CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12285	**Date: October 5, 2023**
	Change Request 13389

SUBJECT: Requirements for a Provider Direct Mailing and Education & Outreach for Behavioral Health Initiatives

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to outline the requirements for provider outreach and education, including a Medicare Administrative Contractor (MAC) direct mailing to eligible physicians and non-physician practitioners about Medicare-covered behavioral health services as outlined in the Consolidated Appropriation Act (CAA), 2023.The education and mailing will raise general awareness of these initiatives and provide information on eligibility and billing.

EFFECTIVE DATE: November 6, 2023
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: November 6, 2023

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/A	N/A

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:
One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12285	Date: October 5, 2023	Change Request: 13389

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I. GENERAL INFORMATION

A. Background: The CAA, 2023 requires CMS to conduct outreach to physicians and appropriate non-physician practitioners on 3 services:

1. Behavioral Health Integration
2. Psychotherapy for Crisis
3. Opioid Use Disorder Treatment

CMS is working on a comprehensive campaign about each of these services including a direct mailing. The CR details the MACs' outreach and education responsibilities related to these campaigns.

B. Policy: Sections 4123, 4128, and 4129 of the Consolidated Appropriations Act, 2023

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	
13389.1	MACs shall identify all active physicians (MD and DO) and non-physician practitioners within their jurisdiction and determine the best mailing address on file in accordance with the Internet Only Manual Publication (Pub.)100-09, Chapter 6, Section 20.4.2.		X							
13389.2	In accordance with the instructions in the IOM Pub.100-09, Chapter 6, Section 20.4.2, MACs shall send a letter to active Medicare providers (identified in business requirement 13389.1) using the best mailing address on file, taking the following actions: 1. Apply provider mailing addresses directly to the letter or use address inserts		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	2. Duplicate the letter in hard copy using black font and the same MAC letterhead used to produce provider correspondence, making no alterations to the letter beyond the insertion of addresses 3. Use envelopes typically used to send provider correspondence 4. Include only the letter in the mailing 5. Send a single package to groups									
13389.3	MACs shall complete the direct mailing no later than 10 business days from the date the CR is issued.		X							
13389.4	MACs shall follow their standard internal procedures concerning undeliverable mail.		X							
13389.5	MACs shall report information about the Behavioral Health Services direct mailing into the Provider Customer Service Program Contractor Information Database (PCID) in accordance with IOM Pub 100-09, Chapter 6, Section 80.2.3.12.		X							
13389.6	MACs shall not make multiple entries into PCID regarding this direct mailing. If MACs need to change the numbers reported in PCID, MACs shall send corrections to the PCID resource mailbox at pcid@cms.hhs.gov.		X							
13389.7	MACs shall educate physicians and non-physician practitioners about billing requirements and patient eligibility for OUD treatment services, BHI services, and psychotherapy for crisis as outlined in sections 4123, 4128, 4129 of the Consolidated Appropriations Act, 2023.		X							
13389.8	MACs shall add the education referenced in requirement 13389.7 to already existing educational offerings or create a stand-alone educational event(s).		X							
13389.9	MACs shall report all provider outreach and education conducted on **each of** the 3 Medicare behavioral health initiatives listed on requirement 13389.7 in the Special Initiatives module in PCID no later than the 10th of the month following the month the education		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	occurred. MACs shall report on education conducted through December 31, 2024. After that, MACs shall include this outreach in their regular monthly Provider Outreach and Education reporting in accordance with IOM Pub 100-09, Chapter 6, Section 80.2.3.3.									
13389.10	MACs shall use the information posted on CMS.gov, including the resources listed below, to respond to provider inquiries: • https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf • https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/psychotherapy-crisis • https://www.cms.gov/medicare/physician-fee-schedule/opioid-use-disorder-screening-treatment		X							
13389.11	MACs shall add the following inquiry subcategories to their inquiry tracking systems, customer service representative training materials, and related resources within 7 business days of issuance. 1. **Temporary Issues/Behavioral Health Services -**Contact is seeking information about the new CAA provision for BHI outreach and education and utilization reporting. BHI incorporates behavioral health care into other care, like primary care, to improve mental, behavioral, or psychiatric health for many patients. Inquiries may include questions about provider eligibility requirements, coverage-including Medicare Shared Savings program and telehealth, related assessments and written care plans, information package from MACs, provider outreach and education initiatives, reference materials, claim documentation, utilization reports and billing guidance, or payment matters. 2. **Temporary Issues/Mobile Psychotherapy for Crisis -**Contact is seeking information about the CAA provision for mobile psychotherapy for crisis care. Inquiries may include questions about Medicare's payment under the PFS, approved sites other than a		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	covered facility or office setting supplies (for example, incident to services and professional services), information package from MACs, provider outreach and education initiatives, reference materials, claim documentation and billing guidance, and or payment matters. Providers may also ask about the beneficiary's urgent psychotherapy assessment, mobilization for crisis and safety, and interventions to minimize psychological trauma. 3. **Temporary Issues/OUD Screening & Treatment -**Contact is seeking information about the CMS' initiatives to promote care coordination.									
13389.12	MACs shall track all telephone and written inquiries for the each of the 3 subcategories listed in 13389.11 within 7 business days of issuance of this CR and shall report these inquiries in PCID the following month in accordance with the IOM 100-09, Chapter 6, Section, 80.2.3.1. Tracking and reporting shall continue until further notification from CMS.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

