



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

Managed Care Entity Bulletin 135

DATE: September 2025

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

FROM: Mike Levine, Undersecretary for MassHealth

RE: **Mental Health Center Policy Updates**

Applicable Managed Care Entities and PACE Organizations

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

Overview

As part of its efforts to support the behavioral health (BH) needs of members in community-based settings, MassHealth is introducing and updating policies for Accountable Care Partnership Plans, Managed Care Organizations, MassHealth's behavioral health vendor, One Care Plans, and Senior Care Organizations (collectively referred to as "Managed Care Entities" or "MCEs").

This bulletin describes programmatic and directed payment changes related to mental health centers (MHCs) that are designated as behavioral health urgent care providers (BHUCs) and mental health centers that are not designated as behavioral health urgent care providers. Changes include

- updated programmatic requirements for BHUCs,
- directed payment requirements,
- updated rates for MHCs, and the sunseting of the GJ modifier for urgent care services.

Payment by Encounter

Effective September 1, 2025, MassHealth is directing MCEs to pay all BHUCs an encounter bundle per patient per day, not the number of individual services provided. Providers will bill services using a bundled code for designated services, regardless of the number of services provided to the individual on that date. The bundled code will be billed using the modifier HB for adults and HA for children and adolescents. MCEs will be required to pay at no less than MassHealth's fee-for-service minimum rate for the encounter bundle code. Providers rendering the designated services outlined in *Table 1: Minimum Fee Schedule Effective September 1, 2025, for Behavioral Health Outpatient Services Provided by Behavioral Health Urgent Care Provider Sites* of this bulletin, inclusive of all individual provider licensure levels, must bill those services with the correct encounter bundle procedure code.

The service codes incorporated within the encounter bundle are listed in *Table 2: Service Codes Included in the Encounter Bundle*. Effective September 1, 2025, MCEs must pay no less than the rates for services listed in Table 1 in regulation [101 CMR 306.00: Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers](#) when provided by BHUCs.

Sunsetting the GJ Modifier

In the past, certain behavioral health providers used GJ modifiers when billing for all services rendered on an urgent basis. The use of GJ modifier is not allowed beginning September 1, 2025. . The use of the GJ modifier by both of these sites will sunset when the encounter bundle payment goes live on September 1, 2025.

As of September 1, 2025, all MHCs designated as BHUCs will use the encounter bundle and zero-bill codes instead of the GJ modifier. All MHCs not designated as BHUCs will not be able to bill the GJ modifier when submitting claims for urgent services.

Mental Health Centers That Are Not Behavioral Health Urgent Care Providers

Accountable Care Partnership Plans, Managed Care Organizations, Integrated Care Plans, and MassHealth's behavioral health vendor must pay no less than the rates in Table 3: *Minimum Fee Schedule for Behavioral Health Outpatient Services Provided by a Mental Health Center* of this bulletin for the services in Table 2 when provided by mental health centers (MHCs).

Table 1: Minimum Fee Schedule Effective September 1, 2025, for Behavioral Health Outpatient Services Provided by Behavioral Health Urgent Care Provider Sites

Encounter Bundle Rates

For services provided by mental health centers designated as behavioral health urgent care provider sites, providers must bill one H2013 flat rate encounter bundle code for the provision

of any of the set designated services, regardless of the number of services provided to the individual on that date. The encounter bundle rate procedure codes are as follows. The rates can be found at [101 CMR 306.00](#).

Encounter Bundle Procedure Code	Modifier Group	Procedure Description
H2013	HB	Psychiatric health facility service, per diem (Adult Services)
H2013	HA	Psychiatric health facility service, per diem (Child/Adolescent Services)

The services provided in Table 2, inclusive of all individual provider licensure levels, are included within the encounter bundle service code. In addition to the encounter bundle service code, providers must report on their claim the services provided within the bundle, using the applicable service codes in Table 2, with a zero charge. The designated service codes for all services provided on the same date must be billed under one encounter bundle code, regardless of the number of services provided to the individual on that date.

Services not included in Table 2 that are provided by mental health centers designated as behavioral health urgent care provider sites, are subject to the minimum fee schedule in Table 3: Minimum Fee Schedule for Behavioral Health Outpatient Services Provided by a Mental Health Center, which starts on page 6.

Table 2: Service Codes Included in the Encounter Bundle

Procedure Code	Procedure Description
90791	Psychiatric Diagnostic Evaluation
90791-HA	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90792	Psychiatric Diagnostic Evaluation with Medical Services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient

Procedure Code	Procedure Description
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy (per person per session not to exceed 10 clients)
90853	Group psychotherapy (other than of a multiple-family group) (per person per session not to exceed 12 clients)
90853-EP	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	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
S9480	Intensive outpatient psychiatric services, per diem
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or

Procedure Code	Procedure Description
	examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)
H0046 (excluding H0046-HE)	Mental health services, not otherwise specified (Collateral Contact)
H0032	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)
H2020	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)

Procedure Code	Procedure Description
99402	Preventative Medicine Counseling, 30 minutes (Psychological Testing)
99404	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)

Table 3:
Minimum Fee Schedule for Behavioral Health Outpatient Services Provided by a Mental Health Center

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$229.10 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$183.87 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$157.83 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$159.13

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$143.53 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$90.01 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$79.42 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90791	HA - CANS; UG- Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$245.60 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	HA - CANS; U6- Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$200.37 Effective 9/1/25 (or as otherwise directed by

