

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306.00: RATES OF PAYMENT FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH CENTERS AND MENTAL HEALTH CENTERS

Section

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306.01: General Provisions

- (1) Scope, Purpose and Effective Date. 101 CMR 306.00 governs the rates effective January 1, 2014, to be used by all governmental units and worker's compensation insurers for outpatient mental health services provided by mental health centers and community health centers, including services provided in nursing facilities. 101 CMR 306.00 does not govern rates for Psychological Testing services, which are governed by 114.3 CMR 29.00: *Psychological Services*. In addition, 101 CMR 306.00 does not govern rates for other services, care and supplies provided by mental health center and community health centers to publicly-aided and industrial accident patients, including, but not limited to, psychiatric day treatment services, early intervention services, and medical services provided in community health centers. Rates for codes 90847, 90849, and 90853 will be effective July 1, 2013, and the rate for code 90882 will be effective October 1, 2013.
- (2) Disclaimer of Authorization of Services. 101 CMR 306.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 306.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.
- (3) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 306.00.

306.02: General Definitions

Meaning of Terms. In addition to the general definitions contained in 101 CMR 306.00 terms used in 101 CMR 306.00 shall have the meaning ascribed in 101 CMR 306.02.

Case Consultation. Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions which may include the preparation of reports of the patient's psychiatric status, history, treatment or progress (other than for legal purposes) for other physicians, agencies or insurance carriers.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a psychiatric diagnostic assessment and is a treatment and service decision support tool for children and adolescents under the age of 21.

Community Consultation and Education. Services provided by professional personnel to representatives of schools, courts, police, organizations, or agencies with the aim of problem solving and imparting knowledge in areas such as prevention, availability of resources and clinical procedures. Such consultation is distinct from case consultation in that it does not address the problems of a particular patient but rather the community at large.

Community Health Center. A clinic which provides comprehensive ambulatory services and which is not financially or physically an integral part of a hospital.

Community Mental Health Center. A clinic which provides comprehensive ambulatory mental health services and which is not financially or physically an integral part of a hospital.

Counselor. An individual who has earned a master's degree in Counseling from a recognized educational program and who also meets conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

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Diagnostic Services. A session between a client and one or more staff members who are authorized to render billable mental health services as defined in 101 CMR 306.00, for the determination and examination by interview techniques of a patient's physical, psychological, social, economic, educational and vocational assets and disabilities for the purpose of developing a diagnostic formulation and designing a treatment plan and procedures by a qualified staff member in order to evaluate aspects of an individual's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology. These tests must be published, valid, and in general use as defined by listing in the Mental Measurement Yearbook or by conformity to the Standards for Educational and Psychological tests of the American Psychological Association.

Eligible Provider. A mental health center or community health center which meets the conditions of participation that have been or may be adopted by a governmental unit purchasing mental health services or by purchasers under M.G.L. c. 152.

Emergency Services. Services providing immediate face to face mental health evaluation, diagnosis, hospital prescreening, treatment, and arrangements for further care and assistance as required, up to 24 hours a day, seven days a week, to individuals showing sudden, incapacitating emotional stress.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Family Consultation. A preplanned meeting of at least ½ hour with the parent or parents of a child who is being treated at the center when the parent or parents are not clients of the center.

Family Therapy. The treatment of more than one member of a family unit at the same time in the same session by one or more authorized staff members. At least one of the family members must be an identified patient of the clinic program.

Governmental Unit. The Commonwealth of Massachusetts, or any of its departments, agencies, boards, commissions or political subdivisions.

Group Therapy. A treatment session conducted by one or more authorized staff members for the application of psychotherapeutic or counseling techniques to a group of people, most of whom are not related by blood, marriage, or legal guardianship. The group shall not include more than 12 individuals.

Individual Consideration. Payment rates to eligible providers for services authorized in accordance with 101 CMR 306.03(2), but not listed herein, or authorized services performed in exceptional circumstances shall be determined on an Individual Consideration basis by the governmental unit or purchaser under M.G.L. c. 152 upon receipt of a bill which describes the services rendered. The determination of rates of payment for authorized Individual Consideration procedures shall be in accordance with the following criteria:

- (a) Time required to perform the service;
- (b) Degree of skill required for service rendered;
- (c) Severity and/or complexity of the client's disorder or disability;
- (d) Policies, procedures, and practices of other third party purchasers of care;
- (e) Such other standards and criteria as may be adopted from time to time by EOHHS pursuant to 101 CMR 306.03(4).

