

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Section

- 306.01: General Provisions
- 306.02: General Definitions
- 306.03: Rate Provisions
- 306.04: Reporting Requirements and Sanctions
- 306.05: Severability

306.01: General Provisions

(1) Scope and Purpose. 101 CMR 306.00 governs the rates to be used by all governmental units and workers' compensation insurers for outpatient mental health services provided by mental health centers and community health centers, including mental health services provided in nursing facilities. 101 CMR 306.00 does not govern rates for other services, care, and supplies provided by mental health centers and community health centers to publicly aided and industrial accident patients, including, but not limited to, psychiatric day treatment services, early intervention services, and medical services provided in community health centers.

(2) Applicable Dates of Service. Rates in 101 CMR 306.00 apply for dates of service provided on or after September 1, 2025.

(3) Disclaimer of Authorization of Services. 101 CMR 306.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 306.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 306.00.

306.02: General Definitions

As used in 101 CMR 306.00, unless the context requires otherwise, terms have the meanings in 101 CMR 306.02.

Adverse Incident. An occurrence that represents actual or potential serious harm to the well-being of a member, or to others under the care of the mental health center. Adverse incidents may be the result of the actions of a member served, actions of a staff member providing services, or incidents that compromise the health, safety, or operations of the center.

American Society of Addiction Medicine (ASAM). A professional society in the field of addiction medicine that sets diagnostic and dimensional criteria for the delivery of substance use disorder treatment which includes a continuum of five basic levels of care from Early Intervention to Medically Managed Intensive Inpatient Treatment.

Behavioral Health Disorder. Any disorder pertaining to mental health or substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Behavioral Health Urgent Care Provider. A center that meets the requirements in 130 CMR 429.404(D).

Care Coordination. The organization of a member's care across multiple services and supports.

Case Consultation. An intervention, including scheduled telephonic or in-person meetings, for behavioral and medical management purposes on a member's behalf with agencies, employers, or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

Certified Peer Specialist (CPS). A person who has been trained by an agency approved by the Department of Mental Health (DMH) who is self-identified as having lived experience of a mental health disorder and wellness who can effectively share their experiences and serve as a mentor, advocate, or facilitator for a member experiencing a mental health disorder.

Child and Adolescent Needs and Strengths (CANS). A standardized tool that organizes information gathered during a behavioral health clinical assessments. A Massachusetts version of the tool has been developed and is intended to be used as a treatment decision support tool for behavioral health providers serving MassHealth members younger than 21 years of age.

Community Consultation and Education. Services provided by professional personnel to representatives of schools, courts, police, organizations, or agencies with the aim of problem solving and imparting knowledge in areas such as prevention, availability of resources, and clinical procedures. Such consultation is distinct from case consultation in that it does not address the problems of a particular patient but rather the community at large.

Community Health Center. A clinic that provides comprehensive ambulatory services and is not financially or physically an integral part of a hospital.

Co-occurring Disorder. A diagnosis of both a substance use disorder and one or more behavioral health disorders.

Core Discipline. Licensed behavioral health disciplines, including but not limited to psychiatry, social work, psychology, and psychiatric nursing (including an advanced practice registered nurse).

Counselor. An individual who has earned a master's degree in counseling from a recognized educational program and who also meets conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152: *Workers' Compensation*.

Couples Therapy. Psychotherapeutic services provided to a couple whose primary issue is the disruption of their marriage, family, or relationship.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Crisis Intervention. An urgent evaluation including assessment of risk, diagnosis, short-term intervention, and rendering of a disposition for a member's presenting crisis, which may include referral to an existing or new behavioral health provider.

Developmental Assessment. The assessment of developmental status including the administration of developmental testing to assess fine and/or gross motor, language, cognitive level, social, memory and/or executive functions.

Developmental Testing. The assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments, which may include the interpretation and reporting of results.

Diagnostic Evaluation Services. The examination and determination of a member's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of designing a treatment plan.

