

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

114.3 CMR 7.00: PSYCHIATRIC DAY TREATMENT CENTER SERVICES

Section

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7.01: General Provisions

- (1) Scope, Purpose, and Effective Date. 114.3 CMR 7.00 shall govern the payment rates for psychiatric day treatment center services rendered to publicly-aided individuals effective January 1, 2008. The rates set forth in 114.3 CMR 7.00 also apply to individuals covered by M.G.L. c. 152 (the Worker's Compensation Act).
- (2) Coverage. The payment rates in 114.3 CMR 7.00 shall constitute full compensation for psychiatric day treatment center services provided to publicly-aided and Workers' Compensation individuals as well as full compensation for necessary administration and professional supervision associated with patient care.
- (3) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. The publication of such updates and corrections will list:
 - (a) codes for which the code numbers only changed, with the corresponding cross references between existing and new codes;
 - (b) codes for which the code remains the same but the description has changed; and
 - (c) deleted codes for which there is no cross reference. In addition, for entirely new codes which require new pricing, the Division will list these codes and apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.
- (4) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 7.00.
- (5) Disclaimer of Authorization of Services. 114.3 CMR 7.00 is neither authorization for nor approval of the substantive services, or lengths of time, for which rates are determined pursuant to 114.3 CMR 7.00. Governmental Units that purchase services from eligible providers are responsible for the definition, authorization, and approval of services and lengths of time extended to publicly-aided individuals. Information about substantive program requirements must be obtained from purchasing Governmental Units.
- (6) Authority. 114.3 CMR 7.00 is adopted pursuant to M.G.L. c. 118G. and M.G.L. c.152, § 13.

7.02: General Definitions

Meaning of Terms. Terms used in 114.3 CMR 7.00, unless the context requires otherwise, shall have the meanings ascribed in 114.3 CMR 7.02.

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

Eligible Provider. A psychiatric day treatment center which meets the conditions of participation that have been or may be adopted by a Governmental Unit purchasing psychiatric day treatment center services.

Governmental Unit. The Commonwealth, any department, agency, board, or commission of the Commonwealth and any political subdivision of the Commonwealth.

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7.02: continued

Pre-admission Evaluation Visit. Comprehensive evaluation of at least one hour by a professional to determine the need for psychiatric day treatment program services and to design a treatment plan.

Psychiatric Day Treatment Center. A clinic providing a psychiatric day treatment program and which is free standing, that is, which is not financially or physically an integral part of a hospital.

Psychiatric Day Treatment Program. A planned combination of diagnostic, treatment, and rehabilitative services provided to mentally or emotionally disturbed persons who need more active or inclusive treatment than is typically available through a weekly visit to a mental health center or hospital outpatient department, but who do not need full-time hospitalization or institutionalization. Such a program utilizes multiple, intensive, and focused activities in a supportive environment to enable such persons to acquire more realistic and appropriate behavior patterns, attitudes, and skills for eventual independent functioning in the community.

Publicly-aided Individual. A person who receives medical care and services for which a Governmental Unit is in whole or in part liable under a statutory program of public assistance.

Visit. A face-to-face encounter between a client and one or more staff members of a psychiatric day treatment center.

7.03: General Rate Provisions and Maximum Rates and Fees

(1) Rates of Payment. The service codes and maximum allowable rates of payment for authorized services shall be as follows:

Code	Rate	Service
H2012	\$10.85	Behavioral health day treatment, per hour
H2012-U1	\$36.92	Behavioral health day treatment, per hour – Preadmission evaluation visit
90887	\$36.92	Interpretation or explanation of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
H2012	\$36.92	Behavioral health day treatment, per hour (provided in the home)(Must use this code with a place of service indicator of 12 for electronic claims or 02 for paper claims)

(2) Individual Consideration. Rates of payment to eligible providers for services authorized but not listed herein, or authorized services performed in exceptional circumstances shall be determined on an Individual Consideration (I.C.) basis by the Governmental Unit upon receipt of a bill which describes the services rendered.

(3) Criteria for Determining Rates Under Individual Consideration. The determination of rates of payment for authorized I.C. procedures shall 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 individual's disability;
- (d) Policies, procedures, and practices of other third party purchasers of care;
- (e) Such other standards and criteria as may be adopted from time to time by the Division.

(4) Limits on Allowable Fees. In no event shall an eligible provider bill or be paid by the Governmental Unit in excess of the eligible provider's usual charge for the services rendered to the general public.

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7.04: Filing and Reporting Requirements

- (1) Annual Reports. Annual, and complete Uniform Financial Reports (“UFRs”) must be filed through the Internet by eligible providers according to the terms for filing set by the Operational Services Division within the Audit and Preparation Manual portion of the UFR for the given year.
- (2) Additional Information. All providers subject to 114.3 CMR 7.00 shall file such additional information as the Division may from time to time reasonably require.
- (3) Failure to File Timely Reports. Failure on the part of a provider to submit accurate information on a timely basis as required by 114.3 CMR 7.04(1) and (2), or to submit other acceptable data and statistics which may be required, may result in the delay, reduction or cancellation of the individual provider's rates to which such information is applied, as well as application of other sanctions provided by law.

7.05: Severability

The provisions of 114.3 CMR 7.00 are severable, and if any provision of 114.3 CMR 7.00 or application of such provision to any psychiatric day treatment center or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 7.00 or application of such provisions to psychiatric day treatment centers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 7.00: M.G.L. c. 118G and c.152, § 13.

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NON-TEXT PAGE