

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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CONTRACTOR LEGAL NAME: Massachusetts Behavioral Health Partnership (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 1000 Washington St., Ste. 310, Boston, MA 02118-5002		Business Mailing Address: One Ashburton Place, 11 th Fl., Boston, MA 02108	
Contract Manager: Chad Muller	Phone: 617-790-4000	Billing Address (if different): 600 Washington Street, Boston, MA 02111	
E-Mail: Chad.Muller@beaconhealthoptions.com	Fax:	Contract Manager: Emily Bailey	Phone: 857-260-7574
Contractor Vendor Code: VC6000182737		E-Mail: emily.r.bailey@mass.gov	
Vendor Code Address ID (e.g., "AD001"): AD001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
FR/Procurement or Other ID Number: 11LCEHSPCCPLANBHPMSSRFR			
☐ NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated Department) ☐ Collective Purchase (Attach OSD approval, scope, budget) ☐ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach Employment Status Form, scope, budget) ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		☒ CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: December 31, 2022 . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) ☒ Amendment to Date, Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services ☐ Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . ☒ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☐ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days _____% PPD; Payment issued within 15 days _____% PPD; Payment issued within 20 days _____% PPD; Payment issued within 30 days _____% PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Amendment #16 to the Contract adds the definition of Actuarially Sound Capitation Rates, provides a 15% rate increase over negotiated rates for specific services provided by MHCs; and adds payments for the DPH Emergency Department Boarding Reduction Grant Initiatives. It also replaces Appendices H-1, L, and M for Contract Year 2022.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. ☒ 2. may be incurred as of January 1, 2022 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☐ 3. were incurred as of _____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of December 31, 2022 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>Sharon Hanson</u> Date: 6/28/2022 (Signature and Date Must Be Captured At Time of Signature) Print Name: Sharon Hanson Print Title: VP Client Partnerships/CEO, MBHP		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Amanda Cassel Kraft</u> Date: 06/28/2022 (Signature and Date Must Be Captured At Time of Signature) Print Name: Amanda Cassel Kraft Print Title: Assistant Secretary for MassHealth	

AMENDMENT 16
to the
FIRST AMENDED AND RESTATED CONTRACT FOR

THE MASSHEALTH PCC PLAN'S COMPREHENSIVE BEHAVIORAL HEALTH
PROGRAM AND MANAGEMENT SUPPORT SERVICES, AND BEHAVIORAL HEALTH
SPECIALTY PROGRAMS CONTRACT

between

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

OFFICE OF MEDICAID

1 ASHBURTON PLACE

BOSTON, MA 02108

and

THE MASSACHUSETTS BEHAVIORAL HEALTH PARTNERSHIP

1000 WASHINGTON STREET

BOSTON, MA 02118

WHEREAS, The Massachusetts Executive Office of Health and Human Services (referred throughout the Contract as either "EOHHS" or "MassHealth") and the Massachusetts Behavioral Health Partnership ("Contractor") entered into a First Amended and Restated Contract, effective September 1, 2017, to provide innovative, cost-effective, high quality care management services, network management services, quality management activities and comprehensive Behavioral Health services for certain MassHealth Covered Individuals, including but not limited to Care Management Program for individual Enrollees with complex medical and/or behavioral health conditions, through a program known as the MassHealth PCC Plan's Comprehensive Behavioral Health Program or Management Support Services, and Behavioral Health Specialty Programs ("BHP MSS Contract" or "Contract"); and

WHEREAS, in accordance with **Section 13.3** of the Contract, EOHHS and the Contractor desire to further amend their agreement effective January 1, 2022, in accordance with the rates, terms and conditions set forth herein; and

WHEREAS, EOHHS and the Contractor amended the First Amended and Restated Contract on December 29, 2017 (Amendment #1); January 31, 2018 (Amendment #2); October 3, 2018 (Amendment #3); December 21, 2018 (Amendment #4); January 10, 2019 (Amendment 5), June 5, 2019 (Amendment #6); October 7, 2019 (Amendment #7); December 31, 2019 (Amendment

#8); June 8, 2020 (Amendment #9); December 2, 2020 (Amendment #10); December 29, 2020 (Amendment #11); June 1, 2021 (Amendment #12); August 3, 2021 (Amendment #13); December 21, 2021 (Amendment #14); December 28, 2021 (Amendment #15) and

WHEREAS EOHHS and the Contractor agree that the rates and terms stated herein are subject to the approval of the federal Centers for Medicare and Medicaid Services (CMS);

NOW, THEREFORE, in consideration of the mutual undertakings, EOHHS and the Contractor agree to amend the BHP MSS Contract as follows:

SECTION 1. DEFINITION AND ACROYNMS

1. **Section 1.1** is hereby amended by alphabetically inserting the following definition:

"Actuarially Sound Capitation Rates – capitation rates that, as described in 42 CFR 438.4, have been developed in accordance with generally accepted actuarial principles and practices; are appropriate for the populations to be covered and the services to be furnished under the contract; have been certified as meeting the requirements of 42 CFR 438.4 by actuaries who meet the qualification standards established by the American Academy of Actuaries and follow the practice standards established by the Actuarial Standards Board; and have been approved by CMS. This includes capitation rates based on public or private payment rates for comparable services for comparable populations, consistent with actuarially sound principles as defined at 42 CFR 457.10."

SECTION 4. CLINICAL SERVICES AND UTILIZATION MANAGEMENT

2. **Section 4.17.D** is hereby amended by adding at the end therein the following:

“6. For dates of service on or after February 1, 2022, the Contractor is required to pay a fifteen percent (15%) rate increase over the Contractor’s negotiated rates starting on the effective date of the Contractor’s Behavioral Health Urgent Care contract for the specified services provided at Mental Health Center locations in the Contractor’s network that are designated as Behavioral Health Urgent Care provider sites. The Contractor is required to pay these rates by using the appropriate codes, as detailed in Table 1 of Managed Care Entity Bulletin 83, with the Urgent Care modifier, GJ. These codes may be subject to modification or change as directed by EOHHS. EOHHS will inform the Contractor which MHCs have been designated as Behavioral Health Urgent Care providers.”

