

# Administrative Bulletin 20-27

**101 CMR 316.00: Surgery and Anesthesia**

**101 CMR 317.00: Medicine**

**101 CMR 318.00: Radiology**

# Eff. April 16, 2020

# Rate Update Applicable to Certain Physician Services During the

# COVID-19 Public Health Emergency

# Purpose, Scope, and Effective Period

The Executive Office of Health and Human Services (EOHHS) is issuing this administrative bulletin pursuant to the authority of COVID-19 Order No. 20: *Order Authorizing the Executive Office of Health and Human Services to Adjust Essential Provider Rates During the COVID-19 Public Health Emergency* andExecutive Order 591: *Declaration of State of Emergency to Respond to COVID-19*. In light of the state of emergency declared in the Commonwealth due to COVID-19, EOHHS, which administers the Massachusetts Medicaid program known as “MassHealth,” is altering its payment rates for certain MassHealth-covered surgery and anesthesia, medicine, and radiology services established in 101 CMR 316.00: *Surgery and Anesthesia*, 101 CMR 317.00: *Medicine*, and 101 CMR 318.00: *Radiology* (collectively, the “Physician Regulations”), as further described in this administrative bulletin. If a rate or payment methodology is not being updated pursuant to this administrative bulletin, the rate or payment methodology remains as established.

This administrative bulletin is effective for dates of service from April 1, 2020, through July 31, 2020.

Disclaimer: This administrative bulletin is not authorization for a provider’s use of the updated rate or service. Authorization for the provision of, and billing and payment for, physician services are pursuant to the MassHealth physician regulations at 130 CMR 433.000: *Physician Services*, and other applicable MassHealth provider regulations.

# Background

Providers participating in the MassHealth Physician Program render a wide array of medical, surgery and anesthesia, and radiology services (collectively, the “Physician Services”) to MassHealth members. As a result of the COVID-19 public health emergency, EOHHS recognizes there are concerns about the ability of these providers to continue to render these crucial Physician Services to MassHealth members. Specifically, EOHHS recognizes that the financial stability of these providers is at risk because services must be canceled due to, among other things, limitations resulting from social distancing protocols. Additionally, providers rendering these Physician Services face additional financial pressure arising from changes in utilization patterns, and the need for alternative methods of care delivery resulting from the COVID-19 public health emergency. As a result, and as described in greater detail below, EOHHS is increasing rates and fees for certain Physician Services to provide needed financial support for these at-risk providers and to ensure that MassHealth members have continued access to care during the COVID-19 public health emergency.

## **Updated Rates for Certain Physician Services**

To support providers enrolled in the MassHealth Physician Program during the COVID-19 emergency, for dates of service from April 1, 2020, through July 31, 2020, EOHHS will increase rates by 15% above current rates for the following Physician Services:

* The top 100 Current Procedure Terminology (CPT) Physician Service codes with established rates/fees in the Physician Regulations[[1]](#footnote-1) by state fiscal year 2019 MassHealth expenditures, as determined by EOHHS; and
* All home-based evaluation and management services for new and established patients (CPT codes 99341-99350).

The sections that follow identify, by regulation, the selected services and the new rates.

# 101 CMR 316.00: Surgery and Anesthesia – Adjusted Anesthesia Rates

For CPT codes 00170, 00731, 00790, 00840, 01961, and 01967, the base anesthesia unit rate is updated from $19.90 to $22.89, and the one-minute time anesthesia unit rate is updated from $1.33 to $1.53.

# 101 CMR 316.00: Surgery and Anesthesia – Adjusted Surgery Fee Schedule

The rates for the following surgical services are updated in accordance with the following fee schedule:

| **CPT Code** | **Non-Facility Fee**  | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 17110 | $103.12 | $64.31 | - | - | - |
| 20610 | $54.05 | $40.77 | - | - | - |
| 31231 | $198.73 | $58.11 | - | - | - |
| 43239 | $371.48 | $131.45 | - | - | - |
| 45380 | $434.84 | $187.65 | - | - | - |
| 45385 | $451.82 | $236.65 | - | - | - |
| 47562 | - | - | $580.08 | - | - |
| 59400 | - | - | $2,499.47 | - | - |
| 59409 | - | - | $964.90 | - | - |
| 59410 | - | - | $1,232.89 | - | - |
| 59426 | $986.18 | $744.46 | - | - | - |
| 59510 | - | - | $2,764.46 | - | - |
| 59514 | - | - | $1,084.90 | - | - |
| 66984 | - | - | $581.97 | - | - |
| 88305 | - | - | $67.79 | $35.26 | $32.53 |
| 88307 | - | - | $291.25 | $77.73 | $213.52 |

# 101 CMR 317.00: Medicine – Adjusted Medicine Fee Schedule

The rates for the following medicine services are updated in accordance with the following fee schedule:

