

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 329.00: PSYCHOLOGICAL TESTING, TREATMENT, AND RELATED SERVICES

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329.01: General Provisions

(1) Scope and Purpose. 101 CMR 329.00 governs the rates of payment used by all governmental units in making payments to eligible providers of psychological services to publicly aided individuals in any suitable location, such as a private office, the client's place of residence, or other appropriate facility. The rates set forth in 101 CMR 329.00 do not apply to individuals covered by M.G.L. c. 152, the Worker's Compensation Act. Rates for services rendered to such individuals are set forth in 114.3 CMR 40.03(2): *Services and Rates Covered by Other Regulations.*

(2) Effective Date. Rates contained in 101 CMR 329.00 are effective for dates of service on or after January 1, 2020.

(3) Coverage. 101 CMR 329.00 and the rates of payment contained in 101 CMR 329.00 apply to psychological services rendered by eligible providers to publicly aided individuals. As set forth in 101 CMR 329.03(2), the rates of payment under 101 CMR 329.00 are full compensation for all services rendered.

(4) Disclaimer of Authorization of Services. 101 CMR 329.00 is not authorization for or approval of the services for which rates are determined pursuant to 101 CMR 329.00. Purchasing agencies and insurers are responsible for the definition, authorization and approval of care and services extended to publicly aided clients.

(5) Coding Updates and Corrections. The Executive Office of Health and Human Services (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 only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) codes for which the code remains the same but the description has changed;
- (c) deleted codes for which there are no corresponding new codes; and
- (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these new codes until appropriate rates can be developed.

(6) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on, and understanding of, substantive provisions of 101 CMR 329.00.

329.02: General Definitions

Terms used in 101 CMR 329.00 have the meanings in 101 CMR 329.02.

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

Eligible Provider of Psychological Services.

- (a) A psychologist who is licensed to practice by the Massachusetts Board of Registration of Psychologists and who meets the requirements of education and experience that have been or may be adopted by a governmental unit or Worker's Compensation purchaser.

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(b) An educational psychologist licensed by the Massachusetts Board of Registration of Allied Mental Health and Human Services Professions.

(c) A school psychologist certified by the Massachusetts Department of Elementary and Secondary Education.

(d) Technician for Test Administration and Scoring Only. Technicians usually hold bachelor's (and often masters) degree in psychology as well as additional training in the standardized administration and scoring of neuropsychological tests and work under the direct supervision of licensed psychologists. The technician is responsible for the acquisition of data upon which the licensed doctoral-level professional bases his or her evaluation and opinions.

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

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth. Governmental Unit includes public school departments.

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 (I.C.). Those rates for psychological services for which no total allowable fee is specified in 101 CMR 329.00 and which are determined by a governmental unit based on the nature, extent, and need for such service and the degree of skill and time required for its provision. Providers must maintain adequate records to determine the appropriateness of their I.C. claims and must provide these documents to the purchasing agency upon demand.

Individual Therapy. Psychotherapeutic services provided to an individual.

Psychological Testing. The use of standardized test instruments and procedures by an eligible provider 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 successor publication, or by conformity to the *Standards for Educational and Psychological Tests* of the American Psychological Association.

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

329.03: General Rate Provisions

(1) General Rate Provisions. The rates of payment for psychology services to which 101 CMR 329.00 applies are the lower of:

(a) The eligible provider's usual charge to the general public for the same or similar services; and

(b) The schedule of allowable fees listed in 101 CMR 329.04 and 329.05.

(2) Rates as Full Compensation. The rates of payment contained in 101 CMR 329.00 constitute full compensation for psychological services provided by eligible providers to publicly aided individuals, including full compensation for necessary administration (including, but not limited to, interviewing, testing, scoring, interpreting, and writing of reports) and professional supervision associated with patient care.

(3) Individual Consideration.

(a) Rates of payment to eligible providers for services authorized in 101 CMR 329.00 but not listed herein or for authorized services performed in exceptional circumstances are determined on an Individual Consideration (I.C.) basis by the governmental unit purchaser upon receipt of a report that describes the services rendered. Such services include, but are not limited to, hypnosis and behavior modification. Degree of skill and/or expertise and extension of time, associated with the accommodation of functional limitations of publicly-aided individuals with disabilities will be considered for I.C. and must be adequately documented to support the appropriateness of such claims.

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(b) Hours. The determination of the number of hours of services purchased for authorized I.C. procedures is in accordance with the following criteria:

1. Time required to perform the service;
2. Severity or complexity of the client's disorder or disability;
3. Prevailing professional ethics and accepted practice; and
4. Such other standards and criteria as may be adopted from time to time by EOHHS or the governmental purchaser.

329.04: Allowable Fees for Psychological and Neuropsychological Tests

<u>Code</u>	<u>Allowable Fee</u>	<u>Description</u>
96116	\$87.21	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, <i>e.g.</i> , acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
96121	\$74.60	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116.)
96130	\$105.77	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96131	\$80.42	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130.)
96132	\$119.89	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96133	\$91.43	Each additional hour. (List separately in addition to code for primary procedures.) (Add-on code to 96132.)
96136	\$44.07	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.
96137	\$40.91	Each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96136.)
96138	\$37.14	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.
96139	\$37.14	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96138.)

329.05: Allowable Fees for Other Psychological Services

<u>Service Code</u>	<u>Allowable Fee</u>	<u>Description</u>
90791	\$124.74	Psychiatric diagnostic evaluation. (Diagnostic services.)
90832	\$60.83	Psychotherapy, 30 minutes with patient. (Individual therapy.)
90834	\$86.78	Psychotherapy, 45 minutes with patient. (Individual therapy.)
90837	\$121.65	Psychotherapy, 60 minutes with patient. (Individual therapy.)
90847	\$101.83	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes.
90853	\$30.31 per client, 1½ hour session	Group psychotherapy (other than of a multiple-family group). (Group therapy. Limited to ten clients per group.)
90882	\$65.27	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.

329.06: Special Provisions

Preferred Provider Agreements:

- (1) A purchaser may apply for approval of a Preferred Provider Agreement under which the governmental unit will purchase specialized services at a reimbursement rate that reflects the particular requirements of the services to be provided
- (2) In order for EOHHS to approve the Agreement, the Agreement must
 - (a) Identify the clinical needs of the purchaser's clients;
 - (b) Establish specific criteria for evaluating provider qualifications to meet the clinical needs of the purchaser's clients;
 - (c) Specify the purchaser's role in managing the services provided to its clients including, but not limited to, prior authorizations;
 - (d) Specify the provider's duties in complying with the administrative requirements established by the purchasing agency;
 - (e) Demonstrate that the rates to be paid are reasonable and reflect the additional services to be provided; and
 - (f) If the governmental unit is a state agency, the agency must demonstrate that the provisions of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*, relative to the procurement and form of the Agreement, have been satisfied.
- (3) If the governmental unit has adopted formal procedures for contracting with providers under Preferred Provider Agreements, and the procedures satisfy the criteria set forth in 101 CMR 329.06(2), the governmental unit may request approval of its formal procedures rather than approval of the individual agreements. The governmental unit must supply to EOHHS the services for which Preferred Provider Agreements will be executed and the range of rates to be paid.

329.07: Severability

The provisions of 101 CMR 329.00 are severable. If any provision or the application of such provision to any eligible provider of psychological services or any circumstance is held to be invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 329.00 to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 329.00: M.G.L. c. 118 E, §§ 13C and 13D.