

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY  
AMBULATORY CARE

114.3 CMR 29.00: PSYCHOLOGICAL SERVICES

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29.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 29.00 governs the rates of payment used by all governmental units in making payments to eligible providers of psychological services to publicly-aided individuals in any suitable location, such as a private office, the client's place of residence, or other appropriate facility. 114.3 CMR 29.00 is effective January 1, 2008. The rates set forth in 114.3 CMR 29.00 do not apply to individuals covered by M.G.L. c. 152, the Worker's Compensation Act. Rates for services rendered to such individuals are set forth in 114.3 CMR 40.03(2).

(2) Disclaimer of Authorization of Services. 114.3 CMR 29.00 is not authorization for or approval of the substantive services, or lengths of time, for which rates are determined pursuant to 114.3 CMR 29.00. Governmental units that purchase services from eligible providers are responsible for the definition, authorization, and approval of services and lengths of time extended to publicly-aided individuals. Information about substantive program requirements must be obtained from purchasing governmental units.

(3) Authority. 114.3 CMR 29.00 is adopted pursuant to M.G.L. c. 118 G.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. The publication of such updates and corrections will list: 1) codes for which the code numbers only changed, with the corresponding cross-walk; 2) codes for which the code remains the same but the description has changed; 3) deleted codes for which there is no cross-walk. In addition, for entirely new codes which require new pricing, the Division will list these codes and apply individual consideration in reimbursing for these new codes until appropriate rates can be developed

29.02: Definitions

Meaning of Terms. Terms used in 114.3 CMR 29.00 have the meanings set forth in 114.3 CMR 29.02.

Diagnostic Services. A session between an individual and an eligible provider for the determination and examination by interview techniques of the individual's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of developing a diagnostic formulation and designing a treatment plan.

Eligible Provider of Psychological Services

- (a) A psychologist who is licensed to practice by the Massachusetts Board of Registration of Psychologists and who meets the requirements of education and experience that have been or may be adopted by a governmental unit or Worker's Compensation purchaser.
- (b) A school psychologist certified by the Massachusetts Department of Education.

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Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth. This definition includes public school departments.

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Group Therapy. A treatment session conducted by an eligible provider for the application of psychotherapeutic or counseling techniques to a group of people each of whom manifests an emotional problem or disturbance. Groups are limited to ten clients.

Individual Consideration (I.C.). Those rates for psychological services for which no total allowable fee is specified in 114.3 CMR 29.00 and which are determined by a governmental unit based on the nature, extent, and need for such service and the degree of skill and time required for its provision. Providers must maintain adequate records to determine the appropriateness of their I.C. claims and must provide these documents to the purchasing agency upon demand.

Individual Therapy. A therapeutic meeting between an individual and an eligible provider to help ameliorate problems, conflicts, and disturbances.

Psychological Testing. The use of standardized test instruments and procedures by an eligible provider in order to evaluate aspects of an individual's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology. These tests must be published, valid, and in general use as defined by listing in the Mental Measurement Yearbook or by conformity to the Standards for Educational and Psychological Tests of the American Psychological Association.

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

29.03: General Rate Provisions

(1) General Rate Provisions. The rates of payment for psychology services to which 114.3 CMR 29.00 applies are the lower of:

- (a) The eligible provider's usual charge to the general public for the same or similar services;
- (b) The schedule of allowable fees listed in 114.3 CMR 29.04, 29.05, and 29.06.

(2) Effect of Regulation. The rates of payment contained in 114.3 CMR 29.00 constitute full compensation for services rendered to publicly-aided individuals as well as for administrative or supervisory duties associated with those patient services.

(3) Individual Consideration.

(a) Rates of payment to eligible providers for services authorized in 114.3 CMR 29.00 but not listed herein or for authorized services performed in exceptional circumstances are determined on an Individual Consideration (I.C.) basis by the governmental unit purchaser upon receipt of a report that describes the services rendered. Such services include but are not limited to hypnosis and behavior modification.

(b) Hours. The determination of the number of hours of services purchased for authorized I.C. procedures is in accordance with the following criteria:

- 1. Time required to perform the service;
- 2. Severity or complexity of the client's disorder or disability;
- 3. Prevailing professional ethics and accepted practice;
- 4. Such other standards and criteria as may be adopted from time to time by the Division or governmental purchaser.

(c) The total allowable fee for services determined on an I.C. basis shall be determined by multiplying the approved hours of service times the maximum hourly rate of \$74.94.

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29.04: Allowable Fees for Psychological Tests

(1)(a)The allowable fees for psychological tests follow. These rates cover the complete cost of interviewing, testing, scoring, interpreting, and writing reports of tests, unless the allowable fee is designated I.C.. For services designated I.C. an eligible provider may bill for time spent at the rate of \$74.94 per hour for interview, testing, scoring, interpreting, and report writing

29.04: continued  
(b) The following guidelines should be used for determining the timeframes when billing code 96101:

Vocational Interest Evaluation	1 hour
Educational Achievement Testing	1 hour
Intelligence Testing	1-2 hours
Personality Evaluation	2-4 hours
Assessment of Brain Damage	2-4 hours
Intellectual & Personality Evaluation	3-6 hours

Code	Allowable Fee	Description
96101	\$74.94	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach, WAIS), per hour of the psychologist’s or physician’s time, both face-to-face time with patient and time interpreting test results and preparing report
96116	\$74.94	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), per hour of the psychologist’s or physician’s time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	\$74.94	Neurological testing (eg.Halstead-Reitan Neuropsychological Battery, Weschler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist’s or physician’s time, both face-to-face time with patient and time interpreting test results andpreparing the report

(2) The following procedures are to be billed in half hour increments, at the hourly rate of \$74.94, for times not to exceed the specified ranges, unless prior notification is made to a governmental unit or purchaser.