SECTION 10. PAYMENTS AND FINANCIAL PROVISIONS

3. **Section 10** is hereby amended by adding at the end therein the following section:

**“Section 10.18 Payments for the Department of Public Health Emergency
Department Boarding Reduction Grant Initiatives**

- A. In CY22, EOHHS shall issue payments to the Contractor, in an amount and frequency specified in **Appendix H-1**, in support of DPH Emergency Department (ED) Boarding Reduction Grant Initiatives aimed at reducing ED boarding.
- B. The Contractor shall expend the amount described in **Appendix H-1**, to provide grants to address ED boarding through staffing investments and rate incentives associated with fully operationalizing intensive community based acute treatment and community based acute treatment.
 - 1. The Contractor shall fund staffing investments for culturally and linguistically-competent workforce recruitment, retention and training, such as hiring and retention incentives and loan repayment programs; and
 - 2. The Contractor shall give priority to grants that support new beds that would be located in underserved areas of the Commonwealth.”

APPENDICES

- 4. **Appendix H-1** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix H-1**.
- 5. **Appendix L** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix L**.
- 6. **Appendix M** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix M**.

APPENDIX H-1

PAYMENT AND RISK SHARING PROVISIONS

Capitation Rates for Contract Year 2022: January 1, 2022, through December 31, 2022.

Section 1. MassHealth Capitation Payment

A. Per-Member Per-Month (PMPM) Capitation Rates for Contract Year 2022 (CY22) (pursuant to Section 10.2 of the Contract)

a. PCC and TPL: PMPM (\$) Rates January 1, 2022 – June 30, 2022

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	58.02	52.40	16.20	0.52	4.98	132.12
Rating Category I Adult	49.54	-		8.13	4.95	62.62
Rating Category I TPL	6.15	31.98	5.82	0.33	4.06	48.34
Rating Category II Child	164.63	173.03	272.26	1.11	10.95	621.98
Rating Category II Adult	192.89	-		7.81	11.78	212.48
Rating Category II TPL	17.21	112.87	62.43	0.71	8.38	201.60
Rating Category IX	83.22			16.93	5.69	105.84
Rating Category X	462.63			118.27	16.75	597.65

b. Primary Care ACO: PMPM (\$) Rates January 1, 2022 - June 30, 2022

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	26.92	28.16	7.44	0.31	3.43	66.26
Rating Category I Adult	47.74			8.65	3.80	60.19
Rating Category II Child	122.15	191.48	220.26	0.39	8.60	542.88
Rating Category II Adult	226.51			16.09	10.40	253.00
Rating Category IX	96.41			25.30	4.61	126.32
Rating Category X	422.39			196.52	12.48	631.39

c. PCC and TPL: PMPM (\$) Rates July 1, 2022 – December 31, 2022

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	54.84	47.62	14.67	0.47	4.98	122.58
Rating Category I Adult	46.08			7.41	4.95	58.44
Rating Category I TPL	5.41	28.79	4.77	0.30	4.06	43.33
Rating Category II Child	157.20	157.23	247.02	1.01	10.95	573.41

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category II Adult	183.05			7.07	11.78	201.90
Rating Category II TPL	15.52	102.09	53.01	0.64	8.38	179.64
Rating Category IX	77.45			15.38	5.69	98.52
Rating Category X	435.85			108.13	16.75	560.73

d. Primary Care ACO (ACO B): PMPM (\$) Rates (July 1, 2022 to December 31, 2022)

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	25.33	25.54	6.73	0.28	3.43	61.31
Rating Category I Adult	44.43			7.82	3.80	56.05
Rating Category II Child	115.80	174.00	200.15	0.35	8.60	498.90
Rating Category II Adult	214.73			14.71	10.40	239.84
Rating Category IX	89.79			22.88	4.61	117.28
Rating Category X	397.56			179.62	12.48	589.66

B. Risk Sharing Corridors for Contract Period CY22, for the Medical Services rates Component of Rating Categories Child I, Adult I, Child II, Adult II, I-TPL, II-TPL, IX, and X (pursuant to Section 10.6 of the Contract) for PCC and TPL programs

1. Gain on the Medical Services Capitation Rates excluding CBHI, ABA and SUD Services

The amount of the Gain on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are less than the Total Medical Services Capitation Payment for Contract Year 2022. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	Contractor Share
Between 0 and 1.5%	0%	100%
>1.5%	100%	0%

2. Loss on the Medical Services Capitation Rates excluding CBHI, ABA and SUD Services

The amount of the Loss on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are greater than the Total Medical Services Capitation Payment for Contract Year 2022. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Between 0 and 1.5%	0%	100%
>1.5%	100%	0%

C. Risk Sharing Corridors for CY22 for the Medical Services Rates Component of Rating Categories Child I, Adult I, Child II, Adult II, IX, and X (pursuant to Section 10.6 of the Contract) for the Primary Care ACO program,

1. Gain on the Medical Services Capitation Rates excluding CBHI, ABA and SUD Services

The amount of the Gain on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are less than the Total Medical Services Capitation Payment for the CY22. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	Contractor Share
Between 0 and \$100,000	99%	1%
>\$100,000	100%	0%

2. Loss on Medical Services Capitation Rates excluding CBHI, ABA and SUD Services

The amount of the Loss on the Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are greater than the Total Medical Services Capitation Payment for the CY22. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Between 0 and \$100,000	99%	1%
>\$100,000	100%	0%

D. Risk Sharing Corridors for Contract Year 2022 effective January 1, 2022, through December 31, 2022, for CBHI, ABA and SUD Services for PCC, TPL and Primary Care ACO programs:

The Contractor and EOHHS shall share risk for CBHI, ABA and SUD Services in accordance with the following provisions:

1. For Contract Year 2022, EOHHS shall conduct separate reconciliations with respect to CBHI, ABA and SUD Services, as follows:

- a. EOHHS will first determine the amount paid to the Contractor by EOHHS for CBHI, ABA and SUD Services for Contract Year 2022, by multiplying the following:
 - i. The CBHI, ABA and SUD Add-On rates determined by EOHHS and provided to the Contactor in **Section 1.A** above; by
 - ii. The number of applicable member months for the period.
- b. EOHHS will then determine the Contractor's expenditures for CBHI, ABA and SUD Services for Contract Year 2022, using claims data submitted in the report described in **Section D.2** below and Encounter Data submitted by the Contractor.

