



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Managed Care Entity Bulletin 107
(corrected)
November 2023

TO: Accountable Care Partnership Plans and Managed Care Organizations Participating in MassHealth, and the MassHealth Behavioral Health Vendor

FROM: Mike Levine, Assistant Secretary for MassHealth *Mike Levine*

RE: **Updates to Policies Pertaining to Members' Behavioral Health Needs in Acute Medical Settings and Inpatient Psychiatry Settings**

Applicable Managed Care Entities and PACE Organizations

- ☒ Accountable Care Partnership Plans (ACPPs)
- ☒ Managed Care Organizations (MCOs)
- ☒ MassHealth's behavioral health vendor
- ☐ One Care Plans
- ☐ Senior Care Organizations (SCOs)
- ☐ Program of All-inclusive Care for the Elderly (PACE) Organizations

Background

MassHealth has developed and is implementing a multi-pronged set of policies to support how hospitals meet the behavioral health (BH) needs of members in acute medical settings and inpatient psychiatry settings through a multi-year effort. Initiatives have included:

- Beginning January 3, 2023, acute hospitals are required to provide or arrange for BH crisis evaluations for individuals presenting to the emergency department (ED) in a BH crisis, as detailed in [Managed Care Entity Bulletin 93](#) and per the requirements in M.G.L. c. 111 s. 51 3/4.
- Beginning May 1, 2022, and most recently extended through September 30, 2023, in the Rate Year (RY) 2023 Acute Hospital RFA (Request for Application), acute hospitals were eligible for a Supplemental Payment to Promote Hospital Capacity to Provide Enhanced ED Psychiatric Services for members awaiting inpatient psychiatric hospitalization. This payment is not applicable for RY 2024 Acute Hospital RFA.
- Beginning October 1, 2022, MassHealth implemented a per inpatient admission rate in addition to the inpatient psychiatric per diem rate for care provided in a Department of Mental Health (DMH)-licensed inpatient psychiatry unit.

New and Updated Policies Effective October 1, 2023

In furtherance of these efforts, MassHealth is implementing the following updated and expanded initiatives to support how hospitals meet the BH needs of members in acute medical settings and inpatient psychiatry settings.

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- Effective October 1, 2023, MassHealth will pay for BH crisis evaluations for individuals who experience a BH crisis after admission to a medical/surgical setting.
- Effective October 1, 2023, MassHealth will pay for BH crisis management services provided to individuals in both the ED and in an inpatient medical/surgical setting who have ongoing needs related to a BH crisis, on days after the initial BH crisis evaluation.
- MassHealth is focused on ensuring access to critical substance use disorder treatment services for members, including medication for the treatment of opioid use disorders (MOUD). Effective October 1, 2023, MassHealth will pay for both the initiation of MOUD via the add-on code G2213 in the ED, and Recovery Support Navigation (RSN) services in the ED and in an inpatient medical/surgical setting.
- Effective October 1, 2023, MassHealth will update the minimum rate managed care entities (MCEs) are required to pay for specialized inpatient psychiatric services to members younger than 21 years of age with Autism Spectrum Disorder-Intellectual Disability (ASD-ID) in specialized ASD-ID inpatient psychiatric treatment settings.
- Effective October 1, 2023, MassHealth will update payment methodologies for specialized inpatient psychiatric services for members with an eating disorder diagnosis in specialized eating disorder inpatient psychiatric treatment settings. MassHealth is also expanding the per admission rate policy to include diagnoses of an eating disorder, effective October 1, 2023.

This bulletin sets forth expectations for Accountable Care Partnership Plans, Managed Care Organizations, and the Behavioral Health Vendor (collectively MCEs) regarding the delivery of BH crisis evaluations and crisis management services in EDs and medical/surgical settings, including the required procedure code and minimum rate for service delivery. This bulletin also sets forth MCE expectations and minimum rates for new specialty inpatient services and an update to the per inpatient admissions payments. MCE contracts will be updated, as necessary, to reflect these changes.

