

Report on Minimum Rates for Behavioral Health Services Provided by Community Behavioral Health Centers

Effective January 3, 2023, for behavioral health services provided by Community Behavioral Health Centers, EOHHS has directed Managed Care Entities (MCEs) to pay no less than the rates described below.¹

Additional information on payment rates that MCEs contractually agree to pay providers will be included in future reports.

Encounter Bundle Rates.

Service Code	Rate Floor	Service Description
T1040-HB	\$233.90	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Adult Services)
T1040-HA	\$241.86	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Child/Adolescent Services)

Crisis services.

Service Code	Rate Floor	Service Description
S9485 – ET	\$632.05	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)
S9485 – HA, ET	\$930.73	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)
S9485 – HB	\$632.08 ²	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at hospital emergency department. Inclusive of initial evaluation and all follow-up intervention. Use Place of Service code 23.)
S9485 – HE	\$695.29	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485 – HA, HE	\$695.29	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)

¹ One Care and Senior Care Options (SCO) plans are directed to pay no less than the rates established by EOHHS for crisis intervention services only. There is no directed minimum rate for other services under these contracts.

² In current MCE contracts, the minimum rate for S9485-HB is tied to the CBHC rate regulation, 101 CMR 305, and is \$632.08. MassHealth intends to amend this language at the next opportunity and increase the minimum rate to \$695.29, in alignment with the minimum rate for crisis evaluations provided at the CBHC site. This increase will be effective retroactively to 1/3/23.

Service Code	Rate Floor	Service Description
S9485 – U1	\$1,024.64	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)
S9485 – HA, U1	\$1,075.87	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 15.)
H2011 – HN, HB	\$30.57	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a Paraprofessional or Bachelor’s level staff. Follow-up interventions provided up to the third day following initial evaluation.)
H2011 – HN, HA	\$33.94	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a Paraprofessional or Bachelor’s level staff. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011 – HO, HB	\$39.70	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a Master’s level Clinician. Follow-up interventions provided up to the third day following initial evaluation.)
H2011 – HO, HA	\$44.33	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a Master’s level clinician. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011 – HN, HB	\$33.94	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service outside of the CBHC site by a Paraprofessional or Bachelor’s level staff. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)
H2011 – HN, HA	\$33.94	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention at a community-based site of service outside of the CBHC site by a Paraprofessional or Bachelor’s level staff. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)

Service Code	Rate Floor	Service Description
H2011 – HO, HB	\$44.33	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service outside of the CBHC site by a Master’s level clinician. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)
H2011 – HO, HA	\$44.33	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at a community-based site of service outside of the CBHC site by a Master’s level clinician. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)

Specialty Services.

Service Code	Payment Rate	Service Description
H0046-HE	\$16.92	Mental health services, not otherwise specified (Certified Peer Specialist Services).

Additional Services Not Specific to CBHCs:

In addition to the services described above, CBHCs must provide certain services, for which MCEs must pay no less than the rates below:

Service Code	Payment Rate	Service Description
H2016-HM	\$19.70	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Peer Recovery Coaching)
H2015-HF	\$17.09	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
H2011-HN	\$30.57	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional, non-community based sites of services.)
H2011-HO	\$39.70	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician, non-community based sites of services.)
H2015	\$13.97	Comprehensive community support services, per 15 minutes (Community Support Program)
H2016-HE	\$17.30	When directed by EOHHS, Comprehensive community support services, per diem (Community Support Program (CSP) for members residing in DHCD-funded new temporary shelters)
H2016-HH	\$17.23	Comprehensive community support program, per diem (Enrolled Client Day) (behavioral health

Service Code	Payment Rate	Service Description
		service by a navigator trained to support members with justice involvement) (CSP-JI)

CBHCs may, but are not required to, provide certain other services, for which MCEs must pay no less than the rates below:

Service Code	Payment Rate	Service Description
H0015	\$71.59	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	\$113.82	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)
96116-AH	\$120.46	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
96121-AH	\$120.46	Each additional hour (List separately in addition to code for primary procedure)
96130-AH	\$91.39	Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96131-AH	\$91.39	Each additional hour (List separately in addition to code for primary procedure)
96132-AH	\$91.39	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-AH	\$91.39	Each additional hour (List separately in addition to code for primary procedure)

Service Code	Payment Rate	Service Description
96136-AH	\$45.70	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)
96137-AH	\$45.70	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)
96138	\$22.85	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	\$22.85	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)