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January

01/21/20

MassHealth technical refresh initiative phase 2 testing

On March 30, 2020, MassHealth will complete the transition to the new HIPAA compliance and translator tool. Providers and Trading Partners who submit and receive 276/277, 837I/837P and 835 batch transactions are required to evaluate the changes outlined in the MassHealth HIPAA Companion Guides, modify their systems as appropriate, and test the transaction with MassHealth to ensure that files submitted on or after the implementation date will process correctly.

MANDATORY testing is required for all submitters and will be conducted between January 27 and March 27, 2020. Trading Partners who fail to test are highly likely to receive REJECTED files, which may result in organizations experiencing operational and potential financial loss.

MassHealth has developed tools and resources that can be accessed on the dedicated Technical Refresh homepage at: <https://www.mass.gov/masshealth-technical-refresh>.

To assist providers the MassHealth EDI department will host weekly Office Hours beginning Thursday, January 16 - March 26, 2020 at 2:00 PM (EST).

TPT Office Hours Registration link: <https://www.mass.gov/service-details/trading-partner-education>.

01/28/20

Important update to virtual gateway terms and conditions

The Virtual Gateway (VG) User Terms and Conditions have been updated. Effective January 26, 2020, all new and existing VG users will be prompted to review and accept the Terms and Conditions. This acceptance is required in order to use the VG portal or services including the use of the Provider Online Service Center (POSC). If a user does not accept the updated Terms and Conditions, they will not be granted access to the VG. There is no ability to opt out of the new VG User Terms and Conditions and continue to use the VG. This is a one-time acceptance only.

Recently, the VG has experienced unusually high login activity (users running/using automated login scripts) from a single user. This unsanctioned activity presents a risk of severe degradation to all users if the systems are flooded by unexpected volumes of attempted logins, as well as a potential security risk.

The use of bots or the running of automated login scripts is strictly prohibited on the VG and will result in termination of user access. As with any system that contains sensitive data, terms and

conditions must be reviewed on a regular basis to ensure user access to data is kept as secure as possible. Given the risk posed by this activity and the impact this has on performance, the VG is making changes to the Terms and Conditions to ensure the policy is clear in preventing this unsanctioned activity.

If you have any questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or email providersupport@mahealth.net. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or email support@masshealthltss.com.

February

02/04/20

ORP guidelines for day habilitation providers

Day Habilitation providers should not include any Ordering, Referring, and Prescribing (ORP) provider's National Provider Identifier (NPI) on claim submissions to MassHealth.

In September of 2019, MassHealth issued All Provider Bulletin (APB) 286 (which superseded APB 259 and 274) and specifically noted the MassHealth services that require an ORP provider's NPI on MassHealth claims to be payable.

As indicated in the Bulletin, Day Habilitation services do not require an order, referral, or prescription, and therefore Day Habilitation providers are not required to include an ORP provider's NPI on the claim. However, many Day Habilitation providers are including an ORP provider's NPI on their claims. When ORP provider NPI information is submitted, it triggers edits on the claims. These edits are currently informational for certain providers as described in APB 286. Once MassHealth activates these edits, however, any Day Habilitation claims submitted with ORP provider NPI information may deny. To avoid future ORP-related claim denials, Day Habilitation providers should not include any ORP provider's NPI on claim submissions to MassHealth.

If you have questions regarding this message, please contact the MassHealth LTSS Provider Service Center at support@masshealthltss.com or call (844) 368-5184.

02/11/20

Start date for denials for certain claims that do not meet ordering, referring, and prescribing provider requirements

As announced in All Provider Bulletin 286, claims for services that require an order, referral or prescription from certain entity provider types for dates of service on or after February 15, 2020 will not be payable if they do not include the National Provider Identifier (NPI) of an authorized ordering, referring, prescribing (ORP) provider on the claim.

IMPORTANT NOTE: Notwithstanding the schedule put forth in All Provider Bulletin 286, 837P claims from Acute Inpatient Hospitals, Acute Outpatient Hospitals, Community Health Centers and Hospital Licensed Health Centers for services that require orders will not be subject to denials at this time. All of the other information in the Bulletin continues to apply.

Please see All Provider Bulletin 286 for detailed information about impacted services and billing providers and for the placement of the ORP NPI on impacted claims. Providers receiving such

denials should review the bulletin and the ACA ORP Requirements for MassHealth Providers page on mass.gov or you may contact the MassHealth Customer Service Center at (800) 841-2900 or providersupport@mahealth.net for assistance in correcting and resubmitting the denied claims. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or email support@masshealthltss.com.

Supplemental budget (chapter 142 of the acts of 2019) and notice of webinar for MassHealth home health agencies

In December 2019, the Massachusetts legislature passed an amendment to distribute additional funding to The Executive Office of Elder Affairs (EOEA) and MassHealth to adjust rates for home health aide services provided through MassHealth fee-for-service and home-and-community-based (HCBS) waiver programs, as well as homemaker and personal care services provided through EOEA's Homecare program. EOEA and MassHealth will distribute the Supplemental Budget funding to home care and home health agencies through a rate add-on to the current rates for homemaker, personal care, and home health aide services. These rate add-ons will be effective from April 1, 2020 through June 30, 2020.

Per the Supplemental Budget legislation, home care and home health agencies providing applicable homemaker, personal care, and/or home health aide services will be required to submit a Provider Spending Plan detailing the agency's intent to utilize the additional funds. The provider spending plan must be submitted no later than March 6, 2020.

EOEA and MassHealth will be hosting a Webinar to review the Supplemental Budget, including the rate add-ons, and the Spending Plan reporting requirements for both home care and home health agencies. Agencies are strongly encouraged to attend, specifically individuals who manage claims, billing, state contracts, executive leadership, and any other employee the agency will have complete or work on their agency's Spending Plan.

Agencies should follow the link below to participate.

Webinar Information:

Date: February 14, 2020

Time: 1:00 pm - 2:30 pm

Link: <https://statema.webex.com/statema/j.php?MTID=m64f40f43d6dfedcc78f508c2618d0ff7>

Meeting Number: 645 124 625

Password: y53dn2BV

For further details concerning the provider home health aide spending plan and reporting requirements, agencies may review the Home Health Agency Bulletin 55 at <https://www.mass.gov/masshealth-provider-bulletins>.

If you have any questions, please contact the LTSS Provider Service Center at support@masshealthltss.com or call 1-844-368-5184.

02/18/20

The request for proposals (RFP) for the 2020 cycle 2 MassHealth PAIGP grant award period is now available

The **2020 Cycle 2 MassHealth Provider Access Improvement Grant Program (PAIGP) grant application period opens on February 18, 2020.** The Provider Access Improvement Grant Program (PAIGP) is funded by the Massachusetts Executive Office of Health and Human Services and managed by Health Resources in Action.

The PAIGP aims to help eligible MassHealth Fee-for-Service providers increase access to healthcare and improve outcomes for patients with disabilities or for whom English is not a primary language, through the purchase of accessible medical diagnostic equipment, communication devices, and other resources.

Applicants must be currently-enrolled MassHealth Fee-for-Service providers, including but not limited to physicians, dentists, women's health, early intervention, behavioral health, or other healthcare providers, who work in a medical setting that is not a hospital or owned by a hospital or hospital system.

New this year – PAIGP will award grants of up to \$75,000 to eligible MassHealth providers, with no matching funds required, totaling over \$2 million for this grant cycle ending September 30, 2020.

