

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 446.00: COVID-19 AND PUBLIC HEALTH EMERGENCY PAYMENT RATES FOR
CERTAIN COMMUNITY HEALTH CARE PROVIDERS

Section

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446.01: General Provisions

- (1) Scope and Purpose. 101 CMR 446.00 governs the rates of payment to certain community health care providers to be used by all governmental units for services provided to publicly aided individuals. The rates set forth in 101 CMR 446.03(5) also apply to such services paid for by governmental units for individuals covered by M.G.L. c. 152 (the Workers' Compensation Act). These rates are for services related to Coronavirus Disease 2019 (COVID-19).
- (2) Applicable Dates of Service. Rates in 101 CMR 446.00 apply for dates of service on or after October 1, 2024, except as otherwise noted.
- (3) Disclaimer of Authorization of Services. 101 CMR 446.00 is not authorization for or approval of the services for which rates are determined pursuant to 101 CMR 446.00. Governmental units that purchase services are responsible for the definition, authorization, and approval of care and services provided to publicly aided individuals.
- (4) Coverage. The rates of payment in 101 CMR 446.00 constitute payment in full for all services provided by an eligible provider, including administration and professional supervision services. The payment rates will apply to services set forth in 101 CMR 446.00 provided by eligible providers to publicly aided individuals under the conditions described by the purchasing governmental unit.
- (5) Coding Updates and Corrections. EOHHS may publish service code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including, but not limited to, the *Healthcare Common Procedure Coding System (HCPCS)*. The publication of such updates and corrections will list
 - (a) codes for which the code numbers change, with the corresponding cross references between existing and new codes and the codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;
 - (b) codes for which the code number remains the same but the description has changed;
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing, or codes that had been previously added at individual consideration (I.C.). EOHHS may list and price these codes according to the rate methodology used in setting rates when Medicare fees are available. When Medicare fees are not available, EOHHS may apply I.C. payment for these codes until appropriate rates can be developed.
- (6) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 446.00, or to issue coding updates and corrections under 101 CMR 446.01(5).

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446.02: Definitions

As used in 101 CMR 446.00, terms have the meanings in 101 CMR 446.02, except as otherwise provided.

Commonwealth COVID-19 Vaccination Plan. The plan describing the administration of COVID-19 vaccinations within the Commonwealth, available at www.mass.gov/info-details/covid-19-vaccine-information.

Eligible Additional Individuals. As determined by the governmental unit or its designee, any
(a) family member of an eligible resident currently residing in the eligible resident's household; or
(b) home health worker who provides regular care to an eligible resident in the eligible resident's household.

Eligible Provider. A person, partnership, corporation, governmental unit, or other entity that provides authorized COVID-19 services and that also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing COVID-19 services.

Eligible Resident. A Massachusetts resident determined to be eligible for in-home vaccination services by the governmental unit or its designee.

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

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

Household. A home or residence within the Commonwealth in which at least one eligible resident resides, including congregate care facilities and other congregate housing, but excluding any facility or unit licensed by DPH as a long-term-care facility or unit pursuant to 105 CMR 150.000: *Standards for Long-term Care Facilities*.

In-home Vaccination Provider. An eligible provider who provides in-home vaccination services pursuant to a contract between the governmental unit and the eligible provider.

In-home Vaccination Services. COVID-19 vaccine administration services performed in a household by an in-home vaccination provider pursuant to a contract between the governmental unit and the in-home vaccination provider.

Other Vaccinable Individuals. Residents of the Commonwealth who are neither eligible residents nor eligible additional individuals, but who are otherwise eligible to receive a COVID-19 vaccination in accordance with the Commonwealth's COVID-19 vaccination plan.

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

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Waste Prevention Vaccinations. COVID-19 vaccinations administered by an in-home vaccination provider to other vaccinable individuals in any setting solely to avoid wasting COVID-19 vaccine doses that would otherwise spoil.

446.03: General Rate Provisions and Payment

(101 CMR 446.03(1) Reserved)

(2) Medicine.

(a) General Rate Determination. Rates of payment for services for which 101 CMR 446.03(2) applies are the lowest of

1. the eligible provider's usual fee to patients other than publicly aided individuals;
2. the eligible provider's actual charge submitted; or
3. the schedule of allowable fees set forth in 101 CMR 446.03(2)(e), taking into account appropriate modifiers and any other applicable rate provisions in accordance with 101 CMR 446.03(2).