Individual Therapy. A therapeutic meeting between a patient alone and one or more authorized staff members to help ameliorate emotional problems, conflicts, and disturbances.

Medication Visit. A recipient visit to the center specifically for prescription, review, and monitoring of medication by a psychiatrist or a psychiatric clinical nurse specialist, or administration of prescribed intramuscular medication by qualified personnel.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number or letters.

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Multiple Family Group Therapy. The treatment of more than one family unit at the same time in the same session by one or more authorized staff members. There is more than one family member present per family unit and at least one of the family members per family unit must be an identified patient of the clinic program.

Occupational Therapist. An individual who is registered with the American Occupational Therapy Association and who also meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychiatric Clinical Nurse Specialist. A licensed registered nurse who is authorized by the board of Registration in Nursing as practicing in an expanded role and who meets the requirements of 244 CMR 4.05(4): *Psychiatric Clinical Nurse Specialist*.

Psychiatric Nurse. An individual who is currently registered by the Massachusetts Board of Registration in Nursing and who has earned a master's degree from an accredited graduate school of psychiatric nursing or who meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychiatric Social Worker. An individual who has earned a Master's degree from an accredited graduate school of social work or who meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychiatrist. An M.D. or Doctor of Osteopathic Medicine who is registered in Massachusetts and who is certified or eligible for certification by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry who meets such conditions of participation as have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychological Associate. Staff member trained in the field of clinical or counseling psychology or a closely related specialty who:

- (a) have a minimum of a master's degree or the equivalent graduate study in clinical or counseling psychology or a closely related specialty from an accredited educational institution;
- (b) are currently enrolled in or have completed a doctoral program in clinical or counseling psychology or a closely related specialty; and
- (c) have had two years of full time supervised clinical experience subsequent to obtaining a master's degree in a multidisciplinary mental-health setting. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of experience.)

Psychologist. An individual who by training and experience meets the requirements for licensing by the Massachusetts Board of Registration of Psychologists and is duly licensed to practice psychology in the Commonwealth or who meets the requirements of education and experience in psychology that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c 152.

Psychotherapy for Crisis. An urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma.

Publicly-aided Individual. A person for whose medical and other services a governmental unit is in the whole or in part liable under a statutory program.

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Reevaluation. A session between a client and one or more staff members who are authorized to render mental health services for the determination and examination by interview techniques of a patient's physical, psychological, social, economic, educational and vocational assets and disabilities for the purpose of reevaluating the diagnostic formulation, treatment plan and procedures in order to assess aspects of an individual's functioning.

Staff Member Authorized to Render Billable Mental Health Services. An individual who provides the services referred to in 101 CMR 306.00 under the auspices of an eligible provider and meets the qualifications of any of the following professions: psychiatrist, psychologist, psychological associate, social worker, psychiatric nurse, psychiatric clinical nurse specialist, counselor or occupational therapist. This also includes staff members meeting the qualifications which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

State-operated Community Mental Health Center. A community mental health center operated by the Commonwealth, which is not financially or physically an integral part of a hospital.

Uniform Financial Statements and Independent Auditor's Report (UFR). The Uniform Financial Statements and Independent Auditor's Report is the set of financial statements and schedules required of many human, social service and health care providers who deliver services to publicly-aided clients

306.03: Rate Provisions

(1) Rates as Full Compensation. The rates under 101 CMR 306.00 shall constitute full compensation for mental health services provided by community health centers and mental health centers to publicly aided and industrial accident patients, including full compensation for necessary administration and professional supervision associated with patient care.

(2) Rates of Payment. Except as otherwise provided in 101 CMR 306.03(5)(c), payment rates under 101 CMR 306.00 shall be the lower of:

- (a) the Eligible Provider's usual charge to the general public; or
- (b) the schedule of allowable rates for services provided by mental health centers and community health centers as set forth in 101 CMR 306.03(5)(a).

(3) Child and Adolescent Needs and Strengths (CANS). Psychiatric Diagnostic Interview Examination for Children and Adolescents Younger than 21 Years Old.. Eligible clinicians who complete the CANS for a MassHealth child or adolescent younger than 21 during years old during a psychiatric diagnostic interview examination must use procedure code 90791 accompanied by a modifier -HA to bill for the service.

