

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 329.00: RATES FOR PSYCHOLOGICAL AND LICENSED INDEPENDENT
BEHAVIORAL HEALTH CLINICIAN SERVICES

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329.01: General Provisions

- (1) Scope and Purpose. 101 CMR 329.00 governs the rates of payment used by all governmental units in making payments to eligible providers of psychological and licensed independent behavioral health clinician services to publicly aided individuals in any suitable location, such as a private office, the client's place of residence, using telehealth, or other appropriate facility. The rates set forth in 101 CMR 329.00 do not apply to individuals covered by M.G.L. c. 152, Workers' Compensation. Rates for services rendered to such individuals are set forth in 114.3 CMR 40.03(2): *Services and Rates Covered by other Regulations.*
- (2) Applicable Dates of Service. Rates contained in 101 CMR 329.00 apply for dates of service on or after April 25, 2025.
- (3) Coverage. 101 CMR 329.00 and the rates of payment contained in 101 CMR 329.00 apply to psychological and licensed independent behavioral health clinician services rendered by eligible providers to publicly aided individuals. As set forth in 101 CMR 329.03(2), the rates of payment under 101 CMR 329.00 are full compensation for all services rendered.
- (4) Disclaimer of Authorization of Services. 101 CMR 329.00 is not authorization for or approval of the services for which rates are determined pursuant to 101 CMR 329.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.
- (5) Coding Updates and Corrections. The Executive Office of Health and Human Services (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 only the code numbers change, with the corresponding cross references between existing and new codes;
 - (b) codes for which the code remains the same but the description has changed;
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (IC) reimbursement for these new codes until appropriate rates can be developed.

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(6) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on, and understanding of, substantive provisions of 101 CMR 329.00.

329.02: General Definitions

As used in 101 CMR 329.00, unless the context requires otherwise, terms have the meanings in 101 CMR 329.02.

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

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during 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 old.

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

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 Services Evaluation. The examination by interview techniques and determination of a patient's physical, psychological, social, economic, educational, and vocational capabilities and disabilities for purposes of developing a diagnostic formulation and designing a treatment plan.

Eligible Provider. Any psychologist, licensed independent behavioral health clinician, or technician for test administration who meets the conditions of participation that have been or may be adopted by a governmental unit purchasing psychological and licensed independent behavioral health clinician services.

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

Family Consultation. A scheduled meeting of at least one-half hour with one or more of the parents, legal guardian, or foster parents of a child who is being treated by the provider, when the parents, legal guardian, or foster parents are not clients of the provider.

Family Therapy. The psychotherapeutic treatment of more than one member of a family

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simultaneously in the same session.

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

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.

Individual Consideration (IC). Those rates for psychological and licensed independent behavioral health clinician services for which no total allowable fee is specified in 101 CMR 329.00 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 IC claims and must provide these documents to the purchasing agency upon demand.

Individual Therapy. Psychotherapeutic services provided to an individual.

Intelligence Assessment. A battery of tests to measure intelligence and cognitive ability, listed in the *Mental Measurement Yearbook*, or that conforms to the *Standards for Educational and Psychological Tests* of the American Psychological Association, such as a full Wechsler Adult Intelligence Scale, Wechsler Intelligence Scale for Children, or Stanford-Binet Intelligence Scales.

Licensed Independent Behavioral Health Clinician. A licensed independent clinical social worker (LICSW), licensed mental health counselor (LMHC), or licensed marriage and family therapist (LMFT) who meets the requirements of 130 CMR 462.404: *Provider Eligibility*.

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 member. In this type of therapy, there must be more than one family 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 provided 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 or developmental 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. Developmental assessments must rely on standardized developmental instruments when performed, and they may include assessment of gross motor skills.

Personality Assessment. A battery of techniques that yield an evaluation of personality, using at least two personality tests that are listed in the *Mental Measurement Yearbook*, or that conform to the *Standards for Educational and Psychological Tests* of the American Psychological

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Association, unless clinically contraindicated.

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

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

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.

Telehealth. The use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to:

- (a) interactive audio-video technology;
- (b) remote patient monitoring devices;
- (c) audio-only telephone; and
- (d) 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.

Treatment Service. A service related to diminishing the distress and symptoms of mental health or substance use disorder, as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* including, but not limited to, individual, couple, family, and group psychotherapy. The use of evidence-based treatment modalities is encouraged.

