

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

114.3 CMR 30.00: TEAM EVALUATION SERVICES

Section

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30.01: General Provisions

(1) Scope and Operative Date. 114.3 CMR 30.00 governs the rates of payment by governmental units for TEAM Evaluation Services, as mandated by M.G.L. c. 71B and 603 CMR 28.00, provided to publicly-aided individuals by authorized professionals. 114.3 CMR 30.00 is effective July 1, 2004.

(2) Authorization of Services. 114.3 CMR 30.00 is not a program policy manual. Governmental units that purchase services under 114.3 CMR 30.00 are responsible for the definition and authorization of covered benefits for their beneficiaries. Information about program policies and benefit limitations must be obtained from the appropriate governmental unit.

(3) Exclusion. 114.3 CMR 30.00 does not govern rates of payment to hospitals, Community Health Centers and Mental Health Centers for TEAM Evaluation Services. Community Health Center rates are governed by 114.3 CMR 4.00. Mental Health Center rates are governed by 114.3 CMR 6.00. Pursuant to M.G.L.c. 118G, § 11(b), no acute hospital may charge governmental units at a rate higher than the rate payable by the Division of Medical Assistance for these services.

30.02: Definitions

Assessment. A professionally sound, complete, and suitably individualized examination and assessment of a child's need for special education and treatment services described in 603 CMR 28.00, in the context of the child's physical, developmental, social, and educational history and current circumstances. Such an assessment is rendered by an authorized professional as defined herein and trained in the area of suspected need and generally includes a written assessment report as defined herein. Types of assessments may include but are not limited to:

(a) Medical Assessment. A comprehensive health assessment by an authorized physician that identifies medical problems that may affect the child's education, such as physical constraints, chronic illness, neurological and sensory deficits, and developmental dysfunction.

The medical assessment generally includes at least the following:

1. Medical history to include health of family, prenatal and birth history, developmental history, and history of significant medical conditions including hospitalization, injuries and accidents.
2. Complete physical examination to include blood pressure and nutritional assessment.
3. Neurological and developmental assessments to include gross motor functioning, fine motor functioning, language, visual and auditory functioning.
4. Test for visual acuity and hearing by audiometry.
5. Ordering and interpretation of diagnostic tests to include, if indicated, hematocrit or hemoglobin, sickle cell test (if appropriate), blood lead test, urinalysis (with culture for females), tuberculosis skin test, and other tests as indicated.
6. Dental assessment and referral for a complete dental examination if one has not been done within six months.
7. Written Assessment Report.

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(b) Psychological Assessment. An assessment by an authorized psychologist or school psychologist including an individual psychological examination and culminating in specific recommendations. Sensory, motor, language, perceptual, attentional, cognitive, affective, attitudinal, self-image, interpersonal, behavioral, interest, and vocational factors are evaluated in regard to the child's maturity, integrity, and dynamic interaction within the educational context. The assessment is based on the child's developmental and social history, diagnostic observation of the child in familiar surroundings (such as a classroom), and psychological testing as indicated. Psychological testing may include, but is not limited to, a vocational interest evaluation, educational achievement testing, intelligence testing, personality evaluation, assessment of brain damage, and neuropsychological examination.

(c) Home Assessment. An assessment by an authorized social worker, nurse, or counselor of pertinent family history and home situation factors including, with prior written parental consent, a home visit. This assessment includes a description of pertinent family history and individual developmental history and estimates of adaptive behavior at home, in the neighborhood, and in local peer groups. Estimates of adaptive behavior are based to the greatest possible degree on information obtained by direct observation of the child or direct interview of the child in the neighborhood setting.

(d) Educational Assessment. An assessment of the student's educational progress and status in relation to the general education curriculum consistent with 603 CMR 28.04(2) and conducted by a certified educator(s).

(e) Other Assessment. An assessment, other than a medical, psychological, or home assessment, by an authorized professional in a medically-related area that is related to a child's suspected need for special education and services described in 603 CMR 28.00. Such assessments, when necessary, may include but are not limited to assessments by a medical specialist (for example, a neurologist, a psychiatrist, or an ophthalmologist), a physical therapist, an occupational therapist, a speech therapist, or an audiologist.