If the amount paid to the Contractor, as determined by the calculation described in Section D.1.a above, is greater than the Contractor's expenditures, as determined by the calculation described in Section D.1.b above, then the Contractor shall be considered to have experienced a gain with respect to CBHI, ABA and SUD Services for Contract Year 2022. EOHHS and the Contractor shall share such gain in accordance with the table below for CBHI, ABA, and SUD services:

Gain	MassHealth Share	Contractor Share
Between \$0 and \$100,000	99%	1%
> \$100,000	100%	0%

If the amount paid to the Contractor, as determined by the calculation described in **Section D.1.a** above, is less than the Contractor's expenditures, as determined by the calculation described in **Section D.1.b.** above, then the Contractor shall be considered to have experienced a loss with respect to CBHI, ABA and SUD Services for Contract Year 2022. EOHHS and the Contractor shall share such loss in accordance with the table below:

Loss	MassHealth Share	Contractor Share
Between \$0 and \$100,000	99%	1%
> \$100,000	100%	0%

2. To assist with the reconciliation process for CBHI, ABA and SUD Services described above, the Contractor shall, within 180 days after the end of Contract Year 2022, submit claims data with respect to CBHI, ABA and SUD services in the form and formats specified in **Appendix E**.

Section 2. MassHealth Other Payments

A. Care Management Program

The Contractor shall calculate and report on the number of engaged enrollees in the Practice Based Care Management program (PBCM) on a monthly basis and shall be paid an Engagement PPPM, upon EOHHS review and approval, on a quarterly basis.

Base Per-Participant Per-Month (PPPM) Rate for Practice Based Care Management Contract.

Engagement:

Per Participant Per Month.....\$175.00

B. Performance Incentives Arrangements

Total Performance Incentive Payments detailed in appendix G, may not exceed 105 percent of approved Capitation Payments attributable to the Covered Individuals or services covered by the Contract.

The Performance Incentive Payments for Contract Year 2022 will be a total of \$3,000,000.

C. PCC Plan Management Support

Base Per-Member (PCC Enrollees Only) Rate for PCC Plan Management Support.

Per Participant Per Month.....\$1.25

Section 3. DMH Compensation Payments (Non-MassHealth Payments)

A. DMH Payments for the Contract (pursuant to Section 10.9 of the Contract)

The total Contract Year 2022 DMH Compensation Payment for the Specialty Programs through December 31, 2022, shall be \$8,698,388.00, as described in Sections 3.B-3.E below.

B. DMH ESP Program for Uninsured Individuals Service Compensation Rate Payment (pursuant to Sections 3.4, 10.9 and 10.10 of the Contract)

The DMH ESP Program for Uninsured Individuals Service Compensation Rate Payment shall consist of the following amounts:

1. The Contract Year 2022 amount shall be \$6,880,000.
2. The monthly payment shall be \$573,333.33.

C. DMH ESP Expansion -- Safety initiatives:

1. The DMH ESP safety initiative payment shall be \$1,403,388 for Contract Year 2022.
2. The monthly payment amount shall be \$116,949.00.

D. DMH Specialty Program Administrative Compensation Rate Payment (pursuant to Section 10.9.A of the Contract)

The DMH Specialty Program Administrative Compensation Rate Payment shall be \$185,000 for Contract Year 2022.

1. Indirect Costs shall not exceed 3.5% of Direct Costs.
2. The total of Direct Costs plus Indirect Costs shall not exceed \$173,545
3. Earnings shall be 6.6% of the total direct and indirect costs.
4. Earnings shall be \$11,455 for Contract Year 2022.
5. The amount of the monthly DMH Specialty Program Administrative Compensation Rate Payment shall be \$15,416.66.

E. DMH Payments for Forensic Services and other Forensic Evaluations (pursuant to Sections 4.6 and 10.9.B of the Contract)

1. The Forensic Evaluations (known as “18(a)”) amount for the Contract Year 2022 shall be \$230,000. EOHHS will issue this amount as one-time payment during the contract period.
2. The Contractor shall return to EOHHS any portion of the DMH Payments for Forensics Services amount that it does not spend on Forensic Evaluations as identified in the annual reconciliation of the Contract Year 2022 within 60 days of the identification of such under spending unless otherwise agreed to by the parties.

F. Massachusetts Child Psychiatric Access Project (MCPAP) (pursuant to Section 10.9.A of the Contract)

1. The DMH Payment for MCPAP services for Contract Year 2022 shall be \$3,825,000.
2. The monthly payment for MCPAP services shall be \$314,583.33, except for the month of June 2022
3. The monthly payment for June 2022 shall be 364,583.33.
4. The DMH payment for MCPAP administrative compensation for Contract Year 2022 shall be \$424,000.
 - a. The amount of the monthly DMH MCPAP Program Administrative Compensation Rate Payment shall be \$35,333.33.
 - b. Indirect Costs shall not exceed 3.5% of Direct Costs.
 - c. The total of Direct Costs plus Indirect Costs shall not exceed \$397,749.
 - d. Earnings shall be 6.6% of the total direct and indirect costs.

