

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

Section

- 306.01: General Provisions
- 306.02: General Definitions
- 306.03: Rate Provisions
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306.01: General Provisions

(1) Scope and Purpose. 101 CMR 306.00 governs the rates 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 mental health services provided in nursing facilities. 101 CMR 306.00 does not govern rates for psychological testing services, which are governed by 101 CMR 329.00: *Psychological Testing, Treatment and Related 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.

(2) Applicable Dates of Service. Rates contained in 101 CMR 306.00 apply for dates of service provided on or after January 1, 2023, or as indicated in 101 CMR 306.03(5).

(3) 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.

(4) 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.

Behavioral Health Urgent Care Provider. A center that meets the requirements set forth in 130 CMR 429.405(D).

Case Consultation. An intervention, including scheduled telephonic or in person meetings, for behavioral and medical management purposes on a member's behalf with agencies, employers or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

Certified Peer Specialist (CPS). A person who has been trained by an agency approved by the Department of Mental Health (DMH) who is a self-identified person with lived experience of a mental health disorder and wellness that can effectively share their experiences and serve as a mentor, advocate or facilitator for a member experiencing a mental health disorder.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a behavioral-health clinical assessments. A Massachusetts version of the tool has been developed and is intended to be used as a treatment decision support tool for behavioral-health providers serving MassHealth members younger than 21 years old.

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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.

Couple Therapy. Psychotherapeutic services provided to a couple whose primary complaint is the disruption of their marriage, family, or relationship.

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.

Diagnostic Evaluation Services. The examination and determination of a member's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of designing a treatment plan.

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 per day, seven days per week, to individuals showing sudden, incapacitating emotional stress.

Enhanced Structured Outpatient Addiction Program (E-SOAP). American Society of Addiction Medicine (ASAM) Intensive Outpatient Services is a program that provides short-term, clinically intensive, structured day and/or evening substance use disorder services. E-SOAP specifically serves specialty populations including: homeless individuals and people at risk of homelessness, pregnant individuals, and adolescents. E-SOAP services must meet requirements as set forth in 130 CMR 418.000.

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

Family Consultation. A preplanned meeting with one or more of the parents, legal guardian, or foster parents of a child who is being treated by clinical staff at the center when the parents, legal guardian, or foster parents are not clients of the center.

Family Therapy. The treatment of more than one member of a family simultaneously in the same visit.

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

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Group Therapy. The application of psychotherapeutic or counseling techniques to a group of persons, most of whom are not related by blood, marriage, or legal guardianship.

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; and
- (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. Psychotherapeutic services provided to an individual.

Intensive Outpatient Program (IOP). A mental health treatment service that provides time-limited, multi-disciplinary, multimodal structured treatment in an outpatient setting for a complex or refractory clinical presentation. Service includes individual, group, and family therapy as well as case management services.

Medication Visit. A member visit specifically for prescription, review, and monitoring of medication by a psychiatrist, a psychiatric clinical nurse specialist, Advanced Practice Registered Nurse, or Physician Assistant, or administration of prescribed intramuscular medication by a physician or a nurse, or Physician Assistant.

Mental Health Center (Center). An entity that delivers a comprehensive group of diagnostic and psychotherapeutic treatment services to individuals seeking treatment for mental health disorders, which may include co-occurring substance use disorder, and their families by an interdisciplinary team under the medical direction of a psychiatrist.

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.

Multiple Family Group Therapy. The treatment of more than one family unit at the same time in the same visit 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.

Preventive Behavioral Health Services. Short-term group intervention, recommended by a physician or other licensed practitioner, practicing within their scope of licensure, that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, to prevent the development of behavioral health disorders for children and adolescents younger than 21 years old.

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.

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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 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. A staff member trained in the field of clinical or counseling psychology or a closely related specialty who:

- (a) has 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) is currently enrolled in or have completed a doctoral program in clinical or counseling psychology or a closely related specialty; and
- (c) has 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.)

Psychological Testing. The use of standardized test instruments to evaluate aspects of an individual's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology, subject to the limitations of 130 CMR 429.000: *Mental Health Center Services*.

