



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

Tel: (617) 573-1600
Fax: (617) 573-1891
www.mass.gov/eohhs

Administrative Bulletin 20-76

101 CMR 613.00: Health Safety Net Eligible Services

101 CMR 614.00: Health Safety Net Payments and Funding

Effective August 14, 2020

**Health Safety Net Coverage and Reimbursement Policy for Services Related to
Coronavirus Disease 2019 (COVID-19)**

Background

The Health Safety Net program serves as the payer of last resort for health care services provided by acute care hospitals and community health centers to qualified uninsured and underinsured residents of Massachusetts. In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, the Health Safety Net is introducing additional flexibilities for coverage and billing related to COVID-19, as further described in this administrative bulletin. These flexibilities are intended to be generally consistent with those set forth in [MassHealth All Provider Bulletin 298](#), and [MassHealth All Provider Bulletin 299](#).

This administrative bulletin, which supersedes Administrative Bulletin 20-09, published in March 2020, summarizes the flexibilities implemented by the Health Safety Net in response to COVID-19. It largely restates the requirements laid out in Administrative Bulletin 20-09, including those applying to Health Safety Net presumptive determinations, except that it (1) clarifies that individuals may have up to two presumptive determination periods within a 12-month period; (2) adds additional COVID-19 specimen collection and testing codes to the services that may be paid for by the Health Safety Net; and (3) updates certain telehealth and prescription drug policies to align with MassHealth policies. This administrative bulletin applies to acute care hospitals and community health centers that are Health Safety Net providers.

The Massachusetts Executive Office of Health and Human Services (EOHHS) is coordinating with federal and local partners to respond to COVID-19. As this situation evolves, EOHHS may issue additional guidance on this topic as informed and directed by the Massachusetts Department of Public Health (DPH) and the federal Centers for Disease Control and Prevention (CDC).



This administrative bulletin shall remain effective for the duration of the state of emergency declared via Executive Order No. 591: *Declaration of a State of Emergency to Respond to COVID-19*.

Presumptive Determinations

Beginning August 1, 2020, and notwithstanding 101 CMR 613.04(4): *Presumptive Determination*, 101 CMR 613.04(7): *Eligibility Period* and Eligibility Operations Memo 18-02, the Health Safety Net will allow an individual to have up to two Health Safety Net presumptive determinations of low-income patient status within a 12-month period. Providers should continue to use the [Application for Health Safety Net \(HSN\) Presumptive Eligibility](#).

Furthermore, individuals with a Health Safety Net presumptive determination of low-income patient status are ineligible for the eligibility protection rules set forth in Administrative Bulletin 20-09.

Accordingly, for individuals who received a Health Safety Net presumptive determination of low-income patient status during the COVID-19 emergency, but before June 30, 2020, the Health Safety Net presumptive determination will end on July 31, 2020, unless they submitted a full application, as such term is defined in 101 CMR 613.02: *Definitions*, on or before that date. They had been previously informed that their Health Safety Net presumptive determination is protected through the end of the COVID-19 national emergency. The Health Safety Net Office will separately notify these individuals of the new July 31, 2020, presumptive determination coverage end date. For individuals who received a Health Safety Net presumptive determination approval prior to the COVID-19 emergency or on or after June 30, 2020, their Health Safety Net presumptive determination benefit will end according to standard Health Safety Net presumptive determination rules under 101 CMR 613.04(4): *Presumptive Determination*.

Billing for COVID-19 Diagnostic Laboratory Services

The Health Safety Net pays providers for medically necessary clinical diagnostic laboratory tests when a qualified clinician orders them. Testing of persons under investigation (PUI) for COVID-19 is available through the Massachusetts State Public Health Laboratory (MA SPHL) when a patient meets clinical and epidemiologic criteria.

MA SPHL does not charge providers for its provision of these laboratory services. Additionally, the Health Safety Net does not pay providers a specimen acquisition fee (including testing supplies) or a specimen transportation fee for lab services to be rendered by MA SPHL.

Health Safety Net providers may bill the Health Safety Net for medically necessary, clinically appropriate COVID-19 lab tests using CPT code 87635 which describes 2019-nCoV Coronavirus, SARA-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes. Providers will be able to bill the Health Safety Net for this code beginning April 1, 2020, for dates of service on or after March 12, 2020. The Health Safety Net will adopt the MassHealth rate for this code.