Eligible Provider. A mental health center or community health center that meets the conditions of participation that have been or may be adopted by a governmental unit purchasing mental health services or by purchasers under M.G.L. c. 152: *Workers' Compensation*.

Encounter Bundle. A flat rate per date of services for the provision of any of a set of designated services, regardless of the number of services provided to the individual on that date.

Enhanced Structured Outpatient Addiction Program (E-SOAP). American Society of Addiction Medicine (ASAM) Level 2.1 Intensive Outpatient Services is a program that provides short-term, clinically intensive, structured day and/or evening substance use disorder services. E-SOAP specifically serves specialty populations including homeless members and people at risk of homelessness, pregnant members, and adolescents. E-SOAP services must meet requirements in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

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

Family Consultation. A preplanned meeting with one or more of the parents, legal guardian, or foster parents of a child who is being treated by clinical staff at the center when the parents, legal guardian, or foster parents are not clients of the center.

Family Therapy. The treatment of more than one member of a family simultaneously in the same visit.

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

Group Therapy. The application of psychotherapeutic or counseling techniques to a group of persons, most of whom are not related by blood, marriage, or legal guardianship.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH CENTERS AND MENTAL HEALTH CENTERS

Individual Consideration (IC). Payment rates to eligible providers for services authorized in accordance with 101 CMR 306.03, but not listed herein, or authorized services performed in exceptional circumstances must be determined on an IC basis by the governmental unit or purchaser under M.G.L. c. 152: *Workers' Compensation* upon receipt of a bill that describes the services rendered. The determination of rates of payment for authorized IC procedures must be in accordance with the following criteria:

- (a) time required to perform the service;
- (b) degree of skill required for service rendered;
- (c) severity and/or complexity of the client's disorder or disability;
- (d) policies, procedures, and practices of other third-party purchasers of care; and
- (e) such other standards and criteria as may be adopted from time to time by EOHHS pursuant to 101 CMR 306.03(6).

Individual Therapy. Psychotherapeutic services provided to an individual.

Intensive Outpatient Program (IOP). A mental health treatment service that provides time-limited, multidisciplinary, multimodal structured treatment in an outpatient setting for members requiring a clinical intensity that exceeds outpatient treatment. Service includes individual, group, and family therapy as well as case management services.

Medication for Addiction Treatment (MAT). Use of a medication approved by the Food and Drug Administration (FDA) for the treatment of a substance use disorder.

Medication for Opioid Use Disorder (MOUD). Use of a medication approved by the FDA for the treatment of opioid use disorder.

Medication Visit. A member visit specifically for prescription, review, and monitoring of medication by a psychiatrist, a psychiatric clinical nurse specialist, advanced practice registered nurse, or physician assistant, or administration of prescribed intramuscular medication by a physician, nurse, or physician assistant.

Mental Health Center (Center). An entity that delivers a comprehensive group of diagnostic and psychotherapeutic treatment services to individuals seeking treatment for mental health disorders, which may include co-occurring substance use disorder, and their families by an interdisciplinary team under the medical direction of a psychiatrist.

Mental Health Disorder. Any disorder pertaining to mental health as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters.

Multiple Family Group Therapy. The treatment of more than one family unit, at the same time in the same visit, by one or more authorized staff members. There must be more than one family

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

member present per family unit and at least one of the family members per family unit must be an identified patient of the center.

Neuropsychological Assessment. A battery of performance-based assessments rendered by an eligible provider that assesses cognitive functioning and developmental delays in order to examine the cognitive consequences of brain damage, brain disease, physical, and mental illness, and other conditions that may impact cognitive functioning and achievement of developmental milestones. A neuropsychological assessment may include tests of intelligence, attention and concentration, learning and memory, processing speed, visual spatial perception, language skills, visual motor and fine motor skills, sensory perception, executive functioning, and emotional functioning.

Occupational Therapist. An individual who is registered with the American Occupational Therapy Association who also meets the conditions of participation that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152: *Workers' Compensation*.

