



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

MassHealth
Managed Care Entity Bulletin 32
May 2020

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

FROM: Amanda Cassel Kraft, Acting Medicaid Director 

RE: **UPDATE: Temporary Rate Increases Due to COVID-19 National Emergency**

Background

This bulletin updates [Managed Care Entity Bulletin 24](#). Changes include:

- Clarification that the 15% rate increase for physician services must be instituted by the Behavioral Health Vendor in addition to ACPPs and MCOs
- Updated Appendix D: List of Codes for Physician Services
- Addition of residential rehabilitation services incremental rate increase for May and June, 2020

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. MassHealth partners with a wide variety of service providers, including vital safety net providers, in order to offer its members access.

In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is disbursing critical stabilization funding to support health care providers impacted by and responding to COVID-19. These providers are on the front lines of caring for MassHealth members. MassHealth has temporarily increased fee-for-service rates for impacted providers as part of the stabilization efforts. Additionally, through this bulletin, MassHealth is directing Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs), and the MassHealth Behavioral Health Vendor (referred to here collectively as "managed care plans") to institute temporary rate increases as set forth in this bulletin. These directed payments will ensure that providers receive this crucial stabilization funding for serving members enrolled in managed care. MassHealth will update the managed care plans' capitation payment rates to support the increased provider rates in the coming weeks.

Temporary Rate Increases

MassHealth is directing managed care plans to increase payment rates temporarily to providers of the services specified in the table on page 2. The rate increases apply to services delivered in-person and via telehealth, as applicable. The managed care plan must apply the percentage increases indicated in the table to the plan's current contracted rates with providers, regardless of whether those rates are the same as the MassHealth fee-for-service rates. For any service already subject to a directed payment requirement, the managed care plan shall apply the rate increases set forth below to the directed payment amount set forth in the managed care plan's contract.

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If a managed care plan has sub-capitated or Alternative Payment Methodology (APM) arrangements with providers, the sub-capitated or APM payments to providers should be increased by the equivalent of the rate increases that would be required for fee for service payments.

Plans will not subject the required rate increases to any withhold arrangement with providers; the plans will ensure that providers receive the full rate increases in payments made for the services listed in the table below. MassHealth will amend the plans' contracts to reflect these rate increase requirements in the coming weeks.

Rate Increases by Service

Covered Service	Increase	Rate Increase Effective Date	Rate Increase End Date	ACPP/MCO	MBHP
Acute Hospital services - DRG specific (See Appendix A for the specific DRGs subject to the rate increase)*^	20% increase to weights for those DRGs	3/10/2020	7/31/20	✓	
Acute Hospital services - (inpatient and outpatient)*^	7.5% for base rates for inpatient (including capital operating standard) and outpatient	4/1/2020	7/31/20	✓	
Ambulance services (See Appendix B for the codes subject to the rate increase)	50% rate increase	4/1/2020	7/31/20	✓	
Home Health services (See Appendix C for the codes subject to the rate increase)	10% rate increase	4/1/2020	7/31/20	✓	
Physician services (See Appendix D for the codes subject to the rate increase)	15% rate increase	4/1/2020	7/31/20	✓	✓
Diversiory and Outpatient Behavioral Health services (See Appendix E, Exhibit 1 for the codes subject to the rate increase)	10% rate increase	4/1/2020	7/31/20	✓	✓
Residential Rehabilitation Services (See Appendix E, Exhibit 2 for the codes subject to the rate increase)^+	10% rate increase	4/1/2020	7/31/2020	✓	✓
	15% incremental rate increase	5/1/2020	6/30/20		

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Covered Service	Increase	Rate Increase Effective Date	Rate Increase End Date	ACPP/MCO	MBHP
Early Intervention services (See Appendix F for the codes subject to the rate increase)	10% rate increase	4/1/2020	7/31/20	✓	

* The “Acute Hospital - DRG Specific services” and “Acute Hospital (inpatient and outpatient) services” rate increases apply to all acute hospitals, including pediatric hospitals, hospitals with pediatric specialty units and specialty cancer hospitals. The rate increases included in this bulletin do not change the requirements found in Section 2.7.D.6 of the ACPP and MCO contracts related to payment rates for hospitals.