Authorized Professional. An individual who, at a minimum, meets the qualifications for the particular assessment services to be performed as specified below, as well as such requirements as have been or may be adopted from time to time by a governmental unit purchasing assessments from eligible providers.

(a) Medical Assessment Services. A pediatrician or other physician, other than an intern, resident, fellow, or house officer, who is licensed to practice by the Massachusetts Board of Registration of Physicians.

(b) Radiology Services. A licensed physician or licensed osteopath other than an intern, resident, fellow, or house officer.

(c) Psychological Assessment Services.

1. A psychologist who is licensed to practice by the Massachusetts Board of Registration of Psychologists, or

2. A school psychologist who is certified by the Massachusetts Department of Education.

(d) Home Assessment Services.

1. A social worker who has a Master's degree in social work and who is licensed by the Massachusetts Board of Registration of Social Workers as:

a. a certified social worker, or

b. an independent clinical social worker; or

2. A nurse who is registered by the Massachusetts Board of Registration in Nursing.

3. A counselor who has a Master's degree in counseling education, counseling psychology, or rehabilitation counseling.

(e) Medical Specialist Services. A physician, other than an intern, resident, fellow, or house officer, who is licensed to practice by the Massachusetts Board of Registration of Physicians.

(f) Restorative Services.

1. A physical therapist who is currently licensed by the Board of Allied Health Professions; or

2. An occupational therapist who is currently licensed by the Board of Allied Health Professions; or

3. A speech therapist who is currently licensed by the Board of Speech Language Pathology and Audiology.

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(g) Rehabilitation Clinic Services.

1. A physical therapist who is currently licensed by the Board of Allied Health Professions; or
2. An occupational therapist who is licensed by the Board of Allied Health Professions; or
3. A speech therapist who is currently licensed by the Board of Speech Language Pathology and Audiology; or
4. A physician who is licensed to practice by the Massachusetts Board of Registration of Physicians.

(h) Audiological Services. An audiologist who is currently licensed by the Board of Speech Language Pathology and Audiology.

(i) Educational Assessment Services. A teacher holding certification by the Massachusetts Department of Education.

Comprehensive Pediatric (age 21 and under) Restorative Evaluation. An all-inclusive, in-depth assessment of a child's medical condition and level of functioning and limitations by a physical, occupational, or speech therapist, to determine the need for treatment and, if necessary, to develop plan of treatment. Includes written report.

Division. The Division of Health Care Finance and Policy, established under M.G.L. c. 118G.

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

Individual Consideration (I.C.). Those rates for authorized services that are determined by a governmental unit based upon the nature, extent, and need for such service and the degree of skill and time required for its provision. Providers must maintain adequate records to determine the appropriateness of their I.C. claims and must provide these documents to the purchasing agency upon demand.

Physician's Comprehensive Rehabilitation Evaluation. A cardiopulmonary, neuromuscular, orthopedic, functional assessment performed at a rehabilitation clinic by a physician.

Psychological Testing. The use of standardized test instruments and procedures by an eligible provider in order to evaluate aspects of an individual's functioning, including but not limited to aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology. These tests must be published, valid, and in general use as defined by listing in the Mental Measurement Yearbook or by conformity to the Standards for Educational and Psychological Tests of the American Psychological Association.

Publicly-Aided Individual. A person for whose mental and physical health evaluation, as defined 603 CMR 28.00, governmental units of the Commonwealth are in whole or in part liable under a statutory public program.

TEAM Evaluation. An evaluation by a multidisciplinary team that consists of assessments in all areas related to the child's suspected need for special education and services described in 603 CMR 28.00. Such assessments may include but are not limited to a medical assessment and associated diagnostic medical laboratory and radiological testing, a psychological assessment, a home assessment, and such other assessments as may be required in a child's diagnosis. (For the purposes of 114.3 CMR 30.00, this definition excludes the educational assessment by the school department and the classroom assessment by a teacher defined in 603 CMR 28.00; rates of payment for these assessments are not the subject of 114.3 CMR 30.00.) Independent evaluation services are included under authority of 114.3 CMR 30.00.