329.03: General Rate Provisions

- (1) General Rate Provisions. The rates of payment for psychological and licensed independent behavioral health clinician services to which 101 CMR 329.00 applies are the lower of:
 - (a) The eligible provider's usual charge to the general public for the same or similar services;
 - or
 - (b) The schedule of allowable fees listed in 101 CMR 329.04 and 101 CMR 329.05.
- (2) Rates as Full Compensation. The rates of payment contained in 101 CMR 329.00 constitute full compensation for psychological and licensed independent behavioral health clinician services provided by eligible providers to publicly aided individuals, including full compensation for necessary administration (including, but not limited to, interviewing, testing, scoring, interpreting, and writing of reports) and professional supervision associated with patient care.
- (3) Individual Consideration.
 - (a) Rates of payment to eligible providers for services authorized in 101 CMR 329.00 but not listed herein or for authorized services performed in exceptional circumstances are determined

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on an Individual Consideration (IC) basis by the governmental unit purchaser upon receipt of a report that describes the services rendered. Degree of skill and/or expertise and extension of time, associated with the accommodation of functional limitations of publicly aided individuals with disabilities will be considered for IC and must be adequately documented to support the appropriateness of such claims.

(b) Hours. The determination of the number of hours of services purchased for authorized IC 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; and
4. such other standards and criteria as may be adopted occasionally by EOHHS or the governmental purchaser.

(4) Modifiers.

(a) -AH: Clinical psychologist (This modifier is to be applied to service codes billed by the mental health center that were performed by doctoral level clinician, including PhD, PsyD, or EdD);

(b) -HO: Master's degree level (This modifier is to be applied to service codes billed by the mental health center that were performed by LMHCs, LMFTs, or LICSWs;

(c) -HA: Child/adolescent program (This modifier is to be applied to service codes billed when performed with a Children and Adolescent Needs and Strengths (CANS)).

329.04: Allowable Fees for Psychological Assessments

The payment rates for psychological assessments provided by a psychologist or technician for test administration and scoring are as follows.

Service Code	Allowable Fee	Description
96112	\$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	Each additional 30 minutes (List separately in addition to code for primary procedure.) (Add-on code to 96112.)
96116	\$120.46	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment [<i>e.g.</i> , acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]) by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.

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Service Code	Allowable Fee	Description
96121	\$120.46	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116.)
96130	\$107.73	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96131	\$91.39	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130.)
96132	\$122.11	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96133	\$100.53	Each additional hour. (List separately in addition to code for primary procedures.) (Add-on code to 96132.)
96136	\$50.27	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.
96137	\$45.70	Each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96136.)
96138	\$37.83	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.
96139	\$37.83	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.) (Add-on code to 96138.)

329.05: Allowable Fees for Other Psychological and Licensed Independent Behavioral Health Clinician Services

(1) The payment rates for psychological services provided by a psychologist are as follows.

Service Code	Allowable Fee	Description
90791-AH	\$143.48	Psychiatric diagnostic evaluation. (Diagnostic

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Service Code	Allowable Fee	Description
		services.)
90791-HA-AH	\$158.48	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90832-AH	\$59.16	Psychotherapy, 30 minutes with patient. (Individual therapy.)
90834-AH	\$95.89	Psychotherapy, 45 minutes with patient. (Individual therapy.)
90837-AH	\$127.53	Psychotherapy, 60 minutes with patient. (Individual therapy.)
90846-AH	\$101.43	Family psychotherapy (without the patient present), 50 minutes.
90847-AH	\$101.43	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes.
90849-AH	\$35.86	Multiple-family group psychotherapy.
90853-AH	\$35.86	Group psychotherapy (other than of a multiple-family group). (Group therapy. Limited to 12 clients per group. Billed per client. 90 minutes.)
90882-AH	\$71.80	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90887-AH	\$67.31	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 (per 1/2 hour).

(2) The payment rates for licensed independent behavioral health clinician services provided by a LMHC, LMFT, or LICSW are as follows.

Service Code	Allowable Fee	Description
90791-HO	\$130.48	Psychiatric diagnostic evaluation. (Diagnostic services.)
90791-HA-HO	\$145.48	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90832-HO	\$52.20	Psychotherapy, 30 minutes with patient. (Individual therapy.)
90834-HO	\$95.46	Psychotherapy, 45 minutes with patient. (Individual therapy.)
90837-HO	\$125.69	Psychotherapy, 60 minutes with patient. (Individual therapy.)
90846-HO	\$101.43	Family psychotherapy (without the patient present), 50 minutes.
90847-HO	\$101.43	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes.

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Service Code	Allowable Fee	Description
90849-HO	\$27.69	Multiple-family group psychotherapy.
90853-HO	\$33.12	Group psychotherapy (other than of a multiple-family group). (Group therapy. Limited to 12 clients per group. Billed per client. 90 minutes.)
90882-HO	\$71.80	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90887-HO	\$59.40	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 (per 1/2 hour).

329.06: 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 EOHHS 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; and
 - (f) If the governmental unit is a state agency, the agency must demonstrate that the provisions of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services* 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 101 CMR 329.06(2), the governmental unit may request approval of its formal procedures rather than approval of the individual agreements. The governmental unit must supply to EOHHS the services for which Preferred Provider Agreements will be executed and the range of rates to be paid.

329.07: Severability

The provisions of 101 CMR 329.00 are severable. If any provision of 101 CMR 329.00 or

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application of any provision to an applicable individual, entity, 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 329.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 329.00: M.G.L. c.118 E.