In addition, there will be 2 webinars on February 25th and March 5th to support providers with questions and their application.

Online proposals must be submitted no later than Tuesday, March 31, 2020.

Visit PAIGP.org for questions, sign up for email updates, register for webinars, and apply.

02/25/20

Retro rate adjustments for hospice providers

Please be advised that the most recent remittance advice (RA) may contain rate adjustments resulting from the certification of revised Federal Fiscal Year 2020 rates (October 1, 2019) by the Executive Office of Health and Human Services. Please review this RA for accuracy. Proposed corrections must be submitted to the MassHealth LTSS Provider Service Center within 60 days from the date of this RA at support@masshealthltss.com or by calling (844) 368-5184. For more information, refer to the POSC job aid "View Remittance Advice Reports" on the Job aids for the Provider Online Service Center (POSC) web page at <https://tinyurl.com/y95aaqjk>.

For questions, please contact the MassHealth LTSS Provider Service Center at support@masshealthltss.com or call (844) 368-5184.

March

03/10/20

MassHealth technical refresh initiative go live

On **March 30, 2020**, MassHealth will implement its new HIPAA compliance and translator tool. Providers and other Trading Partners who submit and receive 276/277, 837I/837P and 835 batch transactions were required to participate in MANDATORY testing. Trading Partner Testing ends on March 16, 2020. Trading Partners who fail to test are highly likely to receive REJECTED files, which may result in organizations experiencing operational and potential financial loss.

If you are a Trading Partner and have not yet tested, please contact MassHealth's EDI Department immediately to schedule your test date.

- Phone: (800) 841-2900 (Press 2, 3, 1, 1 at the prompts to reach EDI)
- Email: EDITPT@mahealth.net

MassHealth has developed various tools and resources that can be accessed on the dedicated Technical Refresh homepage at: <https://www.mass.gov/masshealth-technical-refresh>.

To assist providers, the MassHealth EDI department hosts weekly Office Hours on Thursdays, until March 26, 2020 2:00 PM (EST). If you have not yet attended a session please sign up immediately at: <https://www.mass.gov/service-details/trading-partner-education>.

03/17/20

Corrected rate for service code 96164 U2 effective January 1, 2020

MassHealth has corrected the rate for service code 96164 U2 that was paid incorrectly since the new code went into effect on January 1, 2020. The impacted claims will be adjusted and will appear on this or future remittance advices.

The correct rate that will be paid out for service code 96164 U2 is \$18.00.

If you have any questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or e-mail providersupport@mahealth.net.

MassHealth is postponing the starting date for denials for LTSS billing providers that do not include the NPI of an authorized ordering/referring/prescribing provider on their impacted claims. The original implementation date for such denials of April 15, 2020 (for dates of service on or after that date) has been postponed until a date yet to be determined. MassHealth will communicate the new date as soon as possible. Contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or email support@masshealthtss.com with any questions.

03/31/20

MassHealth technical refresh initiative go live

As of March 30, 2020, MassHealth implemented the final phase of its new HIPAA compliance and translator tool. Electronic HIPAA transactions (276/277, 837I/837P and 835) exchanged with Providers and other Trading Partners are being processed through the new tool.

MassHealth has also developed various tools and resources, including an updated vendor list and MassHealth Companion Guides, that can be accessed on the dedicated Technical Refresh homepage at: <https://www.mass.gov/masshealth-technical-refresh>.

If you experience any issues on or after March 30, or have any questions related to this change, please email MassHealth Customer Service Center's EDI team at edi@mahealth.net or call (800) 841-2900 (Press 2, 3, 1, 1 to reach EDI).

MassHealth is temporarily pausing enforcement of ordering, referring, prescribing (ORP) provider requirements

In light of the COVID-19 emergency, MassHealth is temporarily pausing enforcement of the ordering, referring, prescribing (ORP) provider requirements that were put into place for individual non-LTSS providers for dates of service on or after 12/15/19 and for entity non-LTSS providers for dates of service on or after 2/15/20. Beginning with dates of service on or after 3/30/20, MMIS and HSN claims from such providers for services that require an order, referral or prescription and do not include the NPI of an authorized ORP provider will not deny for this reason until further notice and instead will show Informational Denial Edits.

In addition, as previously announced, MassHealth is postponing the starting date for denials for LTSS billing providers that do not include the NPI of an authorized ORP provider on their impacted claims. The original implementation date for such denials of April 15, 2020 (for dates of service on or after that date) has been postponed until further notice.

Referral edits on claims for dates of service on or after March 25, 2020

In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth recognizes that providers may not be able to follow the usual referral process for member services. As a result, all current referral edits will be set to pay for claims with a date of service on or after March 25, 2020. The edits will appear on your remittance advice as informational only.

The affected edits are listed below:

3120--REFERRAL REQUIRED

3121--INVALID REFERRAL NUMBER

3122--NO MORE UNITS AVAILABLE ON REFERRAL

3124--RENDERING PROVIDER DOES NOT MATCH REFERRAL AUTHORIZATION

3125--RECEPIENT IN CLAIM DOES NOT MATCH REFERRAL

3126--SERVICE DATE IS OUTSIDE REFERRAL AUTHORIZATION

Please note that the services receiving the above edits will require a referral once the state of emergency is lifted or until further notice from MassHealth.

Any claims with a date of service prior to March 25, 2020 will continue to require a referral and will deny if they hit the above edits.

MassHealth claim payments

MassHealth Providers: Please note that MassHealth has temporarily accelerated its claim payments schedule which will result in most fee-for-service providers receiving payments sooner than the normal processing timeframe. Providers are advised to refer to the remittance advice for claim payment, suspensions, and denial details in order to reconcile their accounts properly. The claims payment acceleration will continue until further notice.

April

04/21/20

HIPAA translator update

Next month MassHealth must implement a global compliance modification that is being made to its HIPAA compliance tool. On or after May 17 all transactions that contain any leading zeros within the Group Control Number (GS06) will fail compliance.

Although most providers may already be compliant with this change, MassHealth strongly recommends that you review your systems immediately to validate your compliance. If your system is not compliant please make modifications to accommodate this change as soon as possible to avoid potential delays in processing your electronic HIPAA files.

If you have any questions related to this change, please email MassHealth Customer Service Center's EDI team at edi@mahealth.net or call (800) 841-2900 (Press 2, 3, 1, 1 to reach EDI).

04/28/20

Update for telehealth denied claim for modifier SA

MassHealth has completed an update adding modifier SA for Telehealth codes.

The codes involved were 98966-98968, 99441-99443, 99500-99507, 99509 and 99511-99512.

Please note that modifiers such as GT or 95 should not be used when billing the above-mentioned codes.

All claims billed with modifier SA will be reprocessed and will appear on this or future Remittance Advices.

Providers are reminded to refer to the COVID Bulletin 289 in regard to billing, including the use of modifiers.

If you have any questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net.

Temporary rate increase for home health agency and continuous skilled nursing services pursuant to 2019 novel coronavirus (COVID-19) emergency

On April 16, 2020, MassHealth released two Administrative Bulletins adjusting the rates of payment for 101 CMR 350.00 home health agency services and 101 CMR 361.00 Continuous Skilled Nursing (CSN) Services. This is pursuant to Governor Baker's directive issued March 30, 2020 for the Executive Office of Health and Human Services to issue temporary rate increases for designated health care providers experiencing high demand for and difficulty providing essential services due to the 2019 novel Coronavirus (COVID-19).