- e. Earnings shall be \$26,251 for the Contract Year 2022.
- 5. The DMH Contract Year 2022 Payment for the Massachusetts School Nurse Liaison Project described in Section 4.5 of the contract shall be \$200,000. This payment will be issued in installments and a frequency to be determined by EOHHS.
- 6. The DMH Contract Year 2022 Payment for the Massachusetts Chapter of Postpartum Support International (PSI) project, described in Section 4.5 of the contract, shall be \$100,000. This payment will be issued in installments and at a frequency to be determined by EOHHS.
- 7. The Contractor shall return to EOHHS any portion of the DMH Payment for MCPAP that it does not spend on the MCPAP services identified in the annual reconciliation for Contract Year 2022, within 60 days of the identification of such unspent portion unless otherwise agreed to by the parties

G. DMH Payment for Behavioral Health Urgent Care (BHUC) Program Services for Individuals Impacted by COVID-19

The Contractor shall apply any residual funds issued in CY21 towards stipulated activities in CY22 through December 31, 2022. The Contractor is also authorized to apply the \$207,677 allocated to administrative costs in CY21 to the provision of BHUC services through December 31, 2022.

EOHHS shall not issue new funds for BHUC services in CY22.

Any unspent funds shall be returned to EOHHS unless the contractor is directed otherwise.

Section 4. Other Non-MassHealth Payments

A. DCF -Mobile Crisis Intervention/Runaway Assistance Program (MCI/RAP) Payment Provisions

Contingent upon receipt of funding from DCF, EOHHS shall pay the Contractor \$5,000 for each of the Contractor's Emergency Services Programs that contract with the Contractor to operate the MCI/RAP in accordance with **Section 4.9** for Contract Year 2022.

B. Autism Spectrum Disorder - Intellectual Disability for MCPAP (ASD-ID)

For Contract Year 2022 EOHHS shall pay the Contractor \$650,000.00 in support of the ASD-ID for MCPAP described in Section 4.5 of the contract. EOHHS shall determine the disbursement frequency for the CY22 funds. The ASD-ID for MCPAP spending shall not exceed the funding amount set forth in this sub-section. Any unspent funds at the end of the Contract period shall carry-over and be applied towards the ASD-ID for MCPAP activities in subsequent contract periods, if any. EOHHS reserves the right to require reporting on expenditures related to this program.

C. Massachusetts Consultation Services for the Treatment of Addiction and Pain (MCSTAP) Payment

Pursuant to Section 2 of Chapter 24 of the Acts of 2021, that provides, in relevant part, that “...not less than \$400,000 shall be expended for the Massachusetts Consultation Service for Treatment of Addiction and Pain to provide case management and care navigation support to assist healthcare facilities, individual practitioners and other healthcare providers, including, but not limited to, nurse case managers, social workers and recovery coaches, in providing care and identifying community-based providers for referral for pain management and treatment of substance use disorder,” the payment for MCSTAP program in Contract Year 2022 shall be \$400,000.

D. DPH Early Childhood MCPAP Payment

Contingent upon receipt of funding from DPH, EOHHS shall pay the Contractor \$264,379.00 in support of the Early Childhood MCPAP program described in Section 4.5 of the contract. EOHHS shall determine the disbursement frequency for the CY22 funds. The early childhood program spending shall not exceed the funding amount set forth in this sub-section. Any unspent funds at the end of the Contract period shall carry-over and be applied towards early childhood program activities in the subsequent contract period, unless otherwise directed by EOHHS. EOHHS reserves the right to require reporting on expenditures related to this program in a format and frequency that EOHHS and/or DPH may specify.

E. DPH Emergency Department (ED) Boarding Grant Initiatives Payment

Contingent upon receipt of funding from DPH, EOHHS shall pay the Contractor \$2,500,000 in support of ED boarding initiatives described in Section 10.18 of the Contract. EOHHS shall determine the disbursement frequency of the funds. The ED boarding initiatives spending shall not exceed the funding amount set forth in this sub-section. Any unspent funds at the end of the contract period shall be returned to EOHHS unless otherwise directed. EOHHS reserves the right to require reporting on expenditures related to the ED boarding in a form and frequency determined by EOHHS.

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/Modifier Combinations Procedure Description	Unit Cost
MH and SA OP Services	90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$ 189.34
MH and SA OP Services	90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 151.95
MH and SA OP Services	90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 130.44
MH and SA OP Services	90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$ 131.51
MH and SA OP Services	90791	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychiatric Diagnostic Evaluation	\$ 117.41
MH and SA OP Services	90791	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychiatric Diagnostic Evaluation	\$ 65.22
MH and SA OP Services	90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$ 58.71
MH and SA OP Services	90791	HA-CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 204.34
MH and SA OP Services	90791	HA-CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 166.95
MH and SA OP Services	90791	HA-CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 145.44
MH and SA OP Services	90791	HA-CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 146.51
MH and SA OP Services	90791	HA-CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 132.41
MH and SA OP Services	90791	HA-CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 80.22
MH and SA OP Services	90791	HA-CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 73.71
MH and SA OP Services	90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 119.82
MH and SA OP Services	90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 103.92
MH and SA OP Services	90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$ 95.06
MH and SA OP Services	90832	UG-Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.60
MH and SA OP Services	90832	U6-Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$ 45.54
MH and SA OP Services	90832	AH-Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 44.22
MH and SA OP Services	90832	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$ 42.96
MH and SA OP Services	90832	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	\$ 42.96
MH and SA OP Services	90832	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$ 29.94
MH and SA OP Services	90832	U3-Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes	\$ 22.11
MH and SA OP Services	90832	U4-Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 21.44
MH and SA OP Services	90833	U6-Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 31.77
MH and SA OP Services	90833	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 31.77
MH and SA OP Services	90834	UG-Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$ 105.18
MH and SA OP Services	90834	U6-Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$ 92.42
MH and SA OP Services	90834	AH-Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 87.17
MH and SA OP Services	90834	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$ 85.91

* See Section 2.7.C.2.e.1 for adjustment to unit cost if using CANS Tool.