Peer Recovery Coach. An individual currently in recovery who has lived experience with substance use or other addictive disorders and/or co-occurring mental health disorders and has been trained to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. Peer recovery coaches engage in an equitable, nonclinical relationship with the member focused on removing obstacles to recovery. Peer recovery coaches link members to the recovery community and engage in mentoring. Peer recovery coaches must meet requirements in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Preventive Behavioral Health Services. Short-term group intervention, recommended by a physician or other licensed practitioner practicing within their scope of licensure, that cultivates coping skills and strategies for symptoms of depression, anxiety, and other social-emotional concerns, to prevent the development of behavioral health disorders for children and adolescents younger than 21 years of age.

Psychiatric Nurse. An individual who is currently registered by the Massachusetts Board of Registration in Nursing and who has earned a master's degree from an accredited graduate school of psychiatric nursing or who meets the conditions of participation that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152: *Workers' Compensation*.

Psychiatric Nurse Mental Health Clinical Specialist. A licensed registered nurse who is authorized by the Board of Registration in Nursing as practicing in an expanded role and who meets the requirements of 244 CMR 4.05(4): *Psychiatric Nurse Mental Health Clinical Specialist*.

Psychiatric Social Worker. An individual who has earned a master's degree from an accredited graduate school of social work or who meets the conditions of participation that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152: *Workers' Compensation*.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Psychiatrist. An MD or Doctor of Osteopathic Medicine who is registered in Massachusetts and who is certified or eligible for certification by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry who meets such conditions of participation as have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152: *Workers' Compensation*.

Psychological Associate. A staff member trained in the field of clinical or counseling psychology or a closely related specialty who

- (a) has a minimum of a master's degree or the equivalent graduate study in clinical or counseling psychology or a closely related specialty from an accredited educational institution;
- (b) is currently enrolled in or have completed a doctoral program in clinical or counseling psychology or a closely related specialty; and
- (c) has had two years of full-time supervised clinical experience subsequent to obtaining a master's degree in a multidisciplinary mental health setting. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of experience.)

Psychological Assessment. The use of standardized test instruments to evaluate aspects of a member's functioning. Psychological assessment includes intelligence, neuropsychological and developmental, and personality assessments. Test instruments used for psychological assessment must be published, valid, and in general use as defined by listing in the *Mental Measurement Yearbook* or successor publication, or by conformity to the *Standards for Educational and Psychological Testing* of the American Psychological Association.

Psychologist. An individual who by training and experience meets the requirements for licensing by the Massachusetts Board of Registration of Psychologists and is duly licensed to practice psychology in the Commonwealth or who meets the requirements of education and experience in psychology that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152: *Workers' Compensation*.

Psychotherapy. The utilization of psychological and interpersonal theories and related practice methodologies to assess, interpret, and modify conscious and unconscious processes of behavior.

Psychotherapy for Crisis. An urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma.

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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Recovery Support Navigator. A paraprofessional specialist who receives specialized training in the essentials of substance use disorder and evidence-based techniques, such as motivational interviewing, 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. Recovery support navigators must meet requirements in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Reevaluation. A session between a client and one or more staff members who are authorized to render mental health services for the determination and examination by interview techniques of a patient's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of reevaluating the diagnostic formulation, treatment plan, and procedures in order to assess aspects of an individual's functioning.

Staff Member Authorized to Render Billable Mental Health Services. An individual who provides the services referred to in 101 CMR 306.00 under the auspices of an eligible provider and meets the qualifications of any of the following professions: psychiatrist, psychologist, psychological associate, social worker, psychiatric nurse, psychiatric clinical nurse specialist, advanced practice registered nurse, counselor, or occupational therapist. This also includes staff members meeting the qualifications that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152: *Workers' Compensation*.

State-operated Community Mental Health Center. A community mental health center operated by the Commonwealth that is not financially or physically an integral part of a hospital.