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. The utilization of psychological and interpersonal theories and related practice methodologies to assess, interpret and modify conscious and unconscious processes of behavior.

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.

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.

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Structured Outpatient Addiction Program (SOAP). ASAM Intensive Outpatient Services. A substance use disorder treatment service that provides short-term, multi-disciplinary, clinically intensive structured treatment to address the sub-acute needs of members with substance use disorder and/or co-occurring disorders. These services may be used as a transition service in the continuum of care toward lower intensity outpatient services, or accessed directly. SOAP services must meet requirements as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

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.

Telehealth. The use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology including, but not limited to:

- (a) interactive audio-video technology;
- (b) remote patient monitoring devices;
- (c) audio-only telephone; and
- (d) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

Uniform Financial Statements and Independent Auditor's Report (UFR). 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 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 (E/M) 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'.

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- (c) -SA Nurse Practitioner rendering service in collaboration with a physician. (Modifier '- SA' is to be applied to service codes billed by the mental health center which were performed by a psychiatric clinical nurse specialist.)
- (d) -EP: Group psychotherapy modifier for preventive behavioral health session (only used with 90853)
- (e) -GJ: Opt-out physician or practitioner emergency or urgent service. (Urgent Care services. To identify services provided by Mental Health Centers that are designated as Behavioral Health Urgent Care provider sites.)
- (f) -AF: Specialty physician (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatrist)
- (g) -AH: Clinical psychologist (This modifier is to be applied to service codes billed by the mental health center which were performed by doctoral level clinician, including PhD, PsyD, EdD)
- (i) -HO: Master's degree level (This modifier is to be applied to service codes billed by the mental health center which were performed by Master's level clinician, including Licensed Clinical Social Workers (LCSWs), Licensed Independent Clinical Social Workers (LICSWs), Licensed Alcohol and Drug Counselor I, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist)
- (j) -HL: Intern (This modifier is to be applied to service codes billed by the mental health center which were performed by intern level clinicians, including Post-Doctoral Fellows and Psychology Interns, Post-Master's Mental Health Counselors and Mental Health Counselor Interns, Post-Master's Marriage and Family Therapist, Licensed Alcohol and Drug Counselor IIs (LADC II), Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor)
- (k) -HE: Mental health program (Certified Peer Specialist Services)

(5) Fee Schedule.

(a) Allowable fee for community health centers and mental health centers.

Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctor level clinician (Modifier -AF)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90791	\$160.45	136.38	130.48	81.83	Psychiatric diagnostic evaluation
90791-HA	\$175.45	151.38	145.48	90.83	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90832	\$69.60	59.16	52.20	35.50	Psychotherapy, 30 minutes with patient

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Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctor level clinician (Modifier -AF)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90833	\$63.83	54.26	47.87	32.56	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	\$95.46	95.46	95.46	57.28	Psychotherapy, 45 minutes with patient
90836	\$82.90	82.90	82.90	49.74	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.)
90837	\$135.04	125.69	125.69	75.41	Psychotherapy, 60 minutes with patient
90839	\$171.13	171.13	171.13	102.68	Psychotherapy for crisis, first 60 minutes
90840	\$85.57	85.57	85.57	51.34	Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure)
90846	\$101.43	101.43	101.43	60.86	Family psychotherapy (without the patient present), 50 minutes

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Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctor level clinician (Modifier -AF)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90847	\$101.43	101.43	101.43	60.86	Family psychotherapy (conjoint psychotherapy) (with patient present) 50 minutes
90849	\$32.16	27.69	27.69	16.61	Multiple-family group psychotherapy (per person per session not to exceed 10 clients)
90853	\$30.31	30.31	30.31	18.19	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)
90853-EP	\$30.31	30.31	30.31	18.19	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)
90882	\$71.80	71.80	71.80	43.08	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	\$79.19	67.31	59.40	40.39	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

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Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral level clinician (Modifier -AH)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90889	\$43.18	43.18	43.18	25.91	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