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			EOHHS): 101 CMR 306 Modifier-HA, AF
90791	HA - CANS; AH- Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$174.33 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	HA - CANS; SA, UF - Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$175.63
90791	HA - CANS; HO- Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$160.03 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	HA - CANS; U3- Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$106.51 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HA, HL
90791	HA - CANS; U4- Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$95.92 Effective 9/1/25 (or as otherwise directed by

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			EOHHS): 101 CMR 306 Modifier-HA, HL
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$144.98 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$125.74 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$115.03 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$76.56 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$76.56 Effective 9/1/25 (or as otherwise directed by

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			EOHHS): 101 CMR 306 Modifier-AF
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$65.08 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$65.08 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
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	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$57.42 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$57.42 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HO
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$39.04 Effective 9/1/25 (or as

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$34.45 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$70.21 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$59.68 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$127.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.83 Effective 9/1/25 (or as

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$105.48 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$105.01
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	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$105.01 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$52.78 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25: \$51.99 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$91.19 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$91.19
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$148.54 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$148.54 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$140.28 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$138.26
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$138.26 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$75.76 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$66.85 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$155.56 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$118.38

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$110.52 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$107.31
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)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.57 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90846	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$55.25 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$53.65 Effective 9/1/25 (or as otherwise directed by

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			EOHHS): 101 CMR 306 Modifier-HL
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$155.56 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$118.38 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.57 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
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)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.57 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$55.25 Effective 9/1/25(or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$53.65 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$50.92 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$42.72 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$39.45 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$36.30 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90849	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$30.46 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90849	U3 - Intern (PhD, PsyD, EdD) / or MAT	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$19.76 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90849	U4 - Intern (Master's)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$18.15 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$50.92 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$42.72 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$39.45 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$36.43
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)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$36.43 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$19.76 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$18.15 Effective 9/1/25 (or as

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			otherwise directed by EOHHS):101 CMR 306 Modifier-HL
90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$56.22
90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$48.76
90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$26.37
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.	\$42.20
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.	\$25.99

Procedure Code	Modifier Group	Procedure Description	Unit Cost
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.	\$13.20
90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$12.99
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	\$87.11
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	\$87.11
90887	AH - Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to	\$74.05

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		family or other responsible persons, or advising them how to assist patient	
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	\$74.05
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	\$65.34
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	\$44.43
90887	U4 - Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to	\$39.20

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		family or other responsible persons, or advising them how to assist patient	
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$82.78 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$74.70 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$66.86
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$119.41 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$114.02 Effective 9/1/25 (or as otherwise directed by

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			EOHHS): 101 CMR 306 Modifier-AF
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$96.92
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$180.40 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$169.28 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$146.58
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$224.06 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$223.64

Procedure Code	Modifier Group	Procedure Description	Unit Cost
			Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$190.09 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$24.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$24.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$20.63 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$58.00

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		Established Patient, 10-19 minutes	Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$58.00 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$49.30 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$92.52 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$92.52 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99213	SA - Nurse Practitioner/Board	Evaluation and Management for an	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$78.64

Procedure Code	Modifier Group	Procedure Description	Unit Cost
	Certified RNCS and APRN-BC	Established Patient, 20-29 minutes	Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$158.38 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$130.36 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$110.80 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$183.23 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$183.23

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		Established Patient, 40-54 minutes	Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$155.74 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99417	U6 - Doctoral Level (MD / DO)	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	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$28.69 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99417	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	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	\$28.69
96116	AH - Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$132.51

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		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	Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96121	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$132.51 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
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	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$118.24 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96131	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$100.53

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		addition to code for primary procedure)	Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
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	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$134.02 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96133	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$110.58 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
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)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$55.30 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Procedure Code	Modifier Group	Procedure Description	Unit Cost
96137	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$50.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96138	Technician	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$41.53 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96139	Technician	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$41.53 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99402	AH - Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$45.08
99402	U3 - Intern (PhD, PsyD, EdD) / or MAT	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$22.55
99404	U6 - Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$214.30
99404	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$185.46
H2020	+	Therapeutic behavioral services, per diem	\$29.15

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		(Dialectical Behavior Therapy)	
S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$162.33
90870	+	Electroconvulsive therapy (includes necessary monitoring)	\$694.05
H0032	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)	\$183.34
H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$51.11
H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$44.33
H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$23.97
H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$38.36
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)	\$23.63

Procedure Code	Modifier Group	Procedure Description	Unit Cost
H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$23.63
H0046	U3 - Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)	\$12.00
H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$11.81
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)	Effective 1/1/25 through 3/27/25: \$78.75 Effective 3/28/25: 101 CMR 444
H0015	TF	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	Effective 1/1/25 through 3/27/25: 101 CMR 306 Effective 3/28/25: 101 CMR 444

Procedure Code	Modifier Group	Procedure Description	Unit Cost
		Addiction Program - E-SOAP)	
H2015	HF - Substance Abuse Program	Recovery Support Navigator, per 15-minute units	101 CMR 444
H2015	HF - Substance Abuse Program; HD- Pregnant/Postpartum	Recovery Support Navigator , per 15-minute units, serving pregnant members or members who have been pregnant in the previous 12 months	Effective 9/1/25: \$25.35
H2016	HM - Less than bachelor's 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
H2016	HM - Less than bachelor degree level; HD Pregnant/Postpartum	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching for pregnant member or members who have been pregnant in the previous 12 months)	Effective 9/1/25: \$33.16
H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist) (Enrolled client day)	101 CMR 306

Procedure Code	Modifier Group	Procedure Description	Unit Cost
S9480	N/A	Intensive outpatient psychiatric services, per diem	101 CMR 306

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