(b) Individual Consideration. Medical services services designated "I.C." are individually considered items. The governmental unit or purchaser analyzes the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. The governmental unit or purchaser determines appropriate payment for procedures designated I.C. in accordance with the following standards and criteria:

1. the amount of time required to perform the service;
2. the degree of skill required to perform the service;
3. the severity or complexity of the patient's disease, disorder, or disability;
4. any applicable relative-value studies;
5. any complications or other circumstances that may be deemed relevant;
6. the policies, procedures, and practices of other third-party insurers;
7. the payment rate for prescribed drugs as set forth in 101 CMR 331.00: *Prescribed Drugs*; and
8. a copy of the current invoice from the supplier.

(c) Defined Terms. Terms used in 101 CMR 446.03(2) that have not been defined elsewhere in 101 CMR 446.00 have the meanings in 101 CMR 317.02: *General Definitions*.

(d) Codes and Modifiers.

1. Except as otherwise provided, the codes and modifiers for the services described in 101 CMR 446.03(2) are as defined in 101 CMR 317.04(3): *Modifiers* and 101 CMR 317.04(4): *Fee Schedule*.
2. The modifier "SL": State supplied vaccine or antibodies. This modifier is to be applied to codes to identify vaccine or antibodies provided at no cost, whether by the Massachusetts Department of Public Health or other federal or state agency. No payment shall be made for codes with this modifier.

(e) Allowable Fee for Remote Patient Monitoring (RPM) Bundled Services. The following code, modifier, and fee apply for the provision of RPM bundled services.

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Code	Allowable Fee	Description of Code
99423 – U9	\$870.72	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes. (Used for COVID-19 remote patient monitoring bundled services provided through any appropriate technology or modality, including up to 7 days of daily check-ins for evaluation and monitoring; multidisciplinary clinical team reviews of a member's status and needs; appropriate physician oversight; necessary care coordination; and provision of a thermometer and pulse oximeter for remote monitoring.)

(f) Allowable Fee for COVID-19 Vaccine and Vaccine Administration. The allowable fees for COVID-19 vaccines and their administration are 100% of the corresponding Medicare Part B payment rates, without geographic adjustment. Payment for administration of the COVID-19 vaccine provided by eligible providers who are certified nurse practitioners, certified nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists, physician assistants, registered nurses, pharmacies that utilize pharmacists, or other health care professionals certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and home health agencies as specified in 101 CMR 317.02 is 85% of the allowable fee. In the event this fee structure conflicts with the rates for the same codes in 101 CMR 317.00: *Rates for Medicine Services*, then the fee structure in 101 CMR 317.00 will control.

This fee structure applies for the following codes:

Code	Description of Code
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

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Code	Description of Code
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use

(g) Allowable Fee for COVID-19 Treatment. The allowable fees for monoclonal antibodies and their administration for the treatment of COVID-19 are 100% of the corresponding Medicare Part B payment rates, without geographic adjustment. Payment for the administration of monoclonal antibodies provided by eligible providers who are certified nurse practitioners, certified nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists, physician assistants, registered nurses, pharmacies that utilize pharmacists, or other health care professionals certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and home health agencies as specified in 101 CMR 317.02 is 85% of the allowable fee. In the event this fee structure conflicts with the rates for the same codes in 101 CMR 317.00: *Rates for Medicine Services*, then the fee structure in 101 CMR 317.00 will control.

This fee structure applies for the following codes:

Code	Description of Code
Q0220 SL	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg
Q0221 SL	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg
Q0222	Injection, bebtelovimab, 175 mg
Q0240 SL	Injection, casirivimab and imdevimab, 600 mg
Q0243 SL	Injection, casirivimab and imdevimab, 2400 mg
Q0244 SL	Injection, casirivimab and imdevimab, 1200 mg

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Code	Description of Code
Q0245 SL	Injection, bamlanivimab and etesevimab, 2100 mg
Q0247	Injection, sotrovimab, 500 mg
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring
M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the federal COVID-19 public health emergency
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the federal COVID-19 public health emergency
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the federal COVID-19 public health emergency, subsequent repeat doses
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
M0244	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the federal COVID-19 public health emergency

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Code	Description of Code
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the federal COVID-19 public health emergency
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the federal COVID-19 public health emergency
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose

(3) Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment, and Supplies.

(a) General Rate Determination. Rates of payment for services for which 101 CMR 446.03(3) applies are the lowest of

1. the eligible provider's usual fee to patients other than publicly aided individuals;
2. the eligible provider's actual charge submitted; or
3. the schedule of allowable fees set forth in 101 CMR 446.03(3)(f) and (g), taking into account appropriate modifiers and any other applicable rate provisions in accordance with 101 CMR 446.03(3).