Service Code	Payment Rate	Service Description
S9480	\$65.11	Intensive outpatient psychiatric services, <i>per diem</i> .
H0015	\$71.59	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day).
H0015-TF	\$113.82	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Enhanced Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day).
H0046-HE	\$16.92	Mental health services, not otherwise specified (Certified Peer Specialist Services).
S9485	\$505.64	<u>Emergency Services Program (ESP)</u> . 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)
	\$60.41	Community Consultation and Education (per hour)
	\$88.93	Reevaluation (per hour)
	Rates as indicated in 101 CMR 306.01(1)	Psychological Testing

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(b) Allowable fee for mental health service provided by a behavioral health urgent care provider:

Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral level clinician (Modifier -AH)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90791-GJ	\$184.52	156.84	150.05	94.10	Psychiatric diagnostic evaluation
90791-HA-GJ	\$201.77	174.09	167.30	104.45	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90832-GJ	\$80.04	68.03	60.03	40.83	Psychotherapy, 30 minutes with patient
90833-GJ	\$73.40	62.40	55.05	37.44	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834-GJ	\$109.78	109.78	109.78	65.87	Psychotherapy, 45 minutes with patient
90836-GJ	\$95.34	95.34	95.34	57.20	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837-GJ	\$155.30	144.54	144.54	86.72	Psychotherapy, 60 minutes with patient
90839-GJ	\$196.80	196.80	196.80	118.08	Psychotherapy for crisis; first 60 minutes

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Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral level clinician (Modifier -AH)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90840-GJ	\$98.41	98.41	98.41	59.04	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90846-GJ	\$116.64	116.64	116.64	69.99	Family psychotherapy (without the patient present), 50 minutes
90847-GJ	\$116.64	116.64	116.64	69.99	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849-GJ	\$36.98	31.84	31.84	19.10	Multiple-family group psychotherapy (per person session not to exceed 10 clients)
90853-GJ	\$34.86	34.86	34.86	20.92	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)
90853-EP-GJ	\$34.86	34.86	34.86	20.92	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)

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Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctor level clinician (Modifier -AF)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90882-GJ	\$82.57	82.57	82.57	49.54	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887-GJ	\$91.07	77.41	68.31	46.45	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889-GJ	\$49.66	49.66	49.66	29.80	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

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Service Code	Payment Rate	Service Description
S9480-GJ	\$65.11	Intensive outpatient psychiatric services, <i>per diem</i>
H0015-GJ	\$71.59	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Structured Outpatient Addiction Program)
H0015-TF-GJ	\$113.82	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Enhanced Structured Outpatient Addiction Program)
H0046-HE-GJ	\$16.92	Mental health services, not otherwise specified (Certified Peer Specialist)

(c) Allowable fee for mental health services provided by a mental health center in a nursing facility are as follows:

Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctor level clinician (Modifier -AF)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90791	\$160.45	136.38	130.48	81.83	Psychiatric diagnostic evaluation
90832	\$69.60	59.16	52.20	35.50	Psychotherapy, 30 minutes with patient
90833	\$63.83	54.26	47.87	32.56	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)

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Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctor level clinician (Modifier -AF)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90834	\$95.46	95.46	95.46	57.28	Psychotherapy, 45 minutes with patient
90836	\$82.90	82.90	82.90	49.74	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	\$171.13	171.13	171.13	102.68	Psychotherapy for crisis first 60 minutes
90840	\$85.57	85.57	85.57	51.34	Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure)
90847	\$101.43	101.43	101.43	60.86	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	\$32.16	27.69	27.69	16.61	Multiple-family group psychotherapy

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Service Code	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctor level clinician (Modifier -AF)	Payment Rate for service codes performed by a Master level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90853	\$30.31	30.31	30.31	18.19	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)
90853-EP	\$30.31	30.31	30.31	18.19	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)
90882	\$71.80	71.80	71.80	43.08	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	\$79.19	67.31	59.40	40.39	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

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(d) Rates for Medication Visit. Services for Medication Visit shall be billed using the appropriate E/M 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*.

(e) 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)(e).

(f) 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; and
- (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) Required Reports.

(a) Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

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

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 306.04(2).

(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 are 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.