Structured Outpatient Addiction Program (SOAP). ASAM Level 2.1 Intensive Outpatient Services. A substance use disorder treatment service that provides short-term, multidisciplinary, clinically intensive structured treatment to address the subacute needs of members with substance use disorder and/or co-occurring disorders. These services may be used as a transition service in the continuum of care toward lower intensity outpatient services or accessed directly. SOAP services must meet requirements in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Substance Use Disorder. Any disorder pertaining to substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Telehealth. The use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to interactive audio-video technology; remote patient monitoring devices; audio-only telephone; and online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating, or monitoring of a patient's physical health, oral health, mental health, or substance use disorder condition.

Uniform Financial Statements and Independent Auditor's Report (UFR). The set of financial statements and schedules required of many human, social service, and healthcare providers who deliver services to publicly aided clients.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH CENTERS AND MENTAL HEALTH CENTERS

Urgent Behavioral Health Needs. Needs characterized by changes in behavior or thinking, role dysfunction, emerging intent of self-injury, or threats to others. Urgent behavioral health needs do not rise to the level of immediate risk of harm to self or others.

306.03: Rate Provisions

(1) **Rates as Full Compensation.** The rates under 101 CMR 306.00 constitute full compensation for mental health services provided by community health centers and mental health centers to publicly aided and industrial accident patients, including full compensation for necessary administration and professional supervision associated with patient care.

(2) **Rates of Payment.** Except as otherwise provided in 101 CMR 306.03(5)(d), payment rates under 101 CMR 306.00 must be the lower of

- (a) the eligible provider's usual charge to the general public; or
- (b) the schedule of allowable rates for services provided by mental health centers and community health centers as set forth in 101 CMR 306.03(5)(a), and for services provided by mental health centers designated as behavioral urgent care providers, as set forth in 101 CMR 306.03(5)(b).

(3) **Child and Adolescent Needs and Strengths (CANS).** Psychiatric diagnostic interview examination for children and adolescents younger than 21 years old. Eligible clinicians who complete the CANS for a MassHealth child or adolescent younger than 21 years old during a psychiatric diagnostic interview examination must use procedure code 90791 accompanied by a modifier -HA to bill for the service.

(4) **Modifiers.**

- (a) -25: Significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified health professional on the same day of the procedure or other service. Modifier -25 applies to two E/M services provided on the same day.
- (b) -59: Distinct Procedure Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier -59 to the end of the appropriate service code. Modifier 59 is used to identify services/procedures that are not normally reported together but are appropriate under certain circumstances. However, when another already established modifier is appropriate, it should be used rather than modifier -59.
- (c) -AF: Specialty physician. (This modifier is to be applied to service codes billed by the mental health center that were performed by a psychiatrist.)
- (d) -AH: Clinical psychologist. (This modifier is to be applied to service codes billed by the mental health center that were performed by a doctoral-level clinician, including PhD, PsyD, or EdD.)
- (e) -EP: Group psychotherapy modifier for preventive behavioral health session (only used with 90853).
- (f) -HA: Child/adolescent program (only used with 90791 and H2013).
- (g) -HB: Adult program nongeriatric (only used with H2013).
- (h) -HE: Mental health program (certified peer specialist services).

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH CENTERS AND MENTAL HEALTH CENTERS

- (i) -HL: Intern. (This modifier is to be applied to service codes billed by the mental health center that were performed by an intern-level clinician, including post-doctoral fellows and psychology interns, post-master's mental health counselors and mental health counselor interns, post-master's marriage and family therapist, licensed alcohol and drug counselor IIs [LADC II], certified addiction counselor/certified alcohol and drug abuse counselor.)
- (j) -HO: Master's Degree Level. (This modifier is to be applied to service codes billed by the mental health center that were performed by a master's level clinician, including licensed clinical social worker [LCSWs], licensed independent clinical social workers [LICSWs], licensed alcohol and drug counselor I, licensed mental health counselor, or licensed marriage and family therapist)
- (k) -SA: Nurse practitioner rendering service in collaboration with a physician.
(This modifier is to be applied to service codes billed by the mental health center that were performed by an advanced practice registered nurse.)
- (l) -UG: Child Psychiatrist. (This modifier is to be applied to service codes billed by the mental health center that were performed by a registered child psychiatrist.)