Update to Payment for Acute Hospital Behavioral Health Crisis Evaluations

Beginning on January 3, 2023, MCEs are required to pay acute hospitals directly for BH crisis evaluations in EDs, as described in [Managed Care Entity Bulletin 93](#). In addition, MCEs are required to direct acute hospitals to deliver ED-based BH crisis evaluations in accordance with the standards in Appendix I of the Acute Hospital RFA.

Effective for dates of service on or after October 1, 2023, MCEs will also be required to pay acute hospitals for BH crisis evaluations provided in medical/surgical settings. Acute hospitals may choose to subcontract these services to appropriately trained and experienced BH providers; however, whether medical/surgical-based BH crisis evaluations are provided by acute hospital staff directly or through subcontracted providers, MCEs must require acute hospitals to submit claims for these services to the MCEs, and MCEs must pay acute hospitals for these services.

MCEs must require acute hospitals to use the per diem code S9485 for ED and medical/surgical BH crisis evaluations and must pay no less than the amount in the RY 2024 Acute Hospital RFA for ED and medical/surgical BH crisis evaluations, currently \$695.29. As set forth in the RY 2024 Acute Hospital RFA, providers may bill for no more than one unit per day, no more than once per acute

hospital stay. Note that this code and rate must be carved out of the Adjudicated Payment per Episode of Care (APEC) and the Adjudicated Payment Amount per Discharge (APAD), if plans utilize an APEC or APAD for payment to acute hospitals, and is separate and distinct from other billing mechanisms in place (e.g., billing for facility fees, billing for professional services rendered in the ED or medical/surgical settings, etc.).

Payment for Acute Hospital Behavioral Health Crisis Management Services

Effective for dates of service on or after October 1, 2023, MCEs will be required to pay acute hospitals for BH crisis management services provided in the ED or in medical/surgical settings.

BH crisis management services are for individuals experiencing a BH crisis who have ongoing needs for crisis supports after the initial BH crisis evaluation, either in the ED or while admitted to a medical/surgical setting.

MCEs must implement the specifications in the RY24 Acute Hospital RFA, Appendix K. As set forth in Appendix K, acute hospitals may bill one of the following two options on any one calendar day:

1. **Level 1 Behavioral Health Crisis Management Services:**

S9485, V1 modifier, no more than one unit per day. This option should be used for the provision of Behavioral Health Crisis Management Services, in accordance with Operational Standards for Behavioral Health Crisis Management Services (Appendix K, Section II), for members requiring ongoing safety monitoring but without the need for active safety interventions on the billing calendar day.

2. **Level 2 Behavioral Health Crisis Management Services:**

S9485, V2 modifier, no more than one unit per day. This option should be used for the provision of Behavioral Health Crisis Management Services, in accordance with Operational Standards for Behavioral Health Crisis Management Services (Appendix K, Section II), for members requiring active staff safety monitoring and intervention to prevent, or respond to, attempts of self-injury or aggression in the hospital on the billing calendar day (i.e., arms-length 1:1 safety observation or interventions of equal or higher intensity).

Acute hospitals may choose to subcontract these services to appropriately trained and experienced BH providers; however, whether ED and medical/surgical-based BH crisis management services are provided by acute hospital staff directly or through subcontracted providers, MCEs must require acute hospitals to submit claims for these services to the MCEs, and MCEs must pay acute hospitals for these services.

MCEs must require acute hospitals to use the per diem code S9485 with either V1 or V2 modifier for ED and medical/surgical crisis management services. MCEs must pay no less than the amounts in the RY 2024 Acute Hospital RFA for these code/modifier combinations, currently \$325.64 for S9485-V1 and \$653.64 for S9485-V2. Note that this code and rate must be carved out of the APEC

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and the APAD, if plans utilize an APEC or APAD for payment to acute hospitals, and is separate and distinct from other billing mechanisms in place (e.g., billing for facility fees, billing for professional services rendered in the ED or medical/surgical settings, etc.).

Payment for Medication for Opioid Use Disorder in Emergency Department Settings

Beginning October 1, 2023, MCEs will be required to pay acute hospitals for initiation of medication for opioid use disorder in the ED for members who consent to initiation.