| **CPT Code** | **Non-Facility Fee**  | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 90460 | - | - | $23.52 | - | - |
| 90461 | - | - | $11.32 | - | - |
| 90471 | - | - | $23.52 | - | - |
| 90834 | $74.01 | $73.67 | - | - | - |
| 90960 | - | - | $253.08 | - | - |
| 92004 | $135.84 | $89.53 | - | - | - |
| 92012 | $78.37 | $47.38 | - | - | - |
| 92014 | $113.34 | $71.81 | - | - | - |
| 93010 | - | - | $7.51 | - | - |
| 93306 | - | - | $213.99 | $56.65 | $157.34 |
| 95004 | - | - | $6.29 | - | - |
| 95165[[2]](#footnote-2) | $11.93 | $2.74 | - | - | - |
| 95712[[3]](#footnote-3) |  |  |  | $286.98 |  |
| 95715[[4]](#footnote-4) |  |  |  | $286.98 |  |
| 95810 | - | - | $589.79 | $108.69 | $481.09 |
| 96110 | - | - | $11.81 | - | - |
| 98941 | $36.73 | $30.95 | - | - | - |
| 99202 | $67.52 | $44.37 | - | - | - |
| 99203 | $97.00 | $67.38 | - | - | - |
| 99204 | $147.41 | $114.38 | - | - | - |
| 99205 | $184.31 | $148.56 | - | - | - |
| 99212 | $39.50 | $22.14 | - | - | - |
| 99213 | $65.85 | $45.08 | - | - | - |
| 99214 | $96.84 | $69.26 | - | - | - |
| 99215 | $130.01 | $98.00 | - | - | - |
| 99217 | - | - | $64.62 | - | - |
| 99219 | - | - | $119.59 | - | - |
| 99220 | - | - | $163.48 | - | - |
| 99221 | - | - | $88.77 | - | - |
| 99222 | - | - | $120.46 | - | - |
| 99223 | - | - | $178.51 | - | - |
| 99231 | - | - | $34.62 | - | - |
| 99232 | - | - | $63.61 | - | - |
| 99233 | - | - | $91.68 | - | - |
| 99236 | - | - | $191.80 | - | - |
| 99238 | - | - | $64.43 | - | - |
| 99239 | - | - | $95.35 | - | - |
| 99282 | - | - | $36.00 | - | - |
| 99283 | - | - | $53.77 | - | - |
| 99284 | - | - | $101.92 | - | - |
| 99285 | - | - | $150.20 | - | - |
| 99291 | $244.55 | $195.51 | - | - | - |
| 99292 | $108.22 | $98.00 | - | - | - |
| 99308 | - | - | $61.72 | - | - |
| 99309 | - | - | $81.36 | - | - |
| 99341 | - | - | $48.70 | - | - |
| 99342 | - | - | $69.89 | - | - |
| 99343 | - | - | $114.49 | - | - |
| 99344 | - | - | $161.10 | - | - |
| 99345 | - | - | $195.19 | - | - |
| 99347 | - | - | $49.07 | - | - |
| 99348 | - | - | $74.37 | - | - |
| 99349 | - | - | $113.54 | - | - |
| 99350 | - | - | $157.32 | - | - |
| 99381 | $99.72 | $67.71 | - | - | - |
| 99385 | $118.24 | $86.58 | - | - | - |
| 99391 | $89.70 | $61.78 | - | - | - |
| 99392 | $95.62 | $67.71 | - | - | - |
| 99393 | $95.29 | $67.71 | - | - | - |
| 99394 | $104.41 | $76.83 | - | - | - |
| 99395 | $106.65 | $79.07 | - | - | - |
| 99396 | $113.54 | $85.96 | - | - | - |
| 99460 | - | - | $116.14 | - | - |
| 99462 | - | - | $50.39 | - | - |
| 99468 | - | - | $834.47 | - | - |
| 99469 | - | - | $351.15 | - | - |
| 99472 | - | - | $360.53 | - | - |
| 99479 | - | - | $109.97 | - | - |
| 99480 | - | - | $105.32 | - | - |

# 101 CMR 318.00: Radiology – Adjusted Fee Schedule

The rates for the following radiology services are updated in accordance with the following fee schedule:

| **CPT Code** | **Non-Facility Fee**  | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 70450 | - | - | $107.89 | $38.25 | $69.64 |
| 70551 | - | - | $305.76 | $66.22 | $239.55 |
| 70553 | - | - | $536.54 | $102.55 | $434.00 |
| 71045 | - | - | $18.64 | $8.37 | $10.27 |
| 71046 | - | - | $28.82 | $9.97 | $18.85 |
| 71260 | - | - | $214.71 | $55.84 | $158.85 |
| 72148 | - | - | $303.24 | $66.40 | $236.84 |
| 73721 | - | - | $305.75 | $60.81 | $244.94 |
| 74176 | - | - | $185.17 | $78.07 | $107.10 |
| 74177 | - | - | $290.84 | $81.58 | $209.24 |
| 76801 | - | - | $114.82 | $44.83 | $69.99 |
| 76811 | - | - | $167.64 | $87.24 | $80.39 |
| 76816 | - | - | $107.59 | $38.96 | $68.62 |
| 76817 | - | - | $90.83 | $34.12 | $56.71 |
| 76819 | - | - | $82.44 | $35.27 | $47.17 |
| 76830 | - | - | $114.99 | $31.05 | $83.95 |
| 76856 | - | - | $103.07 | $30.71 | $72.37 |
| 77067 | - | - | $128.39 | $49.21 | $79.18 |
| 78815 | - | - | $1,325.11 | $106.67 | $1,218.44 |

# Public Comment

EOHHS will accept comments on the rate methodology established via this administrative bulletin through April 30, 2020. Individuals may submit written comments by emailing **ehs-regulations@state.ma.us**. Please submit written comments as an attached Word document or as text within the body of the email with the name of this administrative bulletin in the subject line. All submissions of comments must include the sender’s full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit comments by email may mail written comments to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

EOHHS may adopt a revised version of this administrative bulletin taking into account relevant comments and any other practical alternatives that come to its attention.

1. Excluding CPT Category II tracking codes, codes with a state-supplied vaccine modifier, and certain drug codes. [↑](#footnote-ref-1)
2. Due to a technical error, the Medicine Regulation identifies the current non-facility fee for this service as $7.71. The correct current non-facility fee for this service is $10.37. MassHealth used the latter figure when applying the methodology described above. [↑](#footnote-ref-2)
3. This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020. [↑](#footnote-ref-3)
4. This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020. [↑](#footnote-ref-4)