(5) Fee Schedule.

- (a) Allowable fee for community health centers and mental health centers.

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
90791	\$229.10	183.87	\$157.83	\$143.53	\$90.01	Psychiatric diagnostic evaluation
90791-HA	\$245.60	\$200.37	\$174.33	\$160.03	\$106.51	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90792	\$144.98	\$144.56	---	---	---	Psychiatric diagnostic evaluation with medical services
90832	\$76.56	\$76.56	\$65.08	\$57.42	\$39.05	Psychotherapy, 30 minutes with patient
90833	\$70.21	\$70.21	\$59.69	\$52.66	\$35.82	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
90834	\$127.27	\$111.83	\$105.48	\$105.01	\$57.28	Psychotherapy, 45 minutes with patient
90836	\$91.19	\$91.19	\$91.19	\$91.19	\$54.17	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90837	\$148.54	\$148.54	\$140.28	\$138.26	\$75.76	Psychotherapy, 60 minutes with patient
90839	\$171.13	\$171.13	\$171.13	\$171.13	\$102.68	Psychotherapy for crisis; first 60 minutes
90840	\$85.57	\$85.57	\$85.57	\$85.57	\$51.34	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to the code for primary procedure.)
90846	\$155.56	\$118.38	\$111.57	\$111.57	\$60.86	Family psychotherapy (without the patient present), 50 minutes
90847	\$155.56	\$118.38	\$111.57	\$111.57	\$60.86	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	\$50.92	\$42.72	\$39.45	\$30.46	\$19.76	Multiple family group psychotherapy (per person per session not to exceed 10 clients)
90853	\$50.92	\$42.72	\$39.45	\$36.43	\$19.76	Group psychotherapy (other than multiple family group) (per person per session not to exceed 12 clients)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
90853-EP	\$50.92	\$42.72	\$39.45	\$36.43	\$19.76	Group psychotherapy (other than of a multiple family group) (per person not to exceed 12 clients) (preventive behavioral health session)
90882	\$71.80	\$71.80	\$71.80	\$71.80	\$43.08	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	\$79.19	\$79.19	\$67.31	\$59.40	\$40.39	Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	\$43.18	\$43.18	\$43.18	\$43.18	\$25.91	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
99202	\$82.78	\$74.70	---	---	---	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	\$119.41	\$114.02	---	---	---	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	\$180.40	\$169.28	---	---	---	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.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
99205	\$224.06	\$223.64	---	---	---	Office or other outpatient visit for the evaluation and management of a new 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, 60 minutes must be met or exceeded.
99211	\$24.27	\$24.27	---	---	---	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 healthcare professional.
99212	\$58.00	\$58.00	---	---	---	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.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
99213	\$92.52	\$92.52	---	---	---	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	\$158.38	\$130.36	---	---	---	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.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
99215	\$183.23	\$183.23	---	---	---	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	\$28.69	\$28.69	---	---	---	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.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
96112	---	\$180.72	\$180.72	---	---	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
96113	---	\$90.36	\$90.36	---	---	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
96116	---	\$132.51	\$132.51	---	---	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 healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
96121	---	\$132.51	\$132.51	---	---	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 healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
96130	---	\$118.24	\$118.24	---	---	Psychological testing evaluation services by physician or other qualified healthcare 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
96131	---	\$100.53	\$100.53	---	---	Psychological testing evaluation services by physician or other qualified healthcare 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; each additional hour (List separately in addition to code for primary procedure.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
96132	---	\$134.02	\$134.02	---	---	Neuropsychological testing evaluation services by physician or other qualified healthcare 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
96133	---	\$110.58	\$110.58	---	---	Neuropsychological testing evaluation services by physician or other qualified healthcare 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; each additional hour (List separately in addition to code for primary procedure.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier - UG)	Payment Rate for service codes performed by a psychiatrist (Modifier - AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier - AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier - HO)	Payment Rate for service codes performed by an intern (Modifier - HL)	Service Description
96136	---	\$55.30	\$55.30	---	---	Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes
96137	---	\$50.27	\$50.27	---	---	Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure.)
96138	---	\$41.53	\$41.53	---	---	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	---	\$41.53	\$41.53	---	---	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate	Service Description
S9480	\$65.11	Intensive outpatient psychiatric services, <i>per diem</i> .
H0015	Rate as indicated in 101 CMR 444.00: <i>Rates for Certain Substance Use Disorder Services</i>	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, 3.5 hours, not to exceed 2 units a day).
H0015-TF	Rate as indicated in 101 CMR 444.00: <i>Rates for Certain Substance Use Disorder Services</i>	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 Addiction Program, 3.5 hours, not to exceed 2 units a day).
H0046-HE	\$22.95	Mental health services, not otherwise specified (certified peer specialist services)
H2016-HM	Rate as indicated in 101 CMR 346.00: <i>Rates for Certain Substance-related and Addictive Disorders Programs</i>	Comprehensive community support program, <i>per diem</i> (Enrolled Client Day) (recovery support service by a recovery advocate trained in peer recovery coaching)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate	Service Description
H2015-HF	Rate as indicated in 101 CMR 444.00: <i>Rates for Certain Substance Use Disorder Services</i>	Comprehensive community support services, per 15 minutes (recovery support navigator)
	\$60.41	Community Consultation and Education (per hour)
	\$88.93	Reevaluation (per hour)