The temporary rate increases for home health agency and CSN services will be in effect from April 1, 2020 through July 31, 2020. Home health agencies should bill all home health and CSN services provided during this timeframe using the updated rates issued by these Administrative Bulletins.

Retro-adjustments: MassHealth will be adjusting all provider claims submitted for dates of service between April 1, 2020 and April 30, 2020 to account for the increased rates to home health and CSN services. Home Health agencies will not need to resubmit claims or request claims adjustments from the MassHealth agency.

Please find the Administrative Bulletins adjusting rates for Home Health and CSN services below:

- Home Health Agency Services: <https://tinyurl.com/y8alr35j>

- Continuous Skilled Nursing: <https://tinyurl.com/yd5lozby>

If you or your agency has any questions regarding the Administrative Bulletins, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

Temporary Rate Increase for Behavioral Health Services Pursuant to 2019 novel coronavirus (COVID-19) emergency

On April 16, 2020, MassHealth released Administrative Bulletins temporarily adjusting the rates of payment for certain Substance-Related and Addictive Disorders Programs, Early Intervention Program Services, and Applied Behavioral Analysis. Additionally, one Administrative Bulletin was released on April 23, 2020 temporarily adjusting the rates of payment for Psychological Testing, Treatment, and Related Services.

This is pursuant to Governor Baker's directive issued March 30, 2020 for the Executive Office of Health and Human Services to issue temporary rate increases for designated health care providers experiencing high demand for and difficulty providing essential services due to the 2019 novel Coronavirus (COVID-19).

The temporary rate increases for these services will be in effect from April 1, 2020 through July 31, 2020. Providers should bill the services during this timeframe using the updated rates issued by these Administrative Bulletins.

Retro-adjustments: MassHealth will be adjusting all provider claims submitted for dates of service between April 1, 2020 and April 23, 2020 to account for the increased rates to providers of these services and providers will not need to resubmit claims or request claims adjustments from the MassHealth agency.

Please find the Administrative Bulletins below:

- Psychologists: <https://tinyurl.com/y769f6a8>
- Early Intervention Programs: <https://tinyurl.com/yco5ud63> and <https://tinyurl.com/yakjimmjd>
- Substance Use Disorder Treatment Acute Treatment Services and Clinical Stabilization Services Programs: <https://tinyurl.com/y7lvnduw>
- Substance Use Disorder Outpatient Programs: <https://tinyurl.com/yagbwhjk>
- Substance Use Disorder Opioid Treatment Programs: <https://tinyurl.com/y98s34fq>

If you or your agency has any questions regarding the Administrative Bulletins, please contact the MassHealth Customer Service Center at providersupport@mahealth.net.

Provider reminder

Following the Declaration of the State of Emergency due to COVID-19, MassHealth requests providers to submit Prior Authorization (PA) requests and/or all claims electronically at this time.

- All providers can submit their claims via the Provider Online Service Center (POSC): <https://tinyurl.com/jmxxp8g9>
- Non-LTSS providers can submit their PAs via the Provider Online Service Center (POSC): <https://tinyurl.com/jmxxp8g9>
- Non-LTSS providers can contact MassHealth Customer Service at providersupport@mahealth.net.
- LTSS providers should follow previously issued guidance to submit their PAs either via the POSC or via the LTSS Provider Portal: <https://www.masshealthltss.com>
- LTSS providers can contact the LTSS Provider Service Center at support@masshealthltss.com.

May

05/05/20

Temporary Rate Increase for Behavioral Health Services Pursuant to 2019 novel coronavirus (COVID-19) emergency

On April 16, 2020, MassHealth released an Administrative Bulletin temporarily adjusting the rates of payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers and certain Substance-Related and Addictive Disorders Programs.

This action is pursuant to Governor Baker's directive issued March 30, 2020 for the Executive Office of Health and Human Services to issue temporary rate increases for designated health care providers experiencing high demand for and difficulty providing essential services due to the 2019 novel Coronavirus (COVID-19).

The temporary rate increases for these services will be in effect from April 1, 2020 through July 31, 2020. Rate increases apply to Evaluation and Management (E&M) codes outlined in 101 CMR 317.00 (Medicine) and provided in Community Health Centers and Mental Health Centers as well as certain Substance-Related and Addictive Disorders Programs.

Retro-adjustments: MassHealth will be adjusting all provider claims submitted for dates of service between April 1, 2020 and April 28, 2020 to account for the increased rates to providers of these services and providers will not need to resubmit claims or request claims adjustments from the MassHealth agency.

Please find the Administrative Bulletin at <https://tinyurl.com/y95ko9su>.

If you or your agency has any questions regarding the Administrative Bulletin, please contact the MassHealth Customer Service Center at providersupport@mahealth.net.

05/12/2020

Administrative Bulletin temporarily updating the rates of payment for certain SURGERY AND ANESTHESIA, MEDICINE, AND RADIOLOGY SERVICES Due to the 2019 novel Coronavirus (COVID-19) public health emergency

In response to the COVID-19 public health emergency, on April 16, 2020, the Executive Office of Health and Human Services (EOHHS) published Administrative Bulletin 20-27 (the Administrative Bulletin), temporarily updating the rates of payment for certain, specifically identified surgery and anesthesia, medicine, and radiology services established in 101 CMR 316.00: Surgery and Anesthesia, 101 CMR 317.00: Medicine, and 101 CMR 318.00: Radiology (collectively, the Physician Regulations). The Administrative Bulletin temporarily increases the rates of payment for those specifically identified services by 15% above the current rates of

payment for those services. The rates of payment for all other services established by the Physician Regulations will remain at their current levels.

The temporary rate updates described in the Administrative Bulletin apply to dates of service from April 1, 2020 through July 31, 2020. Providers rendering the services described in Administrative Bulletin 20-27 to MassHealth members on dates of service between April 1, 2020 and July 31, 2020 must bill MassHealth using the updated rates set forth in that bulletin.

MassHealth will be adjusting all provider claims submitted for dates of service between April 1, 2020 and July 31, 2020 to account for these temporarily updated rates. Providers will not need to resubmit claims or request claims adjustments from the MassHealth agency.

Please find the Administrative Bulletin at <https://tinyurl.com/y95ko9su>.

If you or your agency has any questions regarding the Administrative Bulletin, please contact the MassHealth Customer Service Center at providersupport@mahealth.net.

05/19/2020

HIPAA Translator Update

MassHealth has delayed the implementation of the global compliance tool modification that was scheduled for May to late summer. On or after August 2, 2020 any/all transactions that contain any leading zeros within the Group Control Number (GS06) will fail compliance.

Although most providers may already be compliant with this change, MassHealth strongly recommends that you review your systems immediately to validate your compliance. If your system is not compliant please make modifications to accommodate this change as soon as possible to avoid potential delays in processing your electronic HIPAA files.

If you have any questions related to this change, please contact MassHealth Customer Service Center's EDI team at edi@mahealth.net or (800) 841-2900 (Press 2, 3, 1, 1 to reach EDI).

HIPAA EDI File Update – Eligibility Transaction

In early 2021, MassHealth will implement a minor change to the HIPAA Health Care Benefit Inquiry and Response (270/271) transaction. This will impact both Real-Time and Batch transactions. The change is limited to the electronic eligibility response (271) file only. The 271 response will include additional information (EB01, 02 03, 06, 07) in Loop 2110C – Subscriber Eligibility or Benefit Information:

MassHealth recommends that all Providers, Trading Partners and Vendors (clearinghouse, billing intermediary, software vendor) who send and receive 270/271 electronic HIPAA transactions

evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your systems can accept the additional information within that Loop.