(b) Defined Terms. Terms used in 101 CMR 446.03(3) have the meaning defined in 101 CMR 322.02: *General Definitions*.

(c) Codes and Modifiers. Except as otherwise provided, the codes and modifiers for the DME services described in 101 CMR 446.03(3) are as defined in 101 CMR 322.03(13): *Modifiers* and 101 CMR 322.06: *Allowable Fees and Rate Schedule*.

(101 CMR 446.03(3)(d) and (e) Reserved)

(f) Allowable Fee for Over-the-counter Diagnostic Tests for SARS-CoV-2. For over-the-counter diagnostic tests for SARS-CoV-2 supplied through pharmacies to MassHealth members, EOHHS may set allowable fees no higher than \$12.00 per test. EOHHS may set the allowable fee for particular tests below \$12.00 per test, so long as the allowable fee is equal to or greater than the lowest retail rate available to MassHealth members in Massachusetts. For over-the-counter tests supplied through pharmacies for MassHealth

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members, EOHHS will designate allowable fees via Pharmacy Facts, provider bulletin, or other written issuance, consistent with this section. The \$12.00 maximum allowable fee per test rate may be adjusted via administrative bulletin if guidance from the federal Departments of Labor, Health and Human Services, or the Treasury changes regarding rates payable by commercial plans.

(g) Allowable Fee for Formula and Thickening Agents. For formula and thickening agents dispensed through pharmacies to MassHealth members, the allowable fee is the wholesale acquisition cost. For purposes of this section, the wholesale acquisition cost means the manufacturer's price published in a national price compendium or other publicly available source or an adjusted list price.

(h) Reporting Requirements. Reporting requirements for 101 CMR 446.03(3) are those in 101 CMR 322.04: *Reporting Requirements*.

(101 CMR 446.03(4) Reserved)

(5) Prescribed Drugs.

(a) Defined Terms. Terms used in 101 CMR 446.03(5) that have not been defined elsewhere in 101 CMR 446.00 have the meanings in 101 CMR 331.02: *General Definitions*.

(b) Delivery Fee. Eligible providers will receive a payment adjustment to the professional dispensing fee when medications are delivered to a personal residence (including homeless shelters). The payment adjustment will be the lower of the provider's usual and customary charge for prescription delivery or \$8.00, and will be made only when the MassHealth agency is the primary payer. Payment of this fee by MassHealth will occur only in such circumstances as is designated by Pharmacy Facts, provider bulletin, or other written issuance from the MassHealth agency.

(c) Reporting Requirements. Reporting requirements for 101 CMR 446.03(5) are those in 101 CMR 331.03: *Reporting Requirements*.

(101 CMR 446.03(6) Reserved)

(7) Allowable Fee for In-home Vaccination Services and Waste Prevention Vaccinations Provided Pursuant to a Contract Between an In-home Vaccination Provider and a Governmental Unit.

(a) General Rate Determination. Rates of payment for services for which 101 CMR 446.03(7) applies are the lowest of

1. the in-home vaccination provider's usual fee to patients other than publicly aided individuals;
2. the in-home vaccination provider's actual charge submitted; or
3. the schedule of allowable fees set forth in 101 CMR 446.03(7)(c), taking into account appropriate modifiers and any other applicable rate provisions in accordance with 101 CMR 446.03(7).

(b) Defined Terms. Terms used in 101 CMR 446.03(7) that have not been defined elsewhere in 101 CMR 446.00 have the meanings ascribed to those terms in the contract between the in-home vaccination provider and the governmental unit.

(c) Allowable Fee for In-home Vaccination Services and Waste Prevention Vaccinations Provided by In-home Vaccination Providers. The following fees apply for the listed in-home vaccination services and waste prevention vaccinations rendered by in-home vaccination providers.

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Service	Allowable Fee
In-home vaccination services rendered to eligible residents, in-home vaccination services rendered to eligible additional individuals, or waste prevention vaccinations administered to other vaccinate individuals	\$150.00 per COVID-19 vaccine dose administered

446.04: Special Contracts

Notwithstanding 101 CMR 446.03, a governmental unit may enter into a special contract with an eligible provider under which the governmental unit will pay for services authorized but not listed herein, or authorized services performed in exceptional circumstances.

446.05: Reporting Requirements

(1) Required Reports. Except as otherwise provided, reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

(2) Penalty for Noncompliance. Except as otherwise provided, the purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 446.05(2).

446.06: Severability

The provisions of 101 CMR 446.00 are severable and if any provisions of 101 CMR 446.00 or the application of such provisions to any person or circumstances is held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 446.00 or application of such provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 446.00: M.G.L. c.118E.