(b) Allowable fee for mental health service provided by a behavioral health urgent care provider.

1. Services Rates. A mental health center designated as a behavioral health urgent care center must bill the encounter bundle codes in 101 CMR 306.03(5)(b)(2) for the provision of any designated service specified in 101 CMR 306.03(5)(b)(2)(c). A mental health center designated as a behavioral health urgent care center must bill the rates in 101 CMR 306.03(5)(a) for the provision of all services not specified as a designated service in 101 CMR 306.03(5)(b)(2)(c).

2. Encounter Bundle Rates. The services incorporated into the encounter bundled rate are specified in 101 CMR 306.03(5)(b)(2)(c).

- a. 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.
- b. The encounter bundle rates are as follows:

Service Code	Modifier 1	Service Description	Payment
H2013	HB	Psychiatric health facility service, <i>per diem</i> (Adult Services)	\$161.89
H2013	HA	Psychiatric health facility service, <i>per diem</i> (Child/Adolescent Services)	\$170.81

(c) The designated services outlined below, inclusive of all licensure levels, must be billed in conjunction with the appropriate encounter bundle code in 101 CMR 306.03(5)(b)1. 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. The bundled encounter rates incorporate the following designated services codes:

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Service 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
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
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service.)
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, <i>per diem</i>
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Service Description
	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 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.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Service Description
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.)
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; or straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Service Description
	improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem-focused examination; or medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; or medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; or medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Service Description
	typically spend 20 minutes face-to-face with the patient and/or family.
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem-focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Service Description
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; or straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; or medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; or medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; or medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

(d) Allowable fee for mental health services provided by a mental health center in a nursing facility are as follows:

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90791	\$229.10	\$183.87	\$157.83	\$143.53	\$90.01	Psychiatric diagnostic evaluation
90792	\$144.98	\$144.56	---	---	---	Psychiatric diagnostic evaluation with medical services
90832	\$76.56	\$76.56	\$65.08	\$57.42	\$39.05	Psychotherapy, 30 minutes with patient
90833	\$70.21	\$70.21	\$59.69	\$52.66	\$35.82	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90834	\$127.27	\$111.83	\$105.48	\$105.01	\$57.28	Psychotherapy, 45 minutes with patient
90836	\$91.19	\$91.19	\$91.19	\$91.19	\$54.17	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90837	\$148.54	\$148.54	\$140.28	\$138.26	\$75.76	Psychotherapy, 60 minutes with patient
90839	\$171.13	\$171.13	\$171.13	\$171.13	\$102.68	Psychotherapy for crisis, first 60 minutes