In addition, Health Safety Net providers may also bill the Health Safety Net for these additional codes for the dates of service indicated in the following table:

Code and Description	Effective for dates of service
G2023: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	March 12, 2020
G2024: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	March 12, 2020
G2023 CG: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician.]	May 22, 2020
G2024 CG: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician.]	May 22, 2020
U0002: 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).	March 12, 2020
U0003: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.	March 18, 2020
U0004: 2019 nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	March 18, 2020

For questions about testing, specimen transport, or control measures, contact the Massachusetts Department of Public Health (DPH) (24/7) at (617) 983-6800. Further information on testing can be found at DPH's [website](#).

Billing Requirements for Services Delivered via Telehealth

To mitigate the spread of COVID-19, the Health Safety Net is committed to enabling Health Safety Net patients to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. To that end, through December 31, 2020, the Health Safety Net will permit qualified providers to deliver clinically appropriate, medically necessary Health Safety Net-covered services to Health Safety Net-eligible patients via telehealth (including telephone and live video) in accordance with the standards set forth in Appendix A of this administrative bulletin and notwithstanding any regulation to the contrary. The Health Safety Net will rely on each eligible provider's clinical judgment that a medically necessary service may appropriately be delivered via telehealth in a manner consistent with all relevant licensure and program regulations.

The Health Safety Net is not imposing specific requirements for technologies used to deliver services via telehealth and will allow payment for Health Safety Net-covered services delivered through telehealth so long as such services are medically necessary and clinically appropriate and comport with the guidelines set forth in Appendix A of this administrative bulletin. Providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform patients of any relevant privacy considerations.

Important note: Although the Health Safety Net allows payment for the delivery of certain services through telehealth for Health Safety Net providers as described in this administrative bulletin, the Health Safety Net does not require providers to deliver services via telehealth.

Billing and Payment Rates for Services Delivered via Telehealth

Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

All providers must include place of service code 02 when submitting a claim for services delivered via telehealth. Providers billing under an 837I/UB-04 form must include the modifier "GT" when submitting claims for services delivered via telehealth. The Health Safety Net is adding the modifier "GT" to its list of available coding options for Health Safety Net providers.

Providers must ensure that, in all other respects, they select the service code that most accurately describes the service rendered and must comply in all respects with all other applicable laws, regulations, and subregulatory guidance.

Telehealth and the Prescription of Controlled Substances

When clinically appropriate, Health Safety Net will permit qualified Health Safety Net providers to prescribe controlled substances (schedule II-V) to members using telehealth modalities without an in-person visit. Any such prescriber must comply with all applicable state and federal statutes, regulations, and subregulatory guidance, including, but not limited to, paragraph 1 of the "Additional Requirements for Prescribing" section of Appendix A of this administrative bulletin, the Department of Public Health's Alert Regarding Use of Telemedicine

during Public Health Emergency-COVID-19, and guidance from the Drug Enforcement Administration. To facilitate the implementation of this telehealth policy, and notwithstanding any Health Safety Net requirement to the contrary, Health Safety Net will permit providers submitting claims to Health Safety Net for services delivered via telehealth in accordance with this administrative bulletin without regard to any references within a service code description to the means by which a service is delivered (e.g., in-person, through live-video telehealth, or via telephone) when identifying the appropriate service code.

Providers must ensure that, in all other respects, they select the service code that most accurately describes the service rendered and must comply in all respects with all other applicable laws, regulations, and subregulatory guidance.

Services Delivered to Individuals Eligible for Medicare via Audio-Only Telehealth

As explained above, the Health Safety Net's restated telehealth policy permits providers to render all clinically appropriate, medically necessary Health Safety Net services through telehealth, either through live video or through audio-only (telephone) communication. By contrast, Medicare's coverage of services rendered via audio-only telehealth is limited to certain services. Providers should reference the latest CMS guidance for Medicare coverage of audio-only telehealth services prior to billing the Health Safety Net.

As the payer of last resort, the Health Safety Net will not permit providers to submit directly to the Health Safety Net, without prior submission to Medicare, claims for clinically appropriate and medically necessary services rendered to dually eligible members via audio-only telehealth that are not coverable by Medicare.