(4) Modifiers.

- (a) -25: Significant, separately identifiable Evaluation and Management Service by the same physician or other qualified health professional on the same day of the procedure or other service. Modifier 25 applies to two E/M services provided on the same day.
- (b) 59: Distinct Procedure Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances. However when another already established modifier is appropriate, it should be used rather than modifier '-59.'
- (c) -SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatric clinical nurse specialist.)

(5) Fee Schedule. Rates for community health centers and mental health centers.

- (a) The payment rates for mental health services provided by mental health centers and community health centers are as follows:

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Service Code	Rate Effective 1/1/2014	Rate Effective 1/1/2015	Service Description
90791	\$93.51	\$94.18	Psychiatric diagnostic evaluation
90791-HA	\$100.85	\$100.85	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90832	\$36.11	\$36.37	Psychotherapy, 30 minutes with patient and/or family member
90833	\$36.11	\$36.37	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90834	\$72.21	\$72.73	Psychotherapy, 45 minutes with patient and/or family member
90836	\$72.21	\$72.73	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90839	\$163.96	\$165.16	Psychotherapy for crisis, first 60 minutes (includes the first 30-74 minutes of psychotherapy per day)
90840	\$81.98	\$82.58	Psychotherapy for crisis, each additional 30 minutes(not to exceed three units in one day following 90839)
90887	\$38.92	\$39.20	Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (per one-half hour)
90889	\$37.61	\$37.88	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers (per one-half hour)
S9485	\$488.00	\$488.00	Emergency Services Program (ESP). The ESP provides crisis assessment, intervention, and stabilization services 24 hours per day, seven days per week, and 365 days per year, to individuals of all ages who are experiencing a behavioral health crisis. The purpose of the ESP is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis in a manner that allows an individual to receive medically necessary services in the community, or if medically necessary, in an inpatient or 24-hour diversionary level of care. (per 24 hour encounter)
	\$57.89	\$58.30	Community Consultation and Education (per hour)
	\$85.83	\$85.83	Reevaluation (per hour)
	Rates as indicated in 101 CMR 306.01(1)	Rates as indicated in 101 CMR 306.01(1)	Psychological Testing

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Service Code	Rate Effective 7/1/2013	Rate Effective 1/1/2015	Service Description
90847	\$76.73	\$77.28	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	\$24.11	\$24.29	Multiple-family group psychotherapy (per person per session not to exceed ten clients)
90853	\$24.11	\$24.29	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)

Service Code	Rate Effective 10/1/2013	Rate Effective 1/1/2015	Service Description
90882	\$62.54	\$62.99	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions

(b) The payment rates for mental health services provided by a Mental Health Center in a nursing facility are as follows:

Service Code	Rate Effective 1/1/2014	Rate Effective 1/1/2015	Service Description
90791	\$93.51	\$94.18	Psychiatric diagnostic evaluation
90832	\$36.11	\$36.37	Psychotherapy, 30 minutes with patient and/or family member
90833	\$36.11	\$36.37	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90834	\$72.21	\$72.73	Psychotherapy, 45 minutes with patient and/or family member
90836	\$72.21	\$72.73	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90839	\$163.96	\$165.16	Psychotherapy for crisis first 60 minutes (includes the first 30-74 minutes of psychotherapy per day)
90840	\$81.98	\$82.58	Psychotherapy for crisis, each additional 30 minutes (not to exceed three units in one day following 90839)
90887	\$38.92	\$39.20	Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (includes residential care setting) (per one-half hour)

Service Code	Rate Effective 7/1/2013	Rate Effective 1/1/2015	Service Description
90847	\$76.73	\$77.28	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	\$24.11	\$24.29	Multiple-family group psychotherapy (per person per session not to exceed ten clients)
90853	\$24.11	\$24.29	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)

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Service Code	Rate Effective 10/1/2013	Rate Effective 1/1/2015	Service Description
90882	\$62.54	\$62.99	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions

(c) Rates for Medication Visit. Services for Medication Visit shall be billed using the appropriate Evaluation and Management code: 99201-99205, 99211-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99345, and 99347-99350. Definitions, payment rules and rates for these services are contained in 101 CMR 317.00: *Medicine*.