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90840	\$85.57	\$85.57	\$85.57	\$85.57	\$51.34	Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure.)
90846	\$155.56	\$118.38	\$111.57	\$111.57	\$60.86	Family psychotherapy (without the patient present), 50 minutes
90847	\$155.56	\$118.38	\$111.57	\$111.57	\$60.86	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	\$50.92	\$42.72	\$39.45	\$30.46	\$19.76	Multiple family group psychotherapy (per person per session not to exceed 10 clients)
90853	\$50.92	\$42.72	\$39.45	\$36.43	\$19.76	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)
90853-EP	\$50.92	\$42.72	\$39.45	\$36.43	\$19.76	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)
90882	\$71.80	\$71.80	\$71.80	\$71.80	\$43.08	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
90887	\$79.19	\$79.19	\$67.31	\$59.40	\$40.39	Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	\$43.18	\$43.18	\$43.18	\$43.18	\$25.91	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
96112	---	\$180.72	\$180.72	---	---	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by a physician or other qualified healthcare professional, with interpretation and report; first hour

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
96113	---	\$90.36	\$90.36	---	---	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by a physician or other qualified healthcare professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure.)
96116	---	\$132.51	\$132.51	---	---	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 a physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
96121	---	\$132.51	\$132.51	---	---	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 a physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure.)
96130	---	\$118.24	\$118.24	---	---	Psychological testing evaluation services by a physician or other qualified healthcare 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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
96131	---	\$100.53	\$100.53	---	---	Psychological testing evaluation services by a physician or other qualified healthcare 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; each additional hour (List separately in addition to code for primary procedure.)
96132	---	\$134.02	\$134.02	---	---	Neuropsychological testing evaluation services by a physician or other qualified healthcare 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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
96133	---	\$110.58	\$110.58	---	---	Neuropsychological testing evaluation services by a physician or other qualified healthcare 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; each additional hour (List separately in addition to code for primary procedure.)
96136	---	\$55.30	\$55.30	---	---	Psychological or neuropsychological test administration and scoring by a physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes
96137	---	\$50.27	\$50.27	---	---	Psychological or neuropsychological test administration and scoring by a physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure.)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate for service codes performed by a child psychiatrist (Modifier -UG)	Payment Rate for service codes performed by a psychiatrist (Modifier -AF)	Payment Rate for service codes performed by a doctoral-level clinician (Modifier -AH)	Payment Rate for service codes performed by a master's-level clinician (Modifier -HO)	Payment Rate for service codes performed by an intern (Modifier -HL)	Service Description
96138	---	\$41.53	\$41.53	---	---	Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; first 30 minutes
96139	---	\$41.53	\$41.53	---	---	Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure.)

Service Code	Payment Rate	Service Description
H0046-HE	\$22.95	Mental health services, not otherwise specified (certified peer specialist services)
H2016-HM	Rate as indicated in 101 CMR 346.00: <i>Rates for Certain Substance-Related and Addictive Disorders Programs</i>	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in peer recovery coaching)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

Service Code	Payment Rate	Service Description
H2015-HF	Rate as indicated in 101 CMR 444.00: <i>Rates for Certain Substance Use Disorder Services</i>	Comprehensive community support services, per 15 minutes (recovery support navigator)

(e) Rates for Medication Visit. Services for a medication visit must be billed using the appropriate E/M code: 99202-99205, 99211-99215, 99304-99310, 99341-99345, 99347-99350, and 99417. Definitions, payment rules, and rates as listed in 101 CMR 306.03(5)(a) for: 99202-99205, 99211-99215, and 99417 are in 101 CMR 306.03(5)(a)-(b). Definitions, payment rules, and rates for services provided outside the encounter bundled services for 99304-99310, 99341-99345, and 99347-99350 are in 101 CMR 317.00: *Rates for Medicine Services*.

