



*The Commonwealth of Massachusetts*  
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**Administrative Bulletin 13-02 – corrected**

**114.3 CMR 6.00: Rates of Payment for Mental Health Services  
Provided in Community Health Centers and Mental Health Centers**

**Effective January 1, 2013**

Under the authority of regulation 114.3 CMR 6.03(4), “Coding Updates and Corrections,” the Executive Office of Health and Human Services (EOHHS) is adding and deleting certain codes. The deleted codes were cross-walked to the new codes as specified in the calendar year 2013 Centers for Medicare & Medicaid Services Fee Schedule Test Codes and Final Payment Determinations..

Rates listed in this informational bulletin are applicable until revised rates are issued by EOHHS. Deleted codes will no longer be available for use after 2012.

<b>Deleted Code</b>	<b>New Code / CMS Crosswalk</b>	<b>Description</b>	<b>Rate for Cross-walked Code</b>
90801	90791	Psychiatric diagnostic evaluation	\$85.83 per hour
90801-HA	90791-HA	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)	\$100.85 per hour
90804 and 90816	90832	Psychotherapy, 30 minutes with patient and/or family member	\$34.84
90804 and 90816	90833	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)	\$34.84
90806 and 90818	90834	Psychotherapy, 45 minutes with patient and/or family member	\$69.68
90806 and 90818	90836	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)	\$69.68
90862	99213	Existing Patient Office or Other Outpatient visit. (Medication Visit)	\$40.91 per visit

Deleted Code	New Code / CMS Crosswalk	Description	Rate for Cross-walked Code
90862	99308	Subsequent Nursing Facility Care/Day Minor Complication 15 Minutes. (Medication Visit)	\$40.91 per visit
90862	99334	Domiciliary/Rest Home Evaluation and Management Established Patient Self-Limited or Minor 15 Minutes. (Medication Visit)	\$40.91 per visit
90862	99347	Home Visit Established Patient Self-Limited/Minor 15 Minutes. (Medication Visit)	\$40.91 per visit