TEAM Evaluation Services. The individual services comprising TEAM Evaluation assessments. This includes services performed in independent TEAM Evaluation assessments.

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Therapist Evaluation. Evaluation performed by a physical therapist, an occupational therapist, or a speech therapist at a rehabilitation clinic.

Written Assessment Report. A report summarizing in writing the procedures employed in an assessment, the results, and the diagnostic impression; defining in detail and in educationally- relevant and common terms, the child's needs; and offering explicit means of meeting those needs.

603 CMR 28.00. Regulations for the Implementation of M.G.L. c. 71B.

30.03: General Rate Provisions

(1) General Rate Provisions. The rates of payment for TEAM Evaluation services to which 114.3 CMR 30.00 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 114.3 CMR 30.04.

(2) Effect of 114.3 CMR 30.00. The rates of payment contained in 114.3 CMR 30.00 constitute full compensation for services rendered to publicly-aided individuals as well as for administrative or supervisory duties associated with those services. Any third party payments or sliding fees received on behalf of a publicly assisted client reduces, by that amount, the amount of the purchasing unit's obligation for services rendered.

(3) Written Assessment Report. The provision of a written report in connection with a TEAM Evaluation Assessment is considered an administrative duty associated with patient services for which, in accordance with 114.3 CMR 30.03(2), no additional payment will be received.

30.04: Allowable Fees

(1) Fee-for-Service Reimbursement. Specific services performed as part of a TEAM Evaluation are reimbursed on a fee-for-service basis. The allowable fees for the services performed are those set forth in regulations at 114.3 CMR pertaining to such services. A listing of many of the allowable fees from other regulations that may apply to TEAM Evaluation services is presented in 114.3 CMR 30.04(1). Allowable fees from the regulations cited apply to all providers eligible under 114.3 CMR 30.00, except in cases where such providers and services are governed by other Division regulations (such as Community Health Centers and Mental Health Centers).

For certain TEAM Evaluation services, no other Division regulation contains an allowable fee for that service. This includes home assessment services, participation in TEAM meetings, educational assessments conducted by certified educational personnel, and diagnostic observation by psychologists. Allowable fees for these services are as follows:

	<u>ALLOWABLE FEE</u>	<u>PROCEDURE</u>
99199TM	\$80.37	Home Assessment, including written assessment report
99199TM	Fee shall be that contained in 114.3 CMR 29.00, per hour of diagnostic services	Participating in TEAM Meeting by psychologist (if requested by Administrator of Special Education)
	\$32.15	Participation in TEAM Meeting by authorized social worker, nurse, or counselor
	\$262.91	Educational Assessment by certified educational personnel, including written assessment report.

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<u>ALLOWABLE</u>	
<u>FEE</u>	<u>PROCEDURE</u> (continued)

Fee shall be that contained in 114.3 CMR 29.00 for diagnostic services

Diagnostic Observation: Observation by an authorized psychologist or school psychologist of a child in a familiar setting such as the classroom to examine and determine the child's physical, psychological, social, economic, educational, and vocational assets and disabilities for purposes of developing a diagnostic formulation and designing a treatment plan.

Following is a listing of some of the allowable fees from other regulations that may apply to TEAM Evaluation services. This listing is current as of October 1, 2003. At such time that these other regulations are amended, the allowable fees for TEAM Evaluation services will be those contained in the amended regulations, and not those listed herein.