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/ Modifier Combinations Procedure Description	Unit Cost
MH and SA OP Services	90834	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$ 85.91
MH and SA OP Services	90834	U3-Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes	\$ 43.62
MH and SA OP Services	90834	U4-Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 42.96
MH and SA OP Services	90836	U6-Doctoral Level (MD / DO)	Add-On Code: Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 51.58
MH and SA OP Services	90836	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code: Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 51.58
MH and SA OP Services	90837	UG-Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$ 105.18
MH and SA OP Services	90837	U6-Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$ 92.42
MH and SA OP Services	90837	AH-Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$115.94
MH and SA OP Services	90837	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$114.26
MH and SA OP Services	90837	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$114.26
MH and SA OP Services	90837	U3-Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes	\$ 43.62
MH and SA OP Services	90837	U4-Intern (Master's)	Psychotherapy, 60 minutes	\$ 42.96
MH and SA OP Services	90838	U6-Doctoral Level (MD / DO)	Add-On Code: Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 83.11
MH and SA OP Services	90838	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code: Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 83.11
MH and SA OP Services	90846	UG-Doctor Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 128.56
MH and SA OP Services	90846	U6-Doctor Level (MD/DO)	Family Psychotherapy (without patient present)	\$ 97.84
MH and SA OP Services	90846	AH-Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 91.34
MH and SA OP Services	90846	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 88.68
MH and SA OP Services	90846	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	\$ 88.68
MH and SA OP Services	90846	U3-Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (without patient present)	\$ 45.66
MH and SA OP Services	90846	U4-Intern (Master's)	Family Psychotherapy (without patient present)	\$ 44.34
MH and SA OP Services	90847	UG-Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 128.56
MH and SA OP Services	90847	U6-Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 97.84
MH and SA OP Services	90847	AH-Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 91.34
MH and SA OP Services	90847	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 88.68
MH and SA OP Services	90847	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 88.68
MH and SA OP Services	90847	U3-Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 45.66
MH and SA OP Services	90847	U4-Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 44.34

* See Section 2.7.C.2.e.1 for adjustment to unit cost if using CANS Tool.

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/Modifier Combinations	Unit Cost
MH and SA OP Services	90849	UG-Doctor Level (Child Psychiatrist)	Multi-family group psychotherapy	42.08
MH and SA OP Services	90849	U6-Doctor Level (MD/DO)	Multi-family group psychotherapy	35.31
MH and SA OP Services	90849	AH-Doctor Level (PHD, PsyD, EdD)	Multi-family group psychotherapy	32.60
MH and SA OP Services	90849	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	30.00
MH and SA OP Services	90849	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	22.17
MH and SA OP Services	90849	U3-Intern (PHD, PsyD, EdD) / or MAT	Multi-family group psychotherapy	16.33
MH and SA OP Services	90849	U4-Intern (Master's)	Multi-family group psychotherapy	15.00
MH and SA OP Services	90853	UG-Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$ 42.08
MH and SA OP Services	90853	U6-Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$ 35.31
MH and SA OP Services	90853	AH-Doctoral Level (PHD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 32.60
MH and SA OP Services	90853	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$ 30.00
MH and SA OP Services	90853	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	\$ 30.00
MH and SA OP Services	90853	U3-Intern (PHD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)	\$ 16.33
MH and SA OP Services	90853	U4-Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$ 15.00
MH and SA OP Services	90882	UG-Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 46.46
MH and SA OP Services	90882	U6-Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 40.30
MH and SA OP Services	90882	AH-Doctoral Level (PHD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 21.79
MH and SA OP Services	90882	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 34.87
MH and SA OP Services	90882	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 21.48
MH and SA OP Services	90882	U3-Intern (PHD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 10.91
MH and SA OP Services	90882	U4-Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 10.74
MH and SA OP Services	90887	UG-Doctoral Level (Child Psychiatrist)	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	\$ 46.46
MH and SA OP Services	90887	U6-Doctoral Level (MD / DO)	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	\$ 40.30
MH and SA OP Services	90887	AH-Doctoral Level (PHD, PsyD, EdD)	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	\$ 21.79
MH and SA OP Services	90887	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	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	\$ 34.87
MH and SA OP Services	90887	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	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	\$ 21.48