Billing for Preventive Visits via Telehealth

The Health Safety Net recognizes the challenges being faced by primary care providers during the COVID-19 pandemic, especially as it relates to completing important preventive visits for children and adults. Under the telehealth policy described in this administrative bulletin, the Health Safety Net allows, but does not require, providers to render preventive visits via telehealth when clinically appropriate. Pursuant to that policy, the Health Safety Net will pay claims for such services, as long as the claim identifies the place of service as "02". The Health Safety Net encourages providers to adhere to recommendations from the American Academy of Pediatrics on delivery of preventive services during the COVID-19 emergency, including the recommendation to prioritize in-person newborn care and well visits and immunization of infants and young children (through 24 months of age) whenever possible.

For those preventive visits that are completed via telehealth, the Health Safety Net is aware that there may be medically necessary components of those visits that cannot be completed via telehealth modalities. The Health Safety Net recommends that providers complete the unperformed components of those visits as soon as possible, whether before or after the emergency concludes.

Therefore, the Health Safety Net anticipates that some providers will need to conduct in-person, follow-up visits to complete those medically necessary, yet unperformed components of a preventive visit conducted via telehealth. To address this need, the Health Safety Net permits the following.

- For a preventive visit conducted via telehealth, providers may bill:
 - An appropriate preventive visit code plus “02” for place of service;
 - Any additional codes applicable to the service provided (e.g., developmental screening, health risk assessment, behavioral/emotional assessment); and
 - Separately for vaccines administered on the same date as the telehealth visit, as the vaccine administration and the telehealth visit do not occur in the same location. Providers may not use place of service code “02” when submitting claims for such same-day vaccine administrations.
- For an in-person follow-up visit to complete medically necessary components of the preventive visit, not performed on the same day as the preventive visit, providers may bill:
 - A single E&M visit at level 1, 2, or 3 (appropriate to complexity of visit); and
 - Any additional codes applicable to the service provided (e.g., laboratory, hearing/vision screening).

Providers must document all required components of all visits, including preventive visits. Documentation of preventive visits conducted via telehealth must indicate that the visit was completed via telehealth due to COVID-19, note any limitations of the visit, and include a plan to follow up any medically necessary components deferred due to those limitations.

Billing for Telephonic Visits and Home Visits Related to COVID-19

Notwithstanding any regulation to the contrary, the Health Safety Net will pay providers for clinically appropriate, medically necessary telephone evaluations through the following CPT codes when delivered by physicians: 99441, 99442, 99443; and when delivered by qualified non-physicians: 98966, 98967, 98968.

Providers will be able to bill the Health Safety Net for these telephonic codes for dates of service beginning March 12, 2020.

Hospitals and community health centers that are Health Safety Net providers may submit claims to the Health Safety Net for clinically appropriate, medically necessary home visits using the following codes: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, 99512, and 99600. For hospitals, these codes will be paid as outpatient services in accordance with 101 CMR 614.06(3): *Pricing for Outpatient Services*. For community health centers, these codes will be paid at a Prospective Payment System (PPS) Rate in accordance with 101 CMR 614.00. The Health Safety Net will also add these codes to the community health center covered code list available on the [HSN Information for Community Health Centers' website](#). Providers will be able to bill the Health Safety Net for these codes for dates of service beginning March 12, 2020.

Billing for COVID-19 Quarantine in a Hospital

There may be instances in which hospitals will need to quarantine Health Safety Net patients infected with COVID-19 for public health reasons or otherwise cannot safely discharge a patient due to COVID-19 exposure or risk, even though these individuals may no longer require an inpatient level of care.

Inpatient hospital providers may bill the Health Safety Net for Health Safety Net patients no longer requiring an inpatient level of care but who must be quarantined in the hospital or otherwise cannot be safely discharged due to COVID-19 by either (1) keeping the patient as an inpatient, switching the patient to administrative day status, and billing accordingly, or (2)

discharging the patient from inpatient care, commencing observation services, and billing accordingly. Inpatient hospitals rendering COVID-19-related services to Health Safety Net patients will be paid in accordance with the Medicare Inpatient Prospective Payment System (IPPS) for non-psychiatric claims and the Inpatient Psychiatric Facility Prospective Payment System (IPF-PPS) for psychiatric claims for the current fiscal year.