(d) The allowable fee for payment for covered E/M services provided by a practitioner other than a psychiatrist is 85% of the fees described in 101 CMR 306.03(5)(a) through (c).

(e) Rates for state-operated community mental health centers. A state-operated community mental health center will be paid at rates based on that center's reasonable cost of providing covered services to eligible MassHealth members.

1. The methodology set forth below governs rates for non-ESP services provided by a state-operated community mental health center between June 1, 2008 and June 30, 2009.

a. Initial Payments. Initial payments will be made at the rates in effect on the date of service.

b. Preliminary Reconciliation. There will be a preliminary reconciliation for each state-operated community mental health center based on the difference between the Initial Payments and payments based on rates calculated using the center's preliminary projected FY2009 reasonable costs. In order to determine the preliminary projected FY2009 reasonable costs, EOHHS will review costs reported in the FY2008 UFR by each state-operated community mental health center, and apply a cost adjustment factor based on the Massachusetts Consumer Price Index.

c. Final Reconciliation. There will be a final reconciliation for each state-operated community mental health center based on the difference between total payments pursuant to the Preliminary Reconciliation and payments based rates calculated using the center's reported reasonable costs for the rate period. In order to determine the reported reasonable costs, EOHHS will review costs reported in the FY2009 UFR by each state-operated community mental health center.

2. Rates effective July 1, 2009. Payments for services provided effective July 1, 2009 will be determined as follows:

a. Initial Payments. Initial payments will be based on rates calculated by applying a cost adjustment factor to the reasonable costs reported by each center in its most recently submitted UFR.

b. Final Reconciliation. For each fiscal year beginning July 1, 2009, there will be a final reconciliation for each state-operated community mental health center based on the difference between the Initial Payments and payments based on rates calculated using the center's final reasonable costs for that fiscal year. In order to determine the final reasonable costs, EOHHS will review the costs reported in each center's UFR submitted for that fiscal year.

(6) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin. The publication of such updates and corrections will list:

- (a) codes for which the code numbers only changed, with the corresponding cross-walk;
- (b) codes for which the code remains the same but the description has changed;
- (c) deleted codes for which there is no cross-walk. In addition, for entirely new codes which require new pricing, EOHHS will list these codes and apply Individual Consideration in reimbursing these new codes until rates are established.

(7) Billing. Each clinic shall bill the governmental unit according to the appropriate fee schedule on a prescribed form. Each specific service must be separately enumerated on the bill.

306.04: Reporting Requirements and Sanctions

(1) Annual Reports. Each Eligible Provider must file an annual, and complete Uniform Financial Report in accordance with the filing requirements of the Operational Services Division as specified in its Audit and Preparation Manual.

(a) Community Health Centers that are Eligible Providers must file a complete and accurate Community Health Center Cost Schedules within the UFR, making the required allocations for mental health costs and services.

(b) Additional Information. Eligible Providers must file such additional information as EOHHS may from time to time reasonably require.

(2) Failure to File Required Reports. EOHHS may reduce an Eligible Provider's payment rate if the Provider fails to submit accurate and timely information as required above. EOHHS may reduce the Provider's rate by 5% per month of non-compliance, not to exceed 50%. If the Provider has not filed the required data at such time as EOHHS adopts revised payment rates that are higher than the penalty-adjusted current rates, the Provider's rates will not be increased. If the revised rates are lower than the penalty-adjusted current rates, the revised rate will become effective and subject to further penalty for non-compliance. EOHHS may also notify the governmental purchasing agency of the Provider's failure to submit required data and request that the Provider be removed from the purchasing agency's list of Eligible Providers.

(3) Mergers, Acquisitions, Other Transfers. A provider involved in a merger, buy out, acquisition, purchase, pooling of interest or other arrangement involving the transfer of business will be treated as a single provider for the purposes of 101 CMR 306.04. All compliance liabilities of the transferor shall be the responsibility of the transferee.

306.05: Severability

The provisions of 101 CMR 306.00 is severable, and if any provision of 101 CMR 306.00 or application of such provision to any mental health center or community health center or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 306.00 or application of such provisions to mental health centers or community health centers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 306.00: M.G.L. c. 118E and M.G.L. c. 152 § 13.