^ For clarity, the “Acute Hospital - DRG Specific services” and “Acute Hospital (inpatient and outpatient) services” rate increases may apply multiplicatively to payment (e.g., for inpatient discharges with DRGs in Appendix A, where the base rate increases by 7.5% and the weight by 20%).

+ For clarity, the “Residential Rehabilitation Services” rate increases will apply additively to payment between 5/1/2020 and 6/30/2020 (i.e., for Residential Rehabilitation Services in Appendix E, Exhibit 2, payment will be multiplied as follows: April: 1.1X, May: 1.25X, June: 1.25X, July: 1.1X).

Additional Requirements for Temporary Rate Increases

Plans must implement these rate increases and begin disbursing funds to providers by April 30, 2020, with the exception of the services with updated requirements in this bulletin (15% incremental Residential Rehabilitation Services, additional physician services) which are to be disbursed by June 15, 2020. Managed care plans must pay the increased rate for services delivered on or after the rate increase effective date in the table on page 2, including claims submitted prior to the effective date of this bulletin. All rate increases are effective through July 31, 2020.

All encounter file claim paid amounts with dates of service between the rate increase effective date and the rate increase end date must reflect the specified rate increases no later than June 1, 2020, with the exception of the 15% incremental Residential Rehabilitation Services rate increase, which must be reflected in the encounter file claim paid amounts by August 1, 2020.

Managed care plans shall certify on a monthly basis in a form and format specified by MassHealth to compliance with the rate increase requirements described in this bulletin. Such certification shall include certification that the plan has made timely payments which include these required increases, with no offsets to provider payments through withholds, sub-capitated payment arrangements or other APMs.

MassHealth Website

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Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

Appendix A: Acute Hospital Service DRGs

DRG and SOI	DRG Description
4-1	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
4-2	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
4-3	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
4-4	TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE
5-1	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
5-2	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
5-3	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
5-4	TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE
113-1	INFECTIONS OF UPPER RESPIRATORY TRACT
113-2	INFECTIONS OF UPPER RESPIRATORY TRACT
113-3	INFECTIONS OF UPPER RESPIRATORY TRACT
113-4	INFECTIONS OF UPPER RESPIRATORY TRACT
120-1	MAJOR RESPIRATORY & CHEST PROCEDURES
120-2	MAJOR RESPIRATORY & CHEST PROCEDURES
120-3	MAJOR RESPIRATORY & CHEST PROCEDURES
120-4	MAJOR RESPIRATORY & CHEST PROCEDURES
121-1	OTHER RESPIRATORY & CHEST PROCEDURES
121-2	OTHER RESPIRATORY & CHEST PROCEDURES
121-3	OTHER RESPIRATORY & CHEST PROCEDURES
121-4	OTHER RESPIRATORY & CHEST PROCEDURES
130-1	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
130-2	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
130-3	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
130-4	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
131-1	CYSTIC FIBROSIS - PULMONARY DISEASE
131-2	CYSTIC FIBROSIS - PULMONARY DISEASE
131-3	CYSTIC FIBROSIS - PULMONARY DISEASE
131-4	CYSTIC FIBROSIS - PULMONARY DISEASE

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DRG and SOI	DRG Description
133-1	RESPIRATORY FAILURE
133-2	RESPIRATORY FAILURE
133-3	RESPIRATORY FAILURE
133-4	RESPIRATORY FAILURE
134-1	PULMONARY EMBOLISM
134-2	PULMONARY EMBOLISM
134-3	PULMONARY EMBOLISM
134-4	PULMONARY EMBOLISM
136-1	RESPIRATORY MALIGNANCY
136-2	RESPIRATORY MALIGNANCY
136-3	RESPIRATORY MALIGNANCY
136-4	RESPIRATORY MALIGNANCY
137-1	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
137-2	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
137-3	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
137-4	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS
138-1	BRONCHIOLITIS & RSV PNEUMONIA
138-2	BRONCHIOLITIS & RSV PNEUMONIA
138-3	BRONCHIOLITIS & RSV PNEUMONIA
138-4	BRONCHIOLITIS & RSV PNEUMONIA
139-1	OTHER PNEUMONIA
139-2	OTHER PNEUMONIA
139-3	OTHER PNEUMONIA
139-4	OTHER PNEUMONIA
140-1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
140-2	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
140-3	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
140-4	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
141-1	ASTHMA
141-2	ASTHMA
141-3	ASTHMA
141-4	ASTHMA
142-1	INTERSTITIAL & ALVEOLAR LUNG DISEASES