MCEs must implement the specifications set forth in the RY 2024 Acute Hospital RFA, Appendix M and must pay hospitals no less than the rate in 101 CMR 317.00. As set forth in Appendix M, MCEs must ensure that acute hospitals bill no more than one unit per day of the following when the service is provided in the ED:

Code	Description	Rate
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure).	See Administrative Bulletin 23-21 , for current rate, effective 10/1/2023.

The G2213 add-on code can be billed for initiating buprenorphine in the ED for individuals who have signs or symptoms of untreated opioid use disorder. The G2213 add-on code must be billed in addition to evaluation and management in the ED setting of the patient's presenting condition. Note that this code and rate must be carved out of the APEC if plans utilize an APEC for payment to acute hospitals, and is separate and distinct from other billing mechanisms in place (e.g., billing for facility fees, billing for professional services rendered in the ED, etc.).

MCEs must allow any healthcare practitioners who are eligible to prescribe buprenorphine and are working in the ED setting to provide the evaluation and initiation of MOUD, as covered by the G2213 code. All health care practitioners with a standard DEA controlled medication registration that includes Schedule III prescribing authority are able to prescribe buprenorphine for opioid use disorders. Controlled substance prescribing must comply with DEA requirements.

Plans must implement and adhere to the standards and requirements in this bulletin in the delivery of services by their network providers. It is expected that MCEs will work with MassHealth to ensure that network hospitals and provider organizations are able to bill MCEs using the G2213 code for services rendered in the ED setting.

Payment for Recovery Support Navigator Services in Acute Hospital Settings

Beginning October 1, 2023, MCEs will be required to pay hospitals for Recovery Support Navigator (RSN) services provided in the ED or medical/surgical settings.

RSN services are for members who are interested in entering substance use disorder (SUD) treatment services after their discharge from the ED. If the presenting condition is significant enough that the member must be admitted to a medical/surgical setting from the ED, and the member still expresses interest in receiving SUD treatment services after their discharge, the patient may receive RSN services in the medical/surgical setting.

MCEs must implement the specifications in the RY 2024 Acute Hospital RFA, Appendix N. As specified in Appendix N, acute hospitals may bill the following when the service is provided in the ED or medical/surgical settings:

Code	Description	Rate
H2015 HF	A paraprofessional or peer specialist who receives specialized training in the essentials of substance use disorder and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the substance use disorder treatment system through activities that can include care coordination, case management, and motivational support.	101 CMR 444.00

MCEs must ensure that RSN services are billed according to the procedure code and modifier in 101 CMR 444.00, and must pay no less than the rate in 101 CMR 444.00 (per 15 minutes of service). MCEs must configure their billing systems to align with the billing details in the RY 2024 Acute Hospital RFA.

Note that this code and rate must be carved out of the APEC and the APAD, if plans utilize an APEC or APAD for payment to acute hospitals, and is separate and distinct from other billing mechanisms in place (e.g., billing for facility fees, billing for professional services rendered in the ED or medical/surgical settings, etc.).

MCEs may establish a contractual relationship with any type of provider organization that meets credentialing requirements for the purpose of providing RSN services. MCEs may not establish contractual relationships with individual RSNs as solo practitioners; rather, network contracts must be with organizations that employ RSNs to provide RSN services.

Plans must implement and adhere to the standards and requirements in this bulletin and in their contracts in the delivery of services by their network providers. It is expected that MCEs will work with MassHealth to ensure that RSN service (H2015-HF) is billable in the ED setting and in the

medical/surgical setting. Plans should update the performance specifications for RSN services to include these new settings of operation.

MCEs must continue to adhere to all existing contractual and program requirements for RSN services, including ensuring that the authorization procedures established for RSN services allow for at least the first 90 days of service to occur without prior approval, provided however that MCEs may establish notification or registration procedures during the first 90 days of such services. MCEs must allow a 14-day window for providers to submit a notification of admission when members begin services.

Update to Acute and Psychiatric Hospital Inpatient Mental Health Services – Per Inpatient Admission Payments

Effective for dates of service on or after October 1, 2022, MassHealth implemented a per inpatient admission rate in addition to the inpatient psychiatric per diem rate for each admission to a DMH-licensed bed under both the Acute and Psychiatric Hospital RY23 RFAs and Contracts. The per inpatient admission rate is based on criteria met upon admission and each admission may meet only one category.