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Procedure	Range	Description
Neurobehavioral Interview	1-2 hours (\$74.94 per hour)	Patient, caregivers or other informants. Included under Partial Neuropsychological Assessment, Comprehensive Neuropsychological Assessment, and Consultation. If more than one person is interviewed, use Consultation instead.
Partial Neuro-Psychological Assessment	2-8 hours (\$74.94 per hour)	A neuropsychological assessment that is less than comprehensive in its assessment of neuropsychological functioning. May range from brief screening of one to broader assessment of several neuropsychological functions. May, but need not include: record review; patient review; neurobehavioral history; administering, scoring, and interpreting tests of neuropsychological functions; and report preparation. If the provider performs a Partial Neuropsychological Assessment, then the provider may <u>not</u> also bill for a Neurobehavioral Interview or a Comprehensive Neuropsychological Assessment
Comprehensive Neuropsychological Assessment	8-12 hours (\$74.94 per hour)	Generally includes, but not limited to: record review; patient interview neurobehavioral history(medical psychological, educational); assessment of neuropsychological functions (attention, language, memory, visuoperception, sensory, motor, executive, some personality); scoring, interpretation of data, including diagnosis and recommendations; report preparation; and follow-up meeting to review findings; if a provider performs a Comprehensive NeuropsychologicalAssessment, then the provider may <u>not</u> also bill for a Neurobehavioral Interview or a Partial Neuropsychological Assessment
Consultation	2-4 hours (\$74.94 per hour)	May, but need not, include: medical record review; patient interview; review of previous neuropsychological, psychological, educational testing; observation; attendance at medical/educational team meetings.
Serial Brief Consultation	0.5 – 2 hours (\$74.94 per hour)	Intended for monitoring neurobehavioral status or progression over course of treatment for condition. Conducted with patient, caregivers,or other informants.

29.05 Allowable Fees for Psychological Testing of the Hearing Impaired

The allowable fees for psychological testing of the hearing impaired appear below. These rates cover the complete cost of interviewing, testing, scoring, interpreting, and writing reports.

Procedure	Allowable Fee	Description
Vocational Test Battery	By special arrangement with the	General Aptitude

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	Mass. Division of Employment Security	
Vocational Interest	\$74.94	Normally including but not limited to Evaluation Geist Picture Interest Inventory or California Picture Interest Inventory
Educational Achievement Evaluation	\$149.88	Normally including but not limited to: a) Metropolitan (Deaf Forms) b) Stanford
Intelligence Testing only	\$187.35	Individually administered and normally including but not limited to the Weschler Intelligence Scales and the Revised Beta or Ravens Progressive Matrices
Personality Evaluation	\$224.82	Normally including but not limited to a face-to-face interview, TAT, Rorschach, figure drawing and TED (Tasks of Emotional Development) Tests
Assessment of Brain Damage	\$299.76	Including: a) the Weschler Intelligence Scales or other tests designed to obtain the base line level of non- verbal intellectual functioning, b) standardized tests of memory such as the Bender-Gestalt, Graham Kendall Memory for Design, and the Weigl Colorform Sorting Test
Neuropsychological examination		Rates and descriptions specified in 114.3 CMR 29.04 (2)

29.06: Allowable Fees for Other Psychological Services

Procedure	Allowable Fee	Description
Group therapy	\$24.98per client, one and one-half hour session	Group therapy – limited to ten clients per group
Individual therapy	\$74.94 per hour; \$37.47 per half- hour	Individual therapy–not to exceed one hour per session
Diagnostic	\$74.94 per hour	Diagnostic services

29.07: Special Provisions

Preferred Provider Agreements:

- (1) A purchaser may apply for approval of a Preferred Provider Agreement under which the governmental unit will purchase specialized services at a reimbursement rate that reflects the particular requirements of the services to be provided
- (2) In order for the Division to approve the Agreement, the Agreement must
  - (a) Identify the clinical needs of the purchaser's clients;
  - (b) Establish specific criteria for evaluating provider qualifications to meet the clinical needs of the purchaser's clients;
  - (c) Specify the purchaser's role in managing the services provided to its clients, including but not limited to prior authorizations;
  - (d) Specify the provider's duties in complying with the administrative requirements established by the purchasing agency;
  - (e) Demonstrate that the rates to be paid are reasonable and reflect the additional services to be provided;
  - (f) If the governmental unit is a state agency, the agency must demonstrate that the

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provisions of 808 CMR 2.00 relative to the procurement and form of the Agreement have been satisfied.

(3) If the governmental unit has adopted formal procedures for contracting with providers under Preferred Provider Agreements, and the procedures satisfy the criteria set forth in 114.3 CMR 29.07 (1)(b) above, the governmental unit may request approval of its formal procedures rather than approval of the individual agreements. The governmental unit must supply to the Division the services for which Preferred Provider Agreements will be executed and the range of rates to be paid.

29.08: Severability

The provisions of 114.3 CMR 29.00 are severable. If any provision or the application of such provision to any eligible provider of psychological services or any circumstance is held to be invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 29.00: M.G.L. c.118 G.

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