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DRG and SOI	DRG Description
142-2	INTERSTITIAL & ALVEOLAR LUNG DISEASES
142-3	INTERSTITIAL & ALVEOLAR LUNG DISEASES
142-4	INTERSTITIAL & ALVEOLAR LUNG DISEASES
143-1	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
143-2	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
143-3	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
143-4	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-1	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-2	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-3	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES
144-4	RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES
145-1	ACUTE BRONCHITIS AND RELATED SYMPTOMS
145-2	ACUTE BRONCHITIS AND RELATED SYMPTOMS
145-3	ACUTE BRONCHITIS AND RELATED SYMPTOMS
145-4	ACUTE BRONCHITIS AND RELATED SYMPTOMS
720-1	SEPTICEMIA & DISSEMINATED INFECTIONS
720-2	SEPTICEMIA & DISSEMINATED INFECTIONS
720-3	SEPTICEMIA & DISSEMINATED INFECTIONS
720-4	SEPTICEMIA & DISSEMINATED INFECTIONS

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Appendix B: Codes for Certain Ambulance Services

Code	Description
A0425	Ground mileage (per statute mile) (Loaded Mileage)
A0426	Ambulance service, Advanced Life Support, non-emergency, level 1 (ALS 1)
A0427	Ambulance service, Advanced Life Support, emergency, level 1 (ALS 1 - Emergency)
A0428	Ambulance service, Basic Life Support, non-emergency (BLS)
A0429	Ambulance service, Basic Life Support, emergency (BLS-Emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	Advanced Life Support, Level 2 (ALS 2)
A0434	Ambulance service Specialty Care Transport (SCT)
A0998	Ambulance response and treatment; no transport (Used for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing)

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Appendix C: Codes for Home Health Services

Code	Modifier	Service Description
G0299		Services of an RN in home health setting (one through 30 calendar days)
G0299	UD	Services of an RN in home health setting (31+ calendar days)
G0299	U3	Nursing care visit for temporary emergency PCA services
G0300		Services of an LPN in home health setting (one through 30 calendar days)
G0300	UD	Services of an LPN in home health setting (31+ calendar days)
G0300	U3	Nursing care visit for temporary emergency PCA services
G0493		Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care)
T1502		Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)
T1503		Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)
G0156		Services of Home Health Aide in the home health setting
G0156	UD	Services of home health aide in the home health setting (ADL support) (15 minute units) (PA required prior to start of care)
G0151		Services of Physical Therapist in the home health setting
G0152		Services of Occupational Therapist in the home health setting
G0153		Services of Speech-Language Pathologist in the home health setting
99509		Home health aide visit for temporary emergency PCA services

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Appendix D: Codes for Certain Physician Services

Surgery and Anesthesia

	95715 ²	99350
	95810	99381
00170	96110	99385
00731	98941	99391
00790	99202	99392
00840	99203	99393
01961	99204	99394
01967	99205	99395
17110	99212	99396
20610	99213	99460
31231	99214	99462
43239	99215	99468
45380	99217	99469
45385	99219	99472
47562	99220	99479
59400	99221	99480
59409	99222	
59410	99223	
59426	99231	
59510	99232	
59514	99233	
66984	99236	
88305	99238	
88307	99239	
	99282	
	99283	
	99284	
	99285	
	99291	
	99292	
	99308	
	99309	
	99341	
	99342	
	99343	
	99344	
	99345	
	99347	
	99348	
	99349	

Radiology

70450
70551
70553
71045
71046
71260
72148
73721
74176
74177
76801
76811
76816
76817
76819
76830
76856
77067
78815

¹This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020.