Effective October 1, 2023, a diagnosis of eating disorder will be added to the category-specific criteria, as set forth in the table on the next page.

MCEs must update their billing systems to ensure that these new criteria are incorporated and to ensure that per admission rates are appropriately paid for dates of service on and after October 1, 2023.

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Admission Day	(1) Category 1 Per Inpatient Admission Rate; OR	(2) Category 2 Per Inpatient Admission Rate; OR	(3) Category 3 Per Inpatient Admission Rate
<p>(A) Weekday Admission - Patient admission occurs Monday to Friday;</p> <p>OR</p>	<p>The member admission does not meet criteria for either Category 2 or Category 3 Per Inpatient Admission Rates.</p>	<p>The member admission meets at least one of the following criteria:</p> <ol style="list-style-type: none"> 1. The member is aged 14 years old to 17 years old (inclusive); or 2. The member has a diagnosis of Autism Spectrum Disorder or Intellectual Disability (ASD or ID); or 3. The member has a diagnosis of Eating Disorder; or 4. The member is homeless as indicated by diagnosis code Z59.0x, or housing unstable as indicated by diagnosis code Z59.1 or Z59.819. <p style="text-align: center;">AND</p> <p>The member admission does not meet criteria for the Category 3 Per Inpatient Admission Rate.</p>	<p>The member admission meets at least one of the following criteria:</p> <ol style="list-style-type: none"> 1. The member is aged 13 years old or younger; or 2. The member is aged 65 years old or older; or 3. The member is affiliated (as indicated in MMIS) with one or more of the following Massachusetts human service agencies: DDS, DCF, DMH, or DYS.
<p>(B) Weekend Admission - Patient admission occurs Saturday or Sunday</p>	<p>The member admission does not meet criteria for either Category 2 or Category 3 Per Inpatient Admission Rates.</p>	<p>The member admission meets at least one of the following criteria:</p> <ol style="list-style-type: none"> 1. The member is aged 14 years old to 17 years old (inclusive); or 2. The member has a diagnosis of ASD or ID; or 3. The member has a diagnosis of Eating Disorder; or 4. The member is homeless as indicated by diagnosis code 759.0x, or housing unstable as indicated by diagnosis code Z59.1 or Z59.819. <p style="text-align: center;">AND</p> <p>The member admission does not meet eligibility criteria for the Category 3 Per Inpatient Admission Rate.</p>	<p>The member admission meets at least one of the following criteria:</p> <ol style="list-style-type: none"> 1. The member is aged 13 years old or younger; or 2. The member is aged 65 years old or older; or 3. The member is affiliated (as indicated in MMIS) with one or more of the following Massachusetts human service agencies: DDS, DCF, DMH, or DYS.

Update to Acute and Psychiatric Hospital Inpatient Mental Health Services – Specialty Inpatient Services

Effective for dates of service on or after October 1, 2023, MCEs will be required to pay a per diem rate no less than the rate in the RY 2024 Acute Hospital RFA and the rate in the RY 2024 Psychiatric Hospital RFA (\$1936, for both), for Specialty Inpatient Psychiatric Services for Children/Adolescents with Neurodevelopmental Disorders for specialized inpatient psychiatric services to individuals younger than 21 years of age with Autism Spectrum Disorder-Intellectual Disability (ASD-ID) in specialized ASD-ID inpatient psychiatric treatment settings. These services must be provided in accordance with Appendix G of the RY 24 Psychiatric Hospital RFA and Appendix L of the RY 2024 Acute Hospital RFA.

Effective for dates of services on or after October 1, 2023, MCEs will be required to pay a per diem rate no less than the rate in the RY 2024 Psychiatric Hospital RFA (\$1,500), for Specialty Inpatient Psychiatric Service for Eating Disorders for specialized inpatient psychiatric services to individuals with an eating disorder diagnosis in specialized eating disorder inpatient psychiatric treatment settings. These services must be provided in accordance with Appendix H of the RY 2024 Psychiatric Hospital RFA.

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Questions

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