The updated MassHealth 270/271 Companion Guide is available for download on the MassHealth website here: <https://www.mass.gov/lists/technical-refresh-companion-guides>.

Trading Partners and vendors who are interested in testing this minor modification will have an opportunity to test the receipt of the additional information later this fall. MassHealth will confirm the testing timelines this summer.

If you would like to learn more about the changes and/or need to participate in TPT to test your system changes, please contact MassHealth Customer Service Center's EDI team at edi@mahealth.net or (800) 841-2900 (Press 2, 3, 1, 1 to reach EDI).

CMS Guidance in regard to homebound status change for Home Health Agencies – COVID-19

MassHealth would like to ensure that your agency is aware of the following guidance issued by CMS on April 29, 2020 in regard to changes in the homebound status definition:

Homebound Definition: A beneficiary is considered homebound when their physician advises them not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible to contract COVID-19. As a result, if a beneficiary is homebound due to COVID-19 and needs skilled services, an HHA can provide those services under the Medicare Home Health benefit.

This guidance may be found in Home Health Agencies: CMS Flexibilities to Fight COVID-19 at <https://tinyurl.com/ukyshux>.

Prior to your agency submitting a prior authorization for services we suggest that your agency reviews the home health agency manual's Appendix D at <https://tinyurl.com/y98eck8p>, and determine if your agency should seek payment from Medicare first for this member's home health services.

If you or your agency has any questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

05/26/2020

ADMINISTRATIVE BULLETIN TEMPORARILY ADDING AN ADDITIONAL CODE FOR CERTAIN APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES DUE TO THE 2019 NOVEL CORONAVIRUS (COVID-19) PUBLIC HEALTH EMERGENCY

In response to the COVID-19 public health emergency, on May 11, 2020, the Executive Office of Health and Human Services (EOHHS) published Administrative Bulletin 20-46, temporarily adding an additional CPT code for certain ABA services established in 101 CMR 358.00: Rates of Payment for Applied Behavior Analysis.

The temporary CPT code 97156 described in the Administrative Bulletin applies to dates of service from May 11, 2020 through July 31, 2020. Early Intervention programs can bill the service during this timeframe using the updated CPT code set forth in the bulletin.

Please find the Administrative Bulletin at <https://tinyurl.com/yaawv6y6>.

If you or your agency has any questions regarding the Administrative Bulletin, please contact the MassHealth Customer Service Center at providersupport@mahealth.net.

June

06/09/20

Health services for COVID-19 testing and treatment per All Provider Bulletin 292

On May 2, 2020, MassHealth issued All Provider Bulletin 292 (<https://www.mass.gov/files/documents/2020/05/02/ALL-292.pdf>) that provides guidance for COVID-19 testing and COVID-19 related treatment provided to individuals who are uninsured or supported through Health Safety Net (HSN) and individuals supported through the MassHealth Limited benefit.

Individuals who are uninsured or supported through HSN: See All Provider Bulletin 292

Individuals who are supported through the MassHealth Limited benefit: Home Health Agencies (HHAs) may seek reimbursement for COVID-19 related treatment provided to MassHealth Limited Members. Home health services provided to MassHealth Limited Members must be related to the COVID-19 diagnosis in order for MassHealth to reimburse for these services under All Provider Bulletin 292.

HHAs should follow the standard MassHealth billing procedures for home health services, and include the following claims information:

- Enter Diagnosis as "COVID diagnosis, emergency diagnosis"; and
- Enter Admit Type code as "Emergency" (1), "Urgent" (2), or "Trauma" (5)

Prior authorization requirements described in 130 CMR 403.00: Home Health Services apply to services provided to MassHealth Limited members.

If you have any questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

DME/OXY SERVICES FOR COVID-19 Testing and Treatment PER ALL PROVIDER BULLETIN 292

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that on May 2, 2020, MassHealth issued All Provider Bulletin 292 (<https://www.mass.gov/files/documents/2020/05/02/ALL-292.pdf>) that provides guidance for COVID-19 testing and COVID-19 related treatment provided to individuals who are uninsured or supported through Health Safety Net (HSN) and individuals supported through the MassHealth Limited benefit. For uninsured individuals and those supported through HSN, please see All Provider Bulletin 292.

Individuals who are supported through the MassHealth Limited benefit:

Per All Provider Bulletin 292, MassHealth DME and OXY providers may seek reimbursement for COVID-19 related treatment provided to MassHealth Limited members. (Please note: COVID-19 related treatment is considered “emergency services” as defined in 130 CMR 450.105(f)).

- DME and OXY services provided to MassHealth Limited members with a diagnosis of COVID-19 must be related to the COVID-19 diagnosis in order for MassHealth to reimburse for these services under All Provider Bulletin 292.
- DME and OXY services provided but unrelated to a diagnosis of COVID-19, are not reimbursable by MassHealth. Inappropriate billing may be subject to sanctions.
- Providers must seek prior authorization for any codes identified as subject to prior authorization in the MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool. The link for the tool is: <https://tinyurl.com/y94rnus7>

Billing Guidelines: DME and OXY providers should follow the standard MassHealth billing procedures for DME and OXY, and include the following claim information:

- Enter Diagnosis as "COVID diagnosis, emergency diagnosis".
- Enter the emergency indicator (837P).
- Note that claims that qualify for payment will initially deny, however such claims will be automatically reprocessed within a two-week period. Providers do not need to resubmit these claims.

If you have any questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

Supplemental nutrition assistance PROGRAM (SNAP) and woman infants and children (WIC) FOOD Assistance

MassHealth in partnership with other state agencies and food non-profit organizations have developed a simple guide that providers can use to help identify MassHealth members who may need food assistance and connect them to resources.

This helpful guide can be found at <https://tinyurl.com/y7eqzmlk>.

For additional information please call the Project Bread FoodSource Hotline at 1-800-645-8333.

SERVICE CODE S9485 with modifier SE FOR MENTAL HEALTH CENTERS

Mental Health Center providers who are billing for the Emergency Service Program (ESP) service code of S9485, with the SE modifier, can continue to do so until January 2021. Beginning January 2021, new modifiers will be added, and the SE modifier will be

discontinued. Any denied claims billed with the SE modifier at this time have been reprocessed and will appear on this or a future Remittance Advice. Providers do not have to take any action at this time.

If you have any questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

Reprocessing of claims with CPT code 99442 Denied for Edit 4801 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS

MassHealth is aware that claims with CPT code 99442 are denying in error for Edit 4801 - Procedure Not Covered by Provider Contract. MassHealth has corrected the error and reprocessed all of the impacted claims. All adjusted claims will appear on this or a future Remittance Advice.

If you have any questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

06/23/20

Adjusted Claims for H0005 HQ for substance use disorder treatment providers

MassHealth has identified claims billed for service code H0005 HQ that were paid at an erroneous rate. The affected claims have been adjusted. All future claims will pay the correct rate.

If you have any questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

Rate add-on for certain Continuous Skilled Nursing (CSN) Services to address costs associated with COVID-19

To ensure the continued delivery of Continuous Skilled Nursing (CSN) services, MassHealth has released Administrative Bulletin 20-63 and related Home Health Agency Bulletin 58.