Updates related to Prescribed Drugs

For COVID-19-related updates to the Health Safety Net prescribed drug policies and procedures, please reference Pharmacy Facts 141 through 151 and any subsequent Pharmacy Facts providing, updating or removing existing prescription drug flexibilities in response to the COVID-19 emergency declaration. The Health Safety Net incorporates by reference all COVID-19-related updates to prescribed drugs policies and procedures included in such Pharmacy Facts, provided that 1) such flexibilities are not disallowed by Health Safety Net regulations 101 CMR 613.00: Health Safety Net Eligible Services or 101 CMR 614.00: Health Safety Net Payments and Funding, and 2) such Pharmacy Facts or any separate guidance issued by the Health Safety Net does not specifically exclude the Health Safety Net from the policy or procedure's application.

Cost Sharing

Effective for dates of service beginning March 12, 2020, and notwithstanding the requirement at 101 CMR 613.04(8): *Low Income Patient Responsibilities*, the Health Safety Net will not require Partial Low-Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income greater than 150% and less than or equal to 300% of the FPL to make payments towards their annual deductible.

Other Considerations

Please note that all providers must make diligent efforts to obtain payment first from other resources, including MassHealth, so that the Health Safety Net will be the payer of last resort for Health Safety Net providers.

Additional Information

For the latest MA-specific information, visit the following link: <https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>.

The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

Questions

If you have any questions about the information in this administrative bulletin, please contact the Health Safety Net at (800) 609-7232, or email your inquiry to HSNHelpdesk@state.ma.us.

Appendix A

Guidelines for Use of Telehealth to Deliver Covered Services

Terminology

For the purposes of this administrative bulletin, the following terms are used as defined below.

Distant site is the site where the practitioner providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

Originating site is the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites.

Billing and Payment Rates for Services

All providers must include place of service code 02 when submitting a claim for services delivered via telehealth. Providers billing under an 837I/UB-04 form must include the modifier “GT” when submitting claims for services delivered via telehealth. Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

Providers may not bill the Health Safety Net a facility fee for originating sites.

Additional Requirements for Prescribing

A provider may prescribe medications via telehealth as otherwise described in this administrative bulletin and in accordance with the following requirements.

1. Providers must comply with all applicable state and federal statutes and regulations governing medication management and prescribing services when delivering these services via telehealth.
2. Providers who deliver prescribing services via telehealth must maintain policies for providing patients with timely and accurate prescriptions by use of mail, phone, e-prescribing, and/or fax. Providers must document prescriptions in the patient’s medical record consistent with in-person care.

Requirements for Telehealth Encounters

Providers must adhere to and document the following best practices when delivering services via telehealth.

1. Providers must properly identify the patient using, at a minimum, the patient’s name, date of birth, and place of residence. If the patient has a MassHealth ID, providers should obtain that, as well.

2. Providers must disclose and validate the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications.
3. For an initial appointment with a new patient, the provider must review the patient's relevant medical history and any available medical records with the patient before initiating the delivery of the service.
4. For existing provider-patient relationships, the provider must review the patient's medical history and any available medical records with the patient during the service.
5. Prior to each patient appointment, the provider must ensure that the provider is able to deliver the service to the same standard of care and in compliance with licensure regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access) using telehealth as is applicable to the delivery of the services in person. If the provider cannot meet this standard of care or other requirements, the provider must direct the patient to seek in-person care. The provider must make this determination prior to the delivery of each service.
6. To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.
7. Providers must follow consent and patient information protocol consistent with those followed during in person visits.
8. Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site) and obtain the location of the patient (i.e., originating site).
9. The provider must inform the patient of how the patient can see a clinician in-person in the event of an emergency or as otherwise needed.

Documentation and Record Keeping

Providers delivering services via telehealth must meet all health records standards required by the applicable licensing body as well as any applicable regulatory and program specifications required by the Health Safety Net. This includes storage, access, and disposal of records.

In addition to complying with all applicable Health Safety Net regulations pertaining to documentation of services, providers must include a notation in the medical record that indicates that the service was provided via telehealth, the technology used, and the physical location of the distant and the originating sites.

The Health Safety Net may audit provider records for compliance with all regulatory requirements, including record keeping and documentation requirements, and may apply appropriate sanctions to providers who fail to comply.