- (a) Selected Medical Assessment Services for which Allowable fees are Contained in 114.3 CMR 17.00. Rates shall be those contained in 114.3 CMR 17.00.
- (b) Selected Psychological Assessment Services for which Allowable Fees are Contained in 114.3 CMR 29.00. For psychological testing procedures, the tests to be performed are listed in the service description; in cases where other tests are deemed more age-appropriate, however, such tests may be substituted for those listed, subject to any prior approval requirements that the governmental unit may have.
- (c) Selected Rehabilitation Clinic, Audiological, and Restorative Assessment Services for which Allowable Fees are Contained in 114.3 CMR 39.00.

(2) Individual Consideration for Psychological Services.

- (a) Rates of payment to eligible providers for services authorized in 114.3 CMR 29.00 but not listed herein or for authorized services performed in exceptional circumstances are determined on an Individual Consideration (I.C.) basis by the governmental unit purchaser upon receipt of a report that describes the services rendered. Such services include but are not limited to hypnosis and behavior modification.
- (b) Hours. The determination of the number of hours of service purchased for authorized I.C. procedures is in accordance with the following criteria:
 - 1. Time required to perform the service;
 - 2. Severity or complexity of the client's disorder or disability;
 - 3. Prevailing professional ethics and accepted practice;
 - 4. Such other standards and criteria as may be adopted from time to time by the Commission or governmental purchaser.
- (c) The total allowable fee for services determined on an I.C. basis is determined by multiplying the approved hours of service times the maximum hourly rate of \$62.70.

Allowable Fees for Psychological Tests. The allowable fees for psychological tests are as follows. These rates cover the complete cost of interviewing, testing, scoring, interpreting, and writing reports of test, unless the allowable fee is designated I.C. For services designated I.C., an eligible provider may bill for time spent at the rate of \$62.70 per hour for interview, testing, scoring, interpreting, and report writing.

- 1. Psychological Testing for the Non-Hearing Impaired.

<u>PROCEDURES</u>	<u>ALLOWABLE</u> <u>FEE</u>	<u>DESCRIPTION</u>
Vocational interest evaluation	\$47.03	Normally including but not limited Strong Campbell Interest Inventory Kuder Preference Record
Educational achievement testing	\$62.70	Normally including but not limited to the Jastak Wide Range or Peabody Individual Achievement Tests

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<u>PROCEDURES</u>	<u>ALLOWABLE FEE</u>	<u>DESCRIPTION</u> (continued)
Intelligence Testing only	\$125.40	Including either the Wechsler Intelligence Scales or the Stanford-Binet Intelligence Scale which must be individually administered.
Personality Evaluation	\$250.80	Including at least: a) two or more of the following types test or their age-appropriate equivalents: Rorschach TAT-Thematic Apperception Test TED-Tasks of Emotional Development MMI-Minnesota Multi-phasic Personality Inventory, and b) one or more types of tests from the following group, normally including but not limited to figure drawing, Bender-Gestalt, or word association
Intellectual and Personality Evaluation	\$376.20	Including but not limited to the tests for "Intelligence Testing" and "Personality Evaluation"
Assessment of brain damage	\$250.80	Normally including but not limited to Wechsler Intelligence Scales and standardized tests of memory such as the Wechsler Memory Scale and the Benton Visual Retention Test
Unlisted Services	I.C. at \$62.70 per hour	Including such services as abbreviated or "quick" intelligence tests or a separately administered Rorschach test.

2. The following procedures are to be billed in half hour increments, at the hourly rate of \$57.00, for times not to exceed the specified ranges, unless prior notification is made to a governmental unit or purchaser.

<u>PROCEDURES</u>	<u>RANGE</u>	<u>DESCRIPTION</u>
Neurobehavioral Interview	1-2 hours (\$62.70 per hour)	Patient, caregiver, or other informants. Included under Partial Neuropsychological Assessment, and Consultation. If more than one person is interviewed, use Consultation instead.
Partial Neuro-Psychological Assessment	2-8 hours (\$62.70 per hour)	A neuropsychological assessment that is less than comprehensive in its assessment of neuropsychological functioning. May range from brief screening of one to broader assessment of several neuropsychological functions. May, but need not include: record review; patient review; neurobehavioral history; administering, scoring, and interpreting tests of neuro-psychological functions; and report preparation. If the provider performs a Partial Neuropsychological Assessment, then the provider <u>may not</u> also bill for a Neurobehavioral Interview.