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/ Modifier Combinations	Unit Cost
MH and SA OP Services	90887		U3-Intern (PhD, PsyD, EdD) / or MAT 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	\$ 10.91
MH and SA OP Services	90887		U4-Intern (Master's) 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	\$ 10.74
MH and SA OP Services	96372		U6 - Doctoral Level (MD / DO) Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 28.41
MH and SA OP Services	96372		SA - Nurse Practitioner/Board Certified RNCS and APRN-BC Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 21.11
MH and SA OP Services	97810	N/A	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact	\$ 19.84
MH and SA OP Services	97811	N/A	Add-On Code; Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s).	\$ 19.84
MH and SA OP Services	99202		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for New Patient, 15-29 minutes	\$ 68.41
MH and SA OP Services	99202		U6-Doctoral Level (MD / DO) Evaluation and Management for New Patient, 15-29 minutes	\$ 59.33
MH and SA OP Services	99202		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for New Patient, 15-29 minutes	\$ 55.25
MH and SA OP Services	99203		UG- Doctoral Level (Child Psychiatrist) Evaluation and Management for New Patient, 30-44 minutes	\$ 98.68
MH and SA OP Services	99203		U6-Doctoral Level (MD / DO) Evaluation and Management for New Patient, 30-44 minutes	\$ 85.58
MH and SA OP Services	99203		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for New Patient, 30-44 minutes	\$ 79.46
MH and SA OP Services	99204		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for New Patient, 45-59 minutes	\$ 149.09
MH and SA OP Services	99204		U6-Doctoral Level (MD / DO) Evaluation and Management for New Patient, 45-59 minutes	\$ 129.30
MH and SA OP Services	99204		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for New Patient, 45-59 minutes	\$ 121.14
MH and SA OP Services	99205		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for New Patient, 60-74 minutes	\$ 185.17
MH and SA OP Services	99205		U6-Doctoral Level (MD / DO) Evaluation and Management for New Patient, 60-74 minutes	\$ 160.59
MH and SA OP Services	99205		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for New Patient, 60-74 minutes	\$ 150.39
MH and SA OP Services	99211		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for an Established Patient, 5 minutes	\$ 19.88
MH and SA OP Services	99211		U6-Doctoral Level (MD / DO) Evaluation and Management for an Established Patient, 5 minutes	\$ 17.24
MH and SA OP Services	99211		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for an Established Patient, 5 minutes	\$ 15.71
MH and SA OP Services	99212		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for an Established Patient, 10-19 minutes	\$ 40.99
MH and SA OP Services	99212		U6-Doctoral Level (MD / DO) Evaluation and Management for an Established Patient, 10-19 minutes	\$ 35.55
MH and SA OP Services	99212		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for an Established Patient, 10-19 minutes	\$ 32.49
MH and SA OP Services	99213		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for an Established Patient, 20-29 minutes	\$ 73.98
MH and SA OP Services	99213		U6-Doctoral Level (MD / DO) Evaluation and Management for an Established Patient, 20-29 minutes	\$ 63.15
MH and SA OP Services	99213		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for an Established Patient, 20-29 minutes	\$ 54.84
MH and SA OP Services	99214		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for an Established Patient, 30-39 minutes	\$ 130.89
MH and SA OP Services	99214		U6-Doctoral Level (MD / DO) Evaluation and Management for an Established Patient, 30-39 minutes	\$ 86.37
MH and SA OP Services	99214		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for an Established Patient, 30-39 minutes	\$ 77.46
MH and SA OP Services	99215		UG-Doctoral Level (Child Psychiatrist) Evaluation and Management for an Established Patient, 40-54 minutes	\$ 130.89
MH and SA OP Services	99215		U6-Doctoral Level (MD / DO) Evaluation and Management for an Established Patient, 40-54 minutes	\$ 113.52
MH and SA OP Services	99215		SA-Nurse Practitioner/Board Certified RNCS and APRN-BC Evaluation and Management for an Established Patient, 40-54 minutes	\$ 103.84
MH and SA OP Services	99231		UG-Doctoral Level (Child Psychiatrist) Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 70.97
MH and SA OP Services	99231		U6-Doctoral Level (MD / DO) Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 53.88
MH and SA OP Services	99231		AH-Doctoral Level (PhD, PsyD, EdD) Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 51.72

* See Section 2.7.C.2.e.1 for adjustment to unit cost if using CANS Tool.

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/ Modifier Combinations Procedure Description	Unit Cost
MH and SA OP Services	99231	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 43.15
MH and SA OP Services	99232	UG-Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 106.46
MH and SA OP Services	99232	UG-Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 80.17
MH and SA OP Services	99232	AH-Doctoral Level (PHD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 76.96
MH and SA OP Services	99232	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 64.21
MH and SA OP Services	99233	UG-Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 141.96
MH and SA OP Services	99233	UG-Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 106.90
MH and SA OP Services	99233	AH-Doctoral Level (PHD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 102.62
MH and SA OP Services	99233	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 85.62
MH and SA OP Services	99251	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 20 minutes	\$ 95.22
MH and SA OP Services	99251	UG-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 20 minutes	\$ 72.27
MH and SA OP Services	99251	AH-Doctoral Level (PHD, PsyD, EdD)	Initial Inpatient Consultation, 20 minutes	\$ 69.38
MH and SA OP Services	99251	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 57.88
MH and SA OP Services	99252	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 40 minutes	\$ 142.83
MH and SA OP Services	99252	UG-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 40 minutes	\$ 107.56
MH and SA OP Services	99252	AH-Doctoral Level (PHD, PsyD, EdD)	Initial Inpatient Consultation, 40 minutes	\$ 103.25
MH and SA OP Services	99252	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 86.15
UG-MH and SA OP Services	99253	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	\$ 190.43
MH and SA OP Services	99253	UG-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	\$ 143.40
MH and SA OP Services	99253	AH-Doctoral Level (PHD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	\$ 137.67
MH and SA OP Services	99253	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$ 114.86
MH and SA OP Services	99254	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$ 255.41
MH and SA OP Services	99254	UG-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$ 191.80
MH and SA OP Services	99254	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$ 153.64
MH and SA OP Services	99255	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 336.47
MH and SA OP Services	99255	UG-Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 252.34
MH and SA OP Services	99255	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 202.12
MH and SA OP Services	99281	UG-Doctoral Level (MD/DO)	Emergency Department visit for the evaluation and management of a patient, which requires 3 key components: A problem-focused history; A problem-focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	\$ 18.31
MH and SA OP Services	99282	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem-focused history; An expanded problem-focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 32.15
MH and SA OP Services	99282	UG-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 30.62

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/Modifier Combinations	Unit Cost
MH and SA OP Services	99282	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 29.73
MH and SA OP Services	99283	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 48.65
MH and SA OP Services	99283	UG-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 46.34
MH and SA OP Services	99283	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 44.99
MH and SA OP Services	99284	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 91.44
MH and SA OP Services	99284	UG-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 87.09
MH and SA OP Services	99284	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 84.55
MH and SA OP Services	99285	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 135.25