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):
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ATTACHMENTS: 2

Dear Physicians and Non-Physician Practitioners,

The Centers for Medicare & Medicaid Services (CMS) wants to let you know about 3 behavioral health services Medicare will pay for that may improve outcomes for your Medicare patients:

1. Behavioral Health Integration (BHI) Services
2. Psychotherapy for Crisis
3. Opioid Use Disorder (OUD) Screening & Treatment

Behavioral Health Integration Services

BHI is a model of care that incorporates behavioral health care into other care, like primary care, to improve mental, behavioral, or psychiatric health for many patients. In addition to payment for evaluation and management services, Medicare covers 2 types of BHI services:

1. Psychiatric Collaborative Care Model (CoCM): To bill, use CPT codes 99492–99494 and HCPCS code G2214. A team of 3 individuals delivers CoCM: a behavioral health care manager, psychiatric consultant, and treating (billing) practitioner. This model enhances primary care by adding 2 key services to the primary care team:
    1. Care management support for patients getting behavioral health treatment
    2. Regular psychiatric inter-specialty consultation.
2. General BHI services using models of care other than CoCM: To bill, use CPT code 99484 and HCPCS code G0323 to account for monthly care integration. General BHI includes service elements like:
    - Systemic assessment and monitoring
    - Care plan revision for patients whose condition isn't improving adequately
    - Continuous relationship with an appointed care team member

We make separate payment for services you supply over a calendar month service period. Beginning in CY 2023, general BHI services can also be furnished by clinical psychologists or clinical social workers whose services are limited to the diagnosis and treatment of mental illness.

Your patients may be eligible for BHI services. Eligible conditions include:

- Mental health
- Behavioral health, including substance use disorder (SUD)
- Psychiatric

These BHI services may be particularly helpful for patients who aren't improving under other models of care.

Read the booklet (https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf) to learn more.

Psychotherapy for Crisis

Psychotherapy for crisis services are appropriate for patients in high distress with life-threatening, complex problems that require immediate attention. These services can help reduce a patient's mental health crisis (including SUD) through:

- Urgent assessment and history of a crisis state
- Mental status exam
- Disposition (or what happens next for the patient)

Physicians and non-physician practitioners whose scope of covered Medicare services includes the diagnosis and treatment of mental illnesses can offer these services. This includes clinical psychologists, clinical social workers, clinical nurse specialists, nurse practitioners, physician assistants, and certified nurse midwives. Medicare pays for these services under the Physician Fee Schedule.

Visit and bookmark https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/psychotherapy-crisis for the most recent information including increased payment for Psychotherapy for crisis equal to 150% of the fee schedule amount for services furnished in non-facility sites of service, other than a physician or practitioner's office, effective January 1, 2024, as provided in the Consolidated Appropriations Act, 2023.

Opioid Use Disorder Screening & Treatment

Medicare pays OUD screenings performed by physicians and non-physician practitioners.

- Screening for OUD is a required element of Medicare's Initial Preventive Physical Exam and Annual Wellness Visit.
- During visits in physicians' offices and outpatient hospital settings, Medicare will pay for Screening, Brief Intervention, & Referral to Treatment (SBIRT) treatment services. This is an evidence-based, early intervention approach for people with non-dependent substance use before they need more specialized treatment. Depending on the duration of the service, you may bill G2011 (5-14 minutes), G0396 (15-30 minutes), or G0397 (greater than 30 minutes).

If you diagnose your patient with OUD, Medicare pays for certain treatment services, including:

- Evaluation & Management (E/M) visits for medication management
    - CPT codes 99202-99499 represent visits and services that involve evaluating and managing patient health. You can use E/M visits to provide medication management to make sure patients take medications (like buprenorphine) properly as part of their recovery process.
- Office-based SUD treatment services
    - Office-based SUD treatment services, HCPCS codes G2086-G2088, are a way for you to bill for a group of services for the treatment of SUDs in the office setting. Medicare pays for a monthly bundle of services (for patients who are prescribed buprenorphine or naltrexone in the office setting) for the treatment of OUD or other SUDs.
- Opioid Treatment Program (OTP)
    - OTPs provide medications for opioid use disorder (MOUD), including methadone, buprenorphine, and naltrexone, as well as a range of other services including individual and group therapy, substance use counseling, and toxicology testing, for patients diagnosed with OUD. Consider referring your patient to an OTP if this specific MOUD is helpful to their recovery.

Learn more about covered OUD screening and treatment options at https://www.cms.gov/medicare/physician-fee-schedule/opioid-use-disorder-screening-treatment, which includes a list of Medicare-enrolled OTPs.

Thank you for the essential care you provide to your Medicare patients.

DISCLAIMER: For the most current information, see the materials referenced in this letter.

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