²This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020.

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**Appendix E: Codes for Certain Diversionary and
Outpatient Behavioral Health Services**

Exhibit 1

Service	Code	Description
Applied Behavior Analysis	H2019-U2	Therapeutic behavioral services, per 15 minutes (Direct instruction by a paraprofessional working under the supervision of a licensed professional.)
Applied Behavior Analysis	H2012-U2	Behavioral health day treatment, per hour (Direct instruction by a licensed professional/parent training for home services by a licensed professional.)
Applied Behavior Analysis	H0031-U2	Mental health assessment, by nonprofessional (Assessment and case planning for home services by a licensed professional. 15-minute rate.)
Applied Behavior Analysis	H0032-U2	Mental health service plan development by nonphysician (Supervision for home services by a licensed professional. 15-minute rate.)
Children's Behavioral Health Initiative	H0038	Self-help/peer services, per 15 minutes (parent-caregiver peer-to-peer support service provided by a family partner)
Children's Behavioral Health Initiative	H2011-HN	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional)
Children's Behavioral Health Initiative	H2011-HO	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)
Children's Behavioral Health Initiative	H2014-HN	Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)
Children's Behavioral Health Initiative	H2014-HO	Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician)
Children's Behavioral Health Initiative	H2019-HN	Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician)
Children's Behavioral Health Initiative	H2019-HO	Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)
Children's Behavioral Health Initiative	T1027-EP	Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)
Children's Behavioral Health Initiative	H0023-HT	Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (PACT programs with 50 slots)
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (PACT programs with 80 slots)

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Service	Code	Description
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (Forensic program)
Opioid Treatment Services	H0020	Alcohol and/or drug services; methadone administration and/or service (Dosing)
Opioid Treatment Services	H0020/T1006	Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes
Opioid Treatment Services	H0020/H0005	Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes
Opioid Treatment Services	H0020	Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes
Opioid Treatment Services	H0004	Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes
Acute Treatment Services	H0011*	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Medically Monitored Inpatient Detoxification Services, Facility)
Clinical Stabilization Services	H0010*	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)
Psychological Testing Services	96116	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 (Doctoral level)
Psychological Testing Services	96121	Each additional hour (List separately in addition to code for primary procedure) (Doctoral level)
Psychological Testing Services	96130	Psychological 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
Psychological Testing Services	96131	Each additional hour (List separately in addition to code for primary procedure)

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Service	Code	Description
Psychological Testing Services	96132	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
Psychological Testing Services	96133	Each additional hour (List separately in addition to code for primary procedure)
Psychological Testing Services	96136	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)
Psychological Testing Services	96137	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)
Psychological Testing Services	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
Psychological Testing Services	96139	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)

*Note: The rate increases described above apply to all code(s) used by managed care plans for this service.

Exhibit 2

Service	Code	Description
Adult Residential Rehabilitation Services	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Family Residential Rehabilitation Services	H0019-HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Adult Residential Rehabilitation Services	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Family Residential Rehabilitation Services	H0019-HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Youth Residential Rehabilitation Services	H0019-HA	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)

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Transitional Age Youth and Young Adult Residential Rehabilitation Services	H0019-HF	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Pregnant Residential Rehabilitation Services	H0019-TH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Co-Occurring Enhanced Residential Rehabilitation Services	H0019-HH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

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Appendix F: Codes for Early Intervention Services

Service	Code	Description
Early Intervention	H2015	Child visit – day care
Early Intervention	H2015	Child visit – hospital
Early Intervention	H2015	Child visit
Early Intervention	T1015	Center-based individual
Early Intervention	96165-U1	EI-only child group (15 minutes)
Early Intervention	96164-U1	EI-only child group (30 minutes)
Early Intervention	96165-U2	Community child group (15 minutes)
Early Intervention	96164-U2	Community child group (30 minutes)
Early Intervention	T1027	Parent-focused group
Early Intervention	T1023	Screening
Early Intervention	T1024	Assessment