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<u>PROCEDURES</u>	<u>RANGE</u>	<u>DESCRIPTION</u> (continued)
Comprehensive Neuropsychological Assessment	8-12 hours (\$62.70 per hour)	Generally includes, but not limited to: record review; patient interview neurobehavioral history (medical psychological, educational); assessment of neuropsychological functions (attention, language, memory, visuoception, sensory, motor, executive, some personality); scoring; interpretation of data, including diagnosis and recommendations; report preparation; and follow-up meeting to review findings. If a provider also performs a Comprehensive Neuropsychological assessment, then the provider may <u>not</u> also bill for a Neurobehavioral Interview.
Consultation	2-4 hours (\$62.70 per hour)	May, but need not, include: medical record review; patient interview; review of previous neuropsychological, psychological, educational testing; observation; attendance at medical/educational team meetings.
Serial Brief Consultation	0.5-2 hours (\$62.70 per hour)	Intended for monitoring neurobehavioral status or progression over course of treatment of condition. Conducted with patient, care-givers, or other informants.

3. Psychological Testing for the Hearing Impaired.

<u>PROCEDURES</u>	<u>ALLOWABLE FEE</u>	<u>DESCRIPTION</u>
Vocational Interest Evaluation	\$62.70	Normally including but not limited to Geist Picture Interest Inventory or California Picture Interest Inventory
Educational achievement testing	\$125.40	Normally including but not: a. Metropolitan (Deaf Forms) b. Stanford
Intelligence Testing Only	\$156.75	Individually administered and normally including but not limited to the Wechsler Intelligence Scales and the Revised Beta or Ravens Progressive Matrices
Personality evaluation	\$188.10	Normally including but not limited to a face-to-face interview, TAT (Thematic Apperception Tests), Rorschach, figure drawing and TED (Tasks of Emotional Development) test
Assessment of brain damage	\$250.80	Including: a. the Wechsler Intelligence Scales or other tests designed to obtain the base line level of nonverbal intellectual functioning. b. standardized tests of memory such as the Bender-Gestalt, Graham Kendall Memory for Design, and the Weigl Color-form Sorting Test
Unlisted Services	I.C. at \$62.70 per hour	

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4. Other Psychological Assessment Services.

<u>ALLOWABLE FEE</u>	<u>PROCEDURE</u>
\$62.70 per hour	<u>Diagnostic Services:</u> A session between a client eligible provider for the determination and examination by interview techniques of a patient's psychological, social, economic, educational, and vocational assets and disabilities for the purpose of developing a diagnostic formulation and designing a treatment plan.

(c) Restorative, Rehabilitation Clinic, and Audiological Services for which Allowable Fees are Contained in 114.3 CMR 39.00.

1. Rehabilitation Clinic Services.

<u>ALLOWABLE FEE</u>	<u>PROCEDURE</u>
\$129.08	Physician's Comprehensive Rehabilitation Evaluation (written report required)
\$124.53	Pediatric Evaluation by a Physical Therapist
\$124.53	by a Occupational Therapist
\$166.04	by a Speech Therapist

2. Audiological Services. Rates are those contained in 114.3 CMR 39.04(2).

3. Restorative Services.

<u>ALLOWABLE FEE</u>	<u>PROCEDURE</u>
\$124.53	Comprehensive Pediatric Physical Therapy Evaluation-office Location
\$124.53	Comprehensive Pediatric Occupational Evaluation-office Location
\$166.04	Comprehensive Pediatric Speech Therapy Evaluation-office Location

(d) Other Assessments and Services. Reimbursement of eligible providers for other direct TEAM Evaluation assessment services are in accordance with the allowable fees in the Bureau of Ambulatory Care regulation pertaining to the particular service provided.

30.05: Severability

The provisions of 114.3 CMR 30.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 30.00: M.G.L. c. 118G.

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