(f) The allowable fee for payment for covered E/M services provided by a practitioner other than a psychiatrist is 85% of the fees described in 101 CMR 306.03(5)(e).

(g) The allowable fee for payment for covered services provided by an advanced practice registered nurse and billed with the -SA modifier is 85% of the allowable fees for psychiatrists described in 101 CMR 306.03(5)(a).

(h) Rates for State-operated Community Mental Health Centers. A state-operated community mental health center is paid at rates based on that center's reasonable cost of providing covered services to eligible MassHealth members.

1. The methodology set forth below governs rates for non-Emergency Service Program services provided by a state-operated community mental health center between June 1, 2008, and June 30, 2009.

a. Initial Payments. Initial payments were made at the rates in effect on the date of service.

b. Preliminary Reconciliation. There was a preliminary reconciliation for each state-operated community mental health center based on the difference between the initial payments and payments based on rates calculated using the center's preliminary projected FY2009 reasonable costs. In order to determine the preliminary projected FY2009 reasonable costs, EOHHS reviewed costs reported in the FY2008 UFR by each state-operated community mental health center and applied a cost adjustment factor based on the Massachusetts Consumer Price Index.

c. Final Reconciliation. There was a final reconciliation for each state-operated community mental health center based on the difference between total payments pursuant to the preliminary reconciliation and payments based rates calculated using the center's reported reasonable costs for the rate period. To determine the reported reasonable costs, EOHHS reviewed costs reported in the FY2009 UFR by each state-operated community mental health center.

2. Rates effective July 1, 2009. Payments for services provided effective July 1, 2009, are determined as follows:

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH CENTERS AND MENTAL HEALTH CENTERS

- a. Initial Payments. Initial payments are based on rates calculated by applying a cost adjustment factor to the reasonable costs reported by each center in its most recently submitted UFR.
 - b. Final Reconciliation. For each fiscal year beginning July 1, 2009, there is a final reconciliation for each state-operated community mental health center based on the difference between the initial payments and payments based on rates calculated using the center's final reasonable costs for that fiscal year. In order to determine the final reasonable costs, EOHHS reviews the costs reported in each center's UFR submitted for that fiscal year.
- (6) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. The publication of such updates and corrections will list
- (a) codes for which the code numbers only changed, with the corresponding cross-walk;
 - (b) codes for which the code remains the same but the description has changed; and
 - (c) deleted codes for which there is no cross-walk. In addition, for entirely new codes which require new pricing, EOHHS will list these codes and apply Individual Consideration in reimbursing these new codes until rates are established.
- (7) Billing. Each clinic must bill the governmental unit according to the appropriate fee schedule on a prescribed form. Each specific service must be separately enumerated on the bill.

306.04: Reporting Requirements and Sanctions

- (1) Required Reports.
 - (a) Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.
 - (b) Additional Information. Eligible providers must file such additional information as EOHHS may from time to time reasonably require.
- (2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 306.04(2).
- (3) Mergers, Acquisitions, Other Transfers. A provider involved in a merger, buyout, acquisition, purchase, pooling of interest, or other arrangement involving the transfer of business will be treated as a single provider for the purposes of 101 CMR 306.04. All compliance liabilities of the transferor are the responsibility of the transferee.

306.05: Severability

The provisions of 101 CMR 306.00 are severable. If any provision of 101 CMR 306.00 or application of such provision to any mental health center, community health center, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 306.00 or application of those provisions to mental health centers, community health centers, or circumstances.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 306: RATES FOR MENTAL HEALTH SERVICES PROVIDED IN COMMUNITY HEALTH
CENTERS AND MENTAL HEALTH CENTERS

REGULATORY AUTHORITY

101 CMR 306.00: M.G.L. c. 118E.