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/ Modifier Combinations	Unit Cost
MH and SA OP Services	99285	U6-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 128.81
	99285	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 123.91
MH and SA OP Services	99402	AH-Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$ 40.98
MH and SA OP Services	99402	U3-Intern (PhD, PsyD, EdD) / or MAT	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$ 20.50
MH and SA OP Services	99404	U6-Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 177.11
MH and SA OP Services	99404	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 153.27
MH and SA OP Services	99417	U6-Doctoral Level (MD / DO)	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08
MH and SA OP Services	99417	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08
Diversionary Services	H0015	N/A	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 - SOAP with Motivational Interviewing Counseling)	\$ 80.30
	H0015	N/A	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 - SOAP with Motivational Interviewing)	\$ 71.59
Diversionary Services	H0037	N/A	Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	\$ 654.13
Diversionary Services	H0038	HF-Substance Abuse Program	Recovery Coaching – A non-clinical service provided (in 15 minutes increments) by a trained recovery advocate who provides guidance and coaching for individuals to meet their recovery goals	101 CMR 346
Diversionary Services	H2012	N/A	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	101 CMR 307.00
Diversionary Services	H2012	N/A	Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment)	101 CMR 307.00
Diversionary Services	H2015	N/A	Comprehensive community support services, per 15 minutes (Community Support Program)	\$ 13.97
Diversionary Services	H2015	HF-Substance Abuse Program	Recovery Support Navigator – Self-help/peer service by a recovery advocate trained in Recovery Coaching. Rate is 15-minutes increments.	101 CMR 444.00
Diversionary Services	H2016	HE-Mental Health Program	When directed by EOHHS, Comprehensive community support services, per diem (Community Support Program (CSP) for members residing in DHCD-funded new temporary shelters)	\$ 17.30
Diversionary Services	H2016	IH-Integrated Mental Health/Substance Abuse Program	Effective on the later of October 1, 2021 or the date on which CMS approves these services, comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with	\$17.23

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/ Modifier Combinations	Unit Cost
Diversionary Services	H2016	HM-Less than bachelor degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346.00
Diversionary Services	H2020	N/A	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversionary Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	\$ 175.19
Diversionary Services	S9484	N/A	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	N/A	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
MH and SA OP Services	H0020	N/A	Alcohol and/or drug services; methadone administration and/or service (Dosing)	\$ 11.43
MH and SA OP Services	H0020/T1006	N/A	Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes	\$ 84.79
MH and SA OP Services	H0020/H0005	N/A	Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes	\$ 28.68
MH and SA OP Services	H0020	N/A	Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes	\$ 41.16
MH and SA OP Services	H0004	N/A	Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes	\$ 20.58
Adult ESP Services	S9485	U1-ESP - Mobile Non-Emergency Department / or MAT	Crisis intervention mental health services, per diem (Emergency Service Program Mobile Non-Emergency Department)	\$ 819.64
Adult ESP Services	S9485	U1-ESP - Mobile Non-Emergency Department / or MAT	Crisis intervention mental health service, per diem (Emergency Service Program Mobile Non-Emergency Department - Uninsured)	\$ 505.85
Adult ESP Services	S9485	HE-Mental Health Program	Crisis intervention mental health services, per diem (Emergency Service Program Community Based)	\$ 744.23
Adult ESP Services	S9485	HE-Mental Health Program	Crisis intervention mental health services, per diem (Emergency Service Program Community Based - Uninsured)	\$ 505.85
Adult ESP Services	S9485	HB-Adult Program, non-geriatric	Crisis intervention mental health services, per diem (Emergency Service Program Hospital Emergency Room)	\$ 505.85
Adult ESP Services	S9485	ET-Emergency Services	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 1)	\$ 505.53
Adult ESP Services	S9485	TF-Intermediate level of care	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 2-5)	\$ 505.53
Adult ESP Services	S9485	TG-Complex level of care	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 6 and After)	\$ 505.53
Other Outpatient	90870	N/A	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95
Other Outpatient	96112	AH-Doctoral Level (PhD, PsyD, EdD)	Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders)	\$ 180.72
Other Outpatient	96113	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing)	\$ 90.36
Other Outpatient	96116	AH-Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	\$ 120.46
Other Outpatient	96121	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 120.46
Other Outpatient	96130	AH-Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integrating 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	\$ 91.39
Other Outpatient	96131	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39

* See Section 2.7.C.2.e.1 for adjustment to unit cost if using CANS Tool.

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L – Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/ Modifier Description	Unit Cost
Other Outpatient	96132	AH-Doctoral Level (PhD, PsyD, EdD)	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	\$ 91.39
Other Outpatient	96133	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39
Other Outpatient	96136	AH-Doctoral Level (PhD, PsyD, EdD)	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)	\$ 45.70
Other Outpatient	96137	Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 45.70
Other Outpatient	96138	N/A	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$ 22.85
Other Outpatient	96139	N/A	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 22.85
Other Outpatient	H0032	HO-HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$ 166.67
Other Outpatient	H0046	UG-Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$ 46.46
Other Outpatient	H0046	U6-Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$ 40.30
Other Outpatient	H0046	AH-Doctoral Level (PHD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.79
Other Outpatient	H0046	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$ 34.87
Other Outpatient	H0046	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U3-Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.91
Other Outpatient	H0046	U4-Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.74
Other Outpatient	H2028	N/A	Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement)	\$ 22.79
MH and SA OP Services	H0001	U1-ESP - Mobile Non-Emergency Department / or MAT	MAT - Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner)	\$ 146.93
MH and SA OP Services	H0033	N/A	MAT-Oral medication administration, with extended direct observation up to 2.5 hours (buprenorphine and associated drug screens, to be billed once during induction); may not be combined with H0033-U2	\$ 38.54
MH and SA OP Services	H0033	U3-Intern (PhD, PsyD, EdD) / or MAT	MAT-Oral medication administration, direct observation (oral naltrexone dosing)	\$ 9.45
MH and SA OP Services	H0047	N/A	MAT-Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens); may not be combined with H0033; may be billed once per each day a member receives medication	\$ 10.36
MH and SA OP Services	J0571	N/A	MAT-Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required)	\$ 0.80
MH and SA OP Services	J0572	N/A	MAT-Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit per day, may be combined with J0573 as medically necessary)	\$ 4.34
MH and SA OP Services	J0573		MAT-Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg, (may be billed in sufficient increments to achieve appropriate dose, may be combined with one unit of J0572 as medically necessary)	\$ 7.76

Appendix T: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Category of Service	Procedure Code	Modifier Group	Unique Code/Modifier Combinations	
			Procedure Description	Unit Cost
MH and SA OP Services	J2315		MAT-Injection, naltrexone, depot form, 1 mg (maximum of 360 mg, per month)	\$ 2.83
MH and SA OP Services	J3490		MAT-Unclassified drugs (Naltrexone, oral)	\$ 1.20

* See Section 2.7.C.2.e.1 for adjustment to unit cost if using CANS Tool.

