if you choose not to enroll with Medicare and accept a dually enrolled patient (eligible for both Medicare and Medicaid), you are **not** permitted to bill the Medicaid member for the services rendered.
- Providers must enroll in Medicare and submit claims to Medicare primary and Medicaid secondary or tertiary, effective with dates of service 1/1/2024 and forward.
- Claims received with dates of service 1/1/2024 and forward will be denied when the member is Medicare eligible, and Medicare payer data is not included on the claim with the following Error and CARC/RARCs:

- Error code: 7183 – Medicare on Recipient file, not on claim
- CARC: 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- RARC: MA04 – Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.
- Below are key chapters and sections within the CMS-1500 Provider Manual that you should review due to this new requirement to submit claims to Medicare, but not limited to:
 - Chapter 3.2 – Accepting Medicaid Members
 - Section 3.2.2 – Provider-Patient Relationship
 - Section 3.2.2.1 – Medicare & Medicaid Dual Eligible Members
 - Section 3.2.2.2 – Provider Taxonomy Requirements When Billing Medicare for Dually Eligible Members
 - Section 3.3 – Medicare Covered Services
 - Section 3.5 – Medicaid is Payment in Full
 - Chapter 6 – Common Billing Information
 - Section 6.5 – Medicare Crossover Claims
 - Section 6.7 – Service Thresholds Per Calendar Year
 - Section 6.10 – Co-Payment Schedule
 - Section 6.16.6 – When a Member has Other Insurance
 - Chapter 7 – Third Party Liability
 - Chapter 12 – Covered Services – Behavioral Health Services
 - Section 12.3.6 – Behavioral Health Providers Eligible for Medicare Enrollment
 - Chapter 12 will be updated in the coming months

Deployment Information Deployment

Date: December 5, 2023

Audiences: Mental Health - Including Community Mental Health Center (CMHC) Rehabilitation, Substance Abuse Treatment Center (SATC)

Licensed Addictions Therapist (LAT)

Provisional Licensed Addictions Therapist (PLAT)

Certified Addictions Practitioner (CAP)

Licensed Professional Counselor (LPC)

Neuropsychologist

Clinical Psychologist

Licensed Clinical Social Worker (LCSW)

Certified Social Worker (CSW)

Masters of Social Worker (MSW) with Provisional License (PCSW)

Licensed Marriage and Family Therapist (LMFT)

Provisional Marriage and Family Therapist (PMFT)

Family Practice

Physician, General Practice

Physician, Pediatrics

Psychiatry and Neurology, Neurology

Psychiatry and Neurology, Psychiatry