Administrative Bulletin 20-63, issued on June 17, 2020, applies a rate add-on for certain CSN services to address the increased staffing costs as well as the acquisition of personal protective

equipment. The temporary rate add-on for CSN services will be in effect from May 1, 2020 through July 31, 2020.

Administrative Bulletin 20-63 link: <https://tinyurl.com/y9bvw6lz>

Home Health Agency Bulletin 58, issued on June 17, 2020, addresses implementation and program requirements for utilization of the rate add-on for home health agencies. Home health agencies that provide CSN services must submit documentation to EOHHS demonstrating that the rate add-on is used as intended.

Home Health Agency Bulletin 58 link: <https://tinyurl.com/yckcf6m9>

Billing and Retro-adjustments: Home health agencies and independent nurses should bill CSN services provided during this timeframe using the updated rates issued within Administrative Bulletin 20-63.

MassHealth will be adjusting all provider claims submitted for dates of services between May 1, 2020 and June 30, 2020 to account for the increased rates to CSN services. Home health agencies and independent nurses will not need to resubmit claims or request claims adjustments from the MassHealth agency.

If you or your agency has any questions regarding these bulletins, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthltss.com.

06/30/20

ALL HOME HEALTH CLAIMS DUE BY JULY 15, 2020 FOR SERVICES RELATED TO FY20 SUPPLEMENTAL BUDGET

MassHealth promulgated amendments to 101 CMR 350.00: Home Health Services effective for dates of service from April 1, 2020 to June 30, 2020. The proposed amendment is in accordance with FY20 supplemental budget language at Section 2, line item 9110-1635, which requires EOHHS to adjust rates for home health aide services in order to provide an additional \$5,941,400 in FY20 on “home health aide services funded through . . . items 4000-0601, 9110-1630 and 9110-0600.”

These amendments increased the rate of payment for home health aide services from \$6.10 to \$6.31 per 15-minute unit, and included an additional annualization rate of \$0.63 to account for the time period from July 1, 2019 through March 31, 2020.

Due to the current state of emergency related to the 2019 novel Coronavirus (COVID-19), MassHealth is experiencing a decrease in home health aide utilization, which will result in the MassHealth agency spending less than the appropriated funds acquired through the FY20 supplemental budget.

Therefore, MassHealth will promulgate an updated annualization rate for home health aide services to 101 CMR 350 for the time period from June 1, 2020 through June 30, 2020. MassHealth will retroactively adjust all claims submitted for dates of service from June 1, 2020 through June 30, 2020 to account for the increased annualization rate.

In order to establish the new annualization rate, home health agencies must submit all MassHealth claims requests for June 2020 by July 15, 2020.

If you or your agency has any questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

FEDERAL CHANGES TO SECTION 1557 OF THE ACA AND THE IMPACT ON THE LGBTQ COMMUNITY

On June 12th, the Trump Administration announced changes to its interpretation of Section 1557 of the Affordable Care Act. These changes remove certain federal nondiscrimination in health care protections for members of the LGBTQ community, and in particular, for transgender individuals. Additionally, the change weakens federal requirements related to translation and language access. MassHealth submitted a letter in opposition to these changes on August 13, 2019 to the federal Department of Health and Human Services when they were first announced in draft form. Monday's Supreme Court decision concluding that Title VII of the Civil Rights Act protects LGBTQ individuals from employment discrimination may further impact the administration's changes to Section 1557.

We want to expressly emphasize that these federal changes have not changed MassHealth's commitment to providing all medically necessary MassHealth services to LGBTQ individuals who are MassHealth members, including transgender members. Nor do these federal changes affect our commitment to ensuring LGBTQ members can access MassHealth covered benefits free from unlawful discrimination. We want to reiterate that various other state laws and regulations, as well as MassHealth managed care contracts, continue to prohibit discrimination in health care for the LGBTQ community and require meaningful language access for MassHealth members. Plans and providers must continue to ensure compliance with these nondiscrimination requirements.

July

07/20/20

UPDATED APPROVED VENDOR LIST NOW AVAILABLE ON THE WEB

MassHealth recently posted its newly updated, HIPAA-compliant approved Vendor List to the web. This list contains vendor information about approved billing intermediaries, clearinghouses, and software vendors.

To access this new list and a helpful list of “Questions to ask your Vendor,” please go to <https://www.mass.gov/service-details/vendor-list>.

Providers or vendors with questions about the approved vendor list process can contact MassHealth EDI (Electronic Data Interchange) at the MassHealth Customer Service Center at edi@mahealth.net or (800) 841-2900. (Press 2, 3, 1, 1 to reach EDI.)

If you have any questions or need additional EDI-related support, please contact the MassHealth Customer Service Center at edi@mahealth.net or (800) 841-2900. (Press 2, 3, 1, 1 to reach EDI.)

07/28/20

LETTER TO MASSHEALTH PROVIDERS

COVID-19 has touched every corner of our Commonwealth, and while we have seen the devastating impact of the virus on many of our communities, we have also seen health care providers rise to the occasion to provide care and comfort to patients and support critical public health efforts to keep Massachusetts residents safe.

On behalf of everyone at MassHealth, we want to extend our gratitude to you, our provider community, during this unprecedented and challenging time.

Many providers have been on the frontlines of the COVID-19 public health emergency, providing preventive care and educating patients about staying safe during the pandemic, providing direct care to individuals sick with COVID-19, continuing to ensure access to essential emergency and institutional care, and comforting patients, families, and staff who are mourning every tragic loss of life. Others have seen their practice dramatically shift in response to COVID-19, whether that involved transitioning much of their care to telehealth services, finding unique ways to reach members, and temporarily deferring and delaying non-essential treatment as a necessary public health measure. We recognize that for many providers these have been an especially challenging three months, and we appreciate your continued dedication to serving MassHealth members.

As we move forward in reopening the Commonwealth, the participation and support of our provider community will be critical. We are working with our colleagues across Health and Human Services, and in coordination with you and the rest of the provider community, to establish thoughtful guidelines for this work.

Again, we appreciate your support and dedication to our members and look forward to our continued partnership through the COVID-19 pandemic and beyond.

Sincerely,

Amanda Cassel Kraft
Acting Medicaid Director

UPDATE FOR CORRECTED RATES - Effective April 1, 2020 through July 31, 2020

MassHealth has corrected the rates for service codes 90460, 90461, and 90471 that were reduced for Mid-level Practitioners in error.

The impacted claims will be adjusted and will appear on this or future remittance advices.

If you have any questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or e-mail providersupport@mahealth.net.

EFFECTIVE DATES CORRECTION TO THE APR-DRG TEMPORARY WEIGHT INCREASES

MassHealth is aware that the effective dates for temporary weight increases to certain APR-DRGs were misaligned with the dates set forth in Amendment 3 to the Rate Year 2020 Acute Hospital RFA. This error has resulted in claims being underpaid due to lower, pre-amendment weights. MassHealth has corrected the error and reprocessed all of the impacted claims. All adjusted claims will appear on this or future Remittance Advices.

The APR-DRGs involved were: 004, 005, 113, 120, 121, 130, 131, 133, 134, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 720

If you have questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or e-mail providersupport@mahealth.net.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PROVIDER RELIEF FUND

The U.S. Department of Health and Human Services (HHS) will be distributing approximately \$15 billion from the Provider Relief Fund to eligible providers that participate in state Medicaid and Children's Health Insurance Program (CHIP) and have not received a payment from the fund's general distribution.

