



Transmittal Letter ALL-246

DATE: March 2024

TO: All Providers Participating in MassHealth

FROM: Elizabeth LaMontagne, Chief Operating Officer

RE: All Provider Manuals (Emergency Updates to Administrative and Billing Regulations: Elimination of Copayments for MassHealth Members)

This letter transmits updates to 130 CMR 450.000: *Administrative and Billing Regulations*. Subsection 130 CMR 450.130 has been amended to reflect that MassHealth members will no longer be required to make copayments. Copayments have been temporarily eliminated since May 1, 2023; this update extends this policy indefinitely.

These regulations are effective April 1, 2024.

MassHealth Website

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Questions

If you have questions about the information in this transmittal letter, please

- contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- email your inquiry to provider@masshealthquestions.com.

New Material

The pages listed here contain new or revised language.

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Pages i, 1-36 through 1-44

Obsolete Material

The pages listed here are no longer in effect.


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Page 1-36 — transmitted by Transmittal Letter ALL-234

Pages i, 1-37, and 1-38 — transmitted by Transmittal Letter ALL-241

Pages 1-39 and 1-40 — transmitted by Transmittal Letter ALL-231

Pages 1-41 through 1-46 — transmitted by Transmittal Letter ALL-224

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450.130: Copayments Required by the MassHealth Agency

The MassHealth agency does not require its members to make any copayments.

(130 CMR 450.131 through 450.139 Reserved)

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450.140: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services: Introduction

(A) Legal Basis.

- (1) In accordance with federal law at 42 U.S.C. 1396d(a)(4)(b) and 1396d(r), and 42 CFR 441.50, and notwithstanding any limitations implied or expressed elsewhere in MassHealth regulations or other publications, the MassHealth agency has established a program of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for MassHealth Standard and MassHealth CommonHealth members younger than 21 years old, including those who are parents.
- (2) Any qualified MassHealth provider may deliver EPSDT services. However, in delivering well-child care, providers must follow the EPSDT Medical Protocol and Periodicity Schedule.
- (3) EPSDT screening services include among other things, health, vision, dental, hearing, behavioral health, developmental and immunization status screening services.
- (4) The regulations governing the EPSDT program are set forth in 130 CMR 450.140 through 450.149.

(B) Program Objectives. The objectives of the EPSDT program are

- (1) to provide comprehensive and continuous health care designed to prevent illness and disability;
- (2) to foster early detection and prompt treatment of health problems before they become chronic or cause irreversible damage;
- (3) to create an awareness of the availability and value of preventive well-child care services; and
- (4) to create an awareness of the services available under the EPSDT program, and where and how to obtain those services.

450.141: EPSDT Services: Definitions

Dental Care— dental services customarily furnished by or through dental providers as defined in 130 CMR 420.000: *Dental Services*, to the extent the furnishing of those services is authorized by the MassHealth agency.

EPSDT Dental Protocol and Periodicity Schedule (the Dental Schedule) — a schedule (*see