List of Modifier Groups
UG -Doctoral Level (Child Psychiatrist)
U6 -Doctoral Level (MD / DO)
AH -Doctoral Level (PhD, PsyD, EdD)
SA -Nurse Practitioner/Board Certified RNCS and APRN-BC
HO -Master's Level
U3 -Intern (PhD, PsyD, EdD)
U4 -Intern (Master's)
U7 -CAC/CADAC

Appendix M

Directed Payments Related to Certain Behavioral Health Services

Exhibit 1: HCBS Temporary Rate Increases by Service

Exhibit 1A Summary of Certain Behavioral Health Rate Increases

Covered Service	Increase	Rate Increase Effective Date	Rate Increase End Date
Children's Behavioral Health Initiative (CBHI)	The tables below provide the revised state plan rates for CBHI services (see also 101 CMR 447). The Contractor shall pay CBHI providers at or above the MassHealth state plan rate. See Exhibit 1b below.	1/1/2022	6/30/2022

Exhibit 1B Children's Behavioral Health Initiative (CBHI) Rate Increase by Services

The table below details the revised state plan rates for CBHI services (see also 101 CMR 447).

Service Description	Code	Unit	Rate	Add-on	Total
Self-help/peer services, per 15 minutes (parent-caregiver peer-to-peer support service provided by a family partner)	H0038	15 minutes	\$18.58	\$1.86	\$20.44
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional)	H2011-HN	15 minutes	\$30.57	\$3.06	\$33.63
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)	H2011-HO	15 minutes	\$39.70	\$3.97	\$43.67
Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)	H2014-HN	15 minutes	\$15.02	\$1.50	\$16.52
Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician)	H2014-HO	15 minutes	\$28.48	\$2.85	\$31.33
Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician)	H2019-HN	15 minutes	\$16.79	\$1.68	\$18.47

Service Description	Code	Unit	Rate	Add-on	Total
Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)	H2019-HO	15 minutes	\$23.95	\$2.40	\$26.35
Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)	T1027-EP	15 minutes	\$15.64	\$1.56	\$17.20
Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day	H0023-HT	Per Day	\$51.93	\$5.19	\$57.12

Exhibit 2: Summary of Behavioral Health Services Rate Increases by Service

Behavioral Health Rate Increases by Service

Managed care plans must increase rates by 10% for the services set forth below for dates of service on or after January 1, 2022, through June 30, 2022.

Covered Service	MBHP
Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Support Services for Substance Use Disorders (including Individualized Treatment Services)	X
Applied Behavioral Analysis for members under 21 years of age (ABA Services)	X
Community-Based Acute Treatment for Children and Adolescents (CBAT)	X
Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	X
Early Intensive Behavioral Intervention	X
Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	X
Intensive Hospital Diversion	X
Intensive Outpatient Program (IOP)	X
Outpatient mental health services: • Case consultation • Collateral Contact • Couples/Family Treatment • Diagnostic Evaluation • Dialectical Behavioral Therapy (DBT) • Electro-Convulsive Therapy (ECT) • Family Consultation	X

Covered Service	MBHP
• Group Treatment • Individual Treatment • Inpatient-Outpatient Bridge Visit • Psychological Testing (including Psychological Neuropsychological Testing) • Special Education Psychological Testing • Medication Visit	
Partial Hospitalization (PHP)	X
Program of Assertive Community Treatment (PACT)	X
Psychiatric Day Treatment (Behavioral Health Day Treatment)	X
Recovery Coaching	X
Recovery Support Navigators (RSN)	X
Residential Rehabilitation Services for Substance Use Disorders (RRS)	X
Structured Outpatient Addiction Program (SOAP)	X
SUD Clinic Services: • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Opioid Treatment Services including counseling services	X
Transitional Care Unit (TCU)	X

Behavioral Health Services

The Contractor must increase its rates for the services set forth in **Appendix L** of the Behavioral Vendor Contract and include any additional services as set forth in **MCE Bulletin 83** with the exception of the following services:

- Certain Consult codes and E&M codes (99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99417), Specialing (T1004), ASAP (H2028), SUD medication (J0571, J0572, J0573, J2315, J3490)

The Contractor must additionally increase rates for the following services:

- TCU – Transitional Care Unit (Rev codes 0100, 0114, 0124, 0134, 0144, 0154), ABA – Applied Behavioral Analysis (H2012-U2, H0032-U2, H0031-U2, H2019-U2, 97156, IOP – Intensive Outpatient Psychiatric (Rev Code 0905, 0906, CPT 90834), , Early Intensive Behavioral Intervention (H2012-TL, H0032-TL, H0031-TL, H2019-TL, 97156-TL) PACT – Program of Assertive Community Treatment (H0040, ATS H0011 or rev code 907 for MBHP), RSS and COE RRS (H0019 or H0019-HH), CSS (H0010 or rev code 907 for MBHP), CSP for

Chronically Homeless Individuals (CSP-CHI) (H2016-HK), CSP – Social Impact Financing, (CSP-SIF) (H2016-SE).