Visit at www.hhs.gov/providerrelief and choose "For Providers" for guidance on how to get started and apply for these funds. Applications are due by **August 3, 2020**.

NEW CLAIM ERROR CODES FOR MEDICARE INPATIENT PART A CROSSOVER CLAIMS

The following new error codes have been created for Medicare Inpatient Part A Crossover Claims;

517 'STATEMENT PERIOD NOT EQUAL TO COV PLUS NCOV DAYS' will post when the date of service span does not match the total number of Medicare covered and non-covered days on the claim.

573 'UNITS TO COV AND NCOV DAYS CONFLICT' will post when the room and board revenue code units do not match the total number of Medicare covered and non-covered days on the claim.

295 'LEAVE UNITS TO NCOV DAYS CONFLICT' will post when leave of absence units are greater than the number of non-covered days on the claim.

If you have questions regarding this message, please contact MassHealth Customer Service at (800) 841-2900 or providersupport@mahealth.net. LTSS Providers should contact LTSS Provider Service Center at (844) 368-5184 or support@masshealthtss.com.

APPENDIX Y UPDATE

MassHealth has updated Appendix Y of the MassHealth Provider manual. The Appendix lists the Eligibility Verification System (EVS) codes and messages that are displayed when providers access EVS through the Provider Online Service Center (POSC) to verify a member's eligibility and any restrictions on their coverage before providing services to MassHealth members.

To access Appendix Y please go to <https://www.mass.gov/doc/all-232-revised-appendix-y-0/download>

If you have any questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

August

08/04/20

Provider Online Service Center (POSC) Update to Preadmission Screening (PAS) Requests

MassHealth has updated the POSC to only accept HCPCS/CPT procedure codes on preadmission screening (PAS) requests. The field which used to accept only ICD10 procedure codes will now ONLY accept HCPCS/CPT procedure codes.

Prior to this change the provider could only select an ICD10 procedure code and enter the HCPCS/CPT procedure codes in the “notes” field.

Please note: ICD10 diagnosis codes will continue to be accepted.

Providers must use the POSC to process all PAS requests.

To access the POSC Job Aids including instructions on PAS request, please refer to the MassHealth website.

If you have any questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net. LTSS Providers should contact LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

08/11/20

Update To Code A0120 For Ambulance Providers Effective 8/1/2020

MassHealth has completed an update for procedure code A0120. Rates are being maintained via manual pricing. **Effective for dates of service on or after 8/1/2020 claims will require an attachment for manual pricing at the previous rate.** The attachment can be a scanned copy of the Medical Necessity Form (MNF) or the Transportation Request/Order and must be attached to the claim for payment to process correctly. Signature requirements for these attachments are temporarily waived.

If you have any questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PROVIDER RELIEF FUND – UPDATED MESSAGE

The U.S. Department of Health and Human Services (HHS) will be distributing approximately \$15 billion from the Provider Relief Fund to eligible providers that participate in state Medicaid and Children's Health Insurance Program (CHIP) and have not received a payment from the fund's general distribution.

Visit at www.hhs.gov/providerrelief and choose "For Providers" for guidance on how to get started and apply for these funds. Applications are due by **August 28, 2020**.

08/18/20

Claims Reprocessed FOR 2020 HCPCS/CPT code updates

The Centers for Medicare & Medicaid Services (CMS) has revised the HCPCS codes for 2020. MassHealth has updated the Service Codes and Descriptions (Subchapter 6) of the Physician Manual to incorporate those 2020 HCPCS/Current Procedural Terminology (CPT) service code updates.

MassHealth updated its system to reflect the 2020 HCPCS/CPT coding changes effective for dates of service on or after January 1, 2020. All affected claims have been reprocessed and will appear on this or future remittance advices.

If you have questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

08/25/20

Crossover Claims Reprocessed for Qualified Medicare Beneficiaries (QMB)

On 7/23/20 MassHealth published the Massachusetts Health Care Training Forum (MTF) message 'Medicare Savings Program (MassHealth Buy-In) Update' regarding the expansion of the Buy-In program as of January 1, 2020. Due to a system error in calculating eligibility, some members who should have been approved for the Qualified Medicare Beneficiary (QMB) program were not. The error has been corrected and the affected crossover claims have been reprocessed. Providers who may have collected payment from members for the previously denied services must promptly reimburse the member.

If you have questions regarding this message, please email the MassHealth Customer Service Center at providersupport@mahealth.net. LTSS Providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Adjusting Acute Outpatient Claims with Multiple Insurers

MassHealth identified a pricing error on acute outpatient hospital claims when multiple insurers were reported on the claim. The error has been corrected. The affected claims have been adjusted and will appear on a subsequent remittance advice.

If you have questions regarding this message, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

Update to code A4927 for DME/OXY providers

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised of the emergency adoption of Regulation 101 CMR 446.00: COVID-19 Payment Rates for Certain Community Health Care Providers. Refer to <https://tinyurl.com/y343mmts>.

The Office of Long-Term Services and Supports (OLTSS) has increased the rate for code A4927 for non-sterile gloves to \$8.00 per box to compensate for increased cost to MassHealth providers. MassHealth will continue to monitor market fluctuations.

The effective date of the rate increase is July 1, 2020. Claims Operations will be running a mass adjustment on all claims for dates of service (DOS) from July 1, 2020 and after for providers who billed their usual and customary charge of \$8.00 or more per box of gloves.

Claims submitted with DOS from July 1, 2020, with the providers usual and customary charge less than \$8.00 per box of gloves, will not qualify for the automatic mass adjustment. Providers who believe they qualify for the higher rate will need to submit a claim adjustment.

Claims will not be paid above the providers usual and customary charge billed on the claim.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

September

09/01/20

Continuous Skilled Nursing claims correction

MassHealth promulgated rates for 101 CMR 361.00: Continuous Skilled Nursing Services which were effective on August 1, 2020. Due to an error the service codes for Continuous Skilled Nursing did not get updated to the promulgated rates. MassHealth has corrected the error and will be adjusting all the impacted claims. All adjusted claims will appear on subsequent remittance advices.

If you or your agency has questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

Home Health Agency service codes G0151, G0152, and G0153 claims correction

MassHealth promulgated rates for 101 CMR 350.00: Home Health Services which were effective on August 1, 2020. Due to an error service codes G0151, G0152, and G0153 were not updated to the promulgated rates. MassHealth has corrected the error and will be adjusting all the impacted claims. All adjusted claims will appear on subsequent remittance advices.

If you or your agency has questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

Adjusting Certain Acute Inpatient Crossover Claims

Medicare regulations require providers to include outpatient services on the inpatient claim when the services are within 3-days prior to an inpatient admission. MassHealth identified a pricing issue on these acute inpatient crossover claims when the psychiatric per diem rate was used for pricing. The psychiatric per diem rate was applied to the “from – through date” span instead of the “admit – through date” span which resulted in incorrect payments. MassHealth has corrected the issue and adjusted the affected claims which will appear on this and subsequent remittance advices.

If you have questions regarding this message, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

Reprocessing of Medicare Crossover Claims for Certain Telehealth services

MassHealth denied Medicare crossover claims with telehealth procedure codes 98966, 98967, 98968, 99441, 99442, and 99443 when billed by physicians and acute outpatient hospital providers with a place of service (POS) other than 02 ‘Telehealth’. MassHealth is aware that Medicare has instructed providers to use the POS they would have used if the member was seen in-person. Corrections have been made to the MMIS system to allow crossover claims to adjudicate with the POS approved on the Medicare crossover claim. The affected claims have been reprocessed and will appear on this and subsequent remittance advices.

If you have questions regarding this message, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

Reprocessing of claims with CPT code S0020 Denied for Edit 4801 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS

MassHealth is aware that claims with CPT code S0020 are denying in error for Edit 4801 - Procedure Not Covered by Provider Contract. MassHealth has corrected the error and reprocessed all of the impacted claims. All adjusted claims will appear on this or future remittance advices.

If you have questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

09/08/20

MASSHEALTH REMINDER – BATCH 5,000 CLAIMS PER ST/SE SEGMENT Size Limit

MassHealth would like to remind all trading partners (providers, billing intermediaries, and clearinghouses) who submit professional or institutional electronic batch claims transactions (837P, 837I), that each Transaction Set header/trailer (ST/SE) MUST NOT contain more than 5,000 claims.

Any Transaction that contains more than 5,000 claims per ST/SE segment will be rejected. The error code 147 - “The file has exceeded the maximum transaction count limit” will be returned in the 999 Acknowledgement.

Please make sure that you have made the appropriate changes to your electronic claims transaction submission practices to ensure that the total count within each transaction does not exceed 5,000 claims per ST/SE segment.

If you have any questions or need further assistance, you may email the MassHealth Customer Service Center at edi@mahealth.net.

09/15/20

UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE APRIL 1, 2020

MassHealth has completed the rate updates for the April 1, 2020 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

09/22/20

Adjusting Community Health center claims for medical nutrition Therapy and Diabetes Self-management Training

MassHealth identified a pricing error on community health center claims for medical nutrition therapy and diabetes self-management training services codes. The rate has been updated to reflect the correct amount effective 3/1/2018. The affected claims have been adjusted and will appear on a subsequent remittance advice.

If you have questions regarding this message, please email the MassHealth Customer Service Center at providersupport@mahealth.net.

October

10/06/20

MassHealth delay reason codes to use for special billing, final deadline appeal & 90 day waiver

MassHealth is sending a reminder on billing tips that aid providers in correcting reoccurring submissions with attachments.

Claim submissions with attachments using delay reason code 11:

- Providers with any special circumstance that requires review, including a diagnosis/procedure code conflict, should submit the claim via Direct Data Entry (DDE) using delay reason code 11 and a brief letter explaining the situation. The letter, and any other accompanying documents, must be scanned and included with your DDE claim submission. Use the Attachment tab in the Provider Online Service Center (POSC) to upload the documents.
- Attachments that should be submitted without the use of any delay reason codes are as follows:
 - Sterilization attachments will automatically suspend for review with edit 2617.
 - Unlisted codes submitted with Operational Notes, Invoices or Reports will automatically suspend for pricing with edit 6000, if applicable.
 - Explanation of Benefits from another insurer or TPL update requests, please refer to your TPL instructions for the submissions of these attachments or how to request an update to a TPL file.

Claim submissions with attachments using delay reason code 9:

- Final deadline appeal requests should only be submitted to the Final Deadline Appeals Unit using delay reason code 9, as described in All Provider Bulletin 221, dated December 2011.

Claim submissions with attachments using delay reason code 1, 4 or 8:

- 90 day waiver requests should only be submitted using delay reason code 1, 4 or 8, as described in All provider Bulletin 233, dated February 2013.

Providers are reminded that when submitting electronic claims that require attachments and delay reason codes, they must submit them through the POSC using DDE and the appropriate delay reason code. Please note that using the wrong delay reason code will delay claim processing and may result in the denial of your claim.

If you have questions regarding delay reason codes, please email the MassHealth Customer Service Center at providersupport@mahealth.net. LTSS Providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

FINAL DEADLINE APPEALS BOARD ELECTRONIC CORRESPONDENCE

MassHealth has published All Provider Bulletin 300 for the Final Deadline Appeals Board in adapting its methods for appeals-related correspondence. This facilitates timely and secure communication with providers. The bulletin can be found at <https://www.mass.gov/lists/2020-masshealth-provider-bulletins>.

To facilitate timely and secure communication between providers and the Final Deadline Appeals Board, MassHealth is now requesting providers to include an email address in the appeal form or cover letter submitted pursuant to 130 CMR 450.323(B)(1).

If you have questions regarding this message, please email the MassHealth Customer Service Center at providersupport@mahealth.net. LTSS Providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Promulgated Rates FOR HOME HEALTH SERVICES

MassHealth promulgated rates for 101 CMR 350.00: Home Health Services which were effective on August 1, 2020.

Home Health Agency rates can be found at: <https://tinyurl.com/ya73usj7>.

If you or your agency has questions, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Promulgated Rates for Continuous Skilled Nursing Services

MassHealth promulgated rates for 101 CMR 361.00: Rates for Continuous Skilled Nursing Services which were effective on August 1, 2020.

Rates for Continuous Skilled Nursing Services can be found at: <https://tinyurl.com/y2jlnhr>.

If you or your agency has questions, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

10/13/20

UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JULY 1, 2020

MassHealth has completed the rate updates for the July 1, 2020 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

10/20/20

Update to message posted 10/20/20

10/27/20

NON-PAYABLE SERVICES PER 130 CMR 432.000 THERAPIST MANUAL, 130 CMR 413.000 SPEECH AND HEARING CENTER MANUAL, AND 130 CMR 430.000 REHABILITATION CENTER MANUAL

This guidance is for outpatient, MassHealth fee-for-service therapy providers. MassHealth would like to remind physical, occupational, and speech and language therapy providers, and audiologists that, per 130 CMR 432.412, 130 CMR 413.417 and 130 CMR 430.601(A)(10), MassHealth does not pay a therapist for services provided by a person under the therapist's supervision. This includes services by Therapy Assistants.

If you or your agency has questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthltss.com.

UPDATE FOR PROVIDERS RE: CODE 87426, Effective August 1, 2020

MassHealth has completed an update for code 87426, retroactively effective for dates of service on or after 8/1/2020. Associated fees are published, and viewable in 101 CMR 320.05: Clinical Laboratory Services. Claims that were erroneously denied for this service will be reprocessed and will appear on a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

Applied Behavior Analysis Code Update

The Executive Office of Health and Human Services (EOHHS) has issued Administrative Bulletin 20-74 to add Applied Behavior Analysis code 97156 in accordance with 101 CMR 358.03(4)(b). The code is effective for dates of service rendered on or after 8/1/20.

The Administrative Bulletin can be found at <https://tinyurl.com/y44esjhz>.

All 97156 claims need to be submitted with Administrative Bulletin 20-74 as an attachment. If you have claims that were denied for this code for dates of service on or after 8/1/20, please resubmit the claims with the bulletin as an attachment.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

MASSHEALTH REMINDER – BATCH 5,000 CLAIMS PER ST/SE SEGMENT AND FILE SIZE LIMITS

MassHealth would like to remind all trading partners (providers, billing intermediaries, clearinghouses, and software vendors) who submit professional or institutional electronic batch claims transactions (837P, 837I), that each Transaction Set header/trailer (ST/SE) **MUST NOT** contain more than 5,000 claims. The overall size of your electronic HIPAA file **MUST NOT** exceed 16MB.

Any electronic claim transaction that contains more than 5,000 claims per ST/SE segment will be rejected. The MassHealth Customer Service Center EDI team will notify the submitter ID of this compliance error. The notification will include the following: “error code 147 - The file has exceeded the maximum transaction count limit.”

Please make sure that you have made the appropriate changes to your electronic claims transaction submission practices to ensure that the total count within each transaction does not exceed 5,000 claims per ST/SE segment. If you are making changes to your software, testing is required.

If you have questions or need further assistance, please email the MassHealth Customer Service Center at edi@mahealth.net.

November

11/03/20

APEC Outpatient Statewide Standard rates correction for period from April 1, 2020 through July 31, 2020

MassHealth is aware that the APEC Outpatient Statewide Standard rates were misaligned with the rates set forth in Amendment 3 to the Rate Year 2020 Acute Hospital RFA. This error has resulted in underpayment of claims paid under the APEC methodology for dates of service noted above. MassHealth has corrected the error and reprocessed all of the impacted claims. All claims adjusted will appear on this or future remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

11/10/20

Hospice Election Requirements for Dual-Eligible Members and MassHealth Hospice Election Form Update

On October 29, 2020, MassHealth issued Hospice Provider Bulletin 15, which communicates a reminder to hospice providers delivering services to dual-eligible MassHealth members and to ensure members elect or revoke the hospice benefit simultaneously through Medicare and MassHealth.

The MassHealth Hospice Provider Bulletin can be accessed at <https://tinyurl.com/y6n8zdem>.

On October 29, 2020, MassHealth issued an updated MassHealth Hospice Election Form, which replaces all previous version of the MassHealth Hospice Election Form. Hospice providers will have 30 days following the effective date of the bulletin (October 29, 2020) to implement the updated MassHealth Hospice Election Form.

Note: any submission using previous versions of the MassHealth Hospice Election Form following the implementation date will not be processed.

The MassHealth Hospice Election Form can be accessed at <https://tinyurl.com/y4nv7vqe>.

If you or your agency has questions, please contact the LTSS Service Center at (844) 368-5184 or support@masshealthtss.com.

COVID Rate Increase for code A4927 FOR DME/OXY PROVIDERS

Please be advised that the MassHealth Office of Long-Term Services and Supports (OLTSS) has increased the rate for code A4927 for non-sterile gloves to \$11.00 per box of 100 for DME providers and Oxygen and Respiratory Equipment providers enrolled with a specialty in DME, effective for dates of service beginning July 1, 2020, pursuant to adoption of the emergency regulation 101 CMR 446.00: COVID-19 Payment Rates for Certain Community Health Care Providers. Refer to <https://tinyurl.com/y343mnts>.

MassHealth will adjust all claims with a "billed amount" of \$11 or less, with dates of service from July 1, 2020 to October 30, 2020 for A4927, where there is a difference between the "billed amount" line of the claim and what was paid.

Providers who believe they qualify for the higher rate will need to submit a claim adjustment.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthtss.com.

11/24/20

Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates

In March 2021, MassHealth will implement minor modifications to the submission requirements related to operating physician, service facility location, and supervising physician information submitted on claims transactions. The changes will impact both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions.

In preparation for these modifications, MassHealth will conduct general information sessions for providers, trading partners, and vendors beginning in late January. Registration will begin earlier that month and can be completed at: <https://www.mass.gov/service-details/trading-partner-education> once available.

It is highly recommended that trading partners participate in the information sessions in January to understand the upcoming changes. If the changes require your organization to make modifications to the information submitted within your batch or DDE claims transactions, or updates to your operational processes, MassHealth strongly encourages you to identify the changes as quickly as possible. For more information, please visit <https://www.mass.gov/masshealth-technical-refresh>.

If you have questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net. If you are an LTSS provider, please contact LTSS Provider Service Center at (844) 368-5184 or support@masshealthtss.com

December

12/01/20

Updated Approved Vendor List Now Available on THE Web

All providers are advised: MassHealth has posted its updated, HIPAA-compliant approved Vendor List to the web.

To access this updated list and a helpful list of “Questions You Should Ask Your Vendor/Clearinghouse/Billing Intermediary,” please go to <https://www.mass.gov/service-details/vendor-list>.

Providers or vendors with questions about the approved vendor list process can contact MassHealth EDI (Electronic Data Interchange) at the MassHealth Customer Service Center at edi@mahealth.net or (800) 841-2900.

12/08/20

Reprocessing of claims billed with GT modifier Denied for Edit 4033 FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS

MassHealth is aware that claims billed with GT modifier are denying in error for Edit 4033 – Procedure Code Not Compatible with Modifier. MassHealth has corrected the error and reprocessed all of the impacted claims. All adjusted claims will appear on this or future remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that the MassHealth DME & Oxygen Payment and Coverage Guideline Tool was updated on 12/1/20 and posted on the MassHealth website. To confirm that you are using the most recent version of the tool, go to: www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools.

The following HCPCS codes were added:

B4105 “In-Line cartridge containing digestive enzyme(s) for enteral feeding, each”.

K0462 “Temporary Replacement Equipment”.

Please refer to our online MassHealth DME & Oxygen Payment and Coverage Guideline Tool for further instructions regarding coverage, limits, prior authorization requirements, etc.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

12/29/20

NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that the MassHealth DME & Oxygen Payment and Coverage Guideline Tool was updated on 12/21/20 and posted on the MassHealth website. To confirm that you are using the most recent version of the tool, go to: www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools.

Refer to Administrative Bulletin 20-87, effective July 6, 2020, for more information on the addition of the KU Modifier: <https://www.mass.gov/lists/2020-eohhs-administrative-bulletins>

Please refer to our online MassHealth DME & Oxygen Payment and Coverage Guideline Tool for further instructions regarding topics including, but not limited to, coverage, limits, prior authorization requirements.

If you have questions regarding this change, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

NEW CHANGES TO MANAGED CARE PLAN ENROLLMENT PROCESSES FOR NEWBORN CHILDREN OF MASSHEALTH ENROLLEES

Effective January 1, 2021, MassHealth will be changing the processes related to the enrollment of newborns into MassHealth managed care plans. These changes are designed to improve the experience of both members and providers. Please refer to All Provider Bulletin 305 for more information: <https://www.mass.gov/lists/2020-masshealth-provider-bulletins#december->

If you have questions regarding these changes, please contact the MassHealth Customer Service Center at providersupport@mahealth.net or (800) 841-2900.

**ALL PROVIDER BULLETIN - COVERAGE AND PAYMENT FOR
CORONAVIRUS DISEASE 2019 (COVID-19) VACCINE
ADMINISTRATION, TESTING, AND MONOCLONAL ANTIBODY
PRODUCT INFUSION**

MassHealth has published All Provider Bulletin 304 Coverage and Payment for Coronavirus Disease 2019 (COVID-19) Vaccine Administration, Testing, and Monoclonal Antibody Product Infusion. The bulletin communicates updated MassHealth coverage, policy, codes, and payment guidelines.

The bulletin can be found at <https://www.mass.gov/lists/2020-masshealth-provider-bulletins>

As a reminder, all MassHealth guidance for providers related to COVID-19 can be found at <https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>

If you have questions regarding this bulletin, please email the MassHealth Customer Service Center at providersupport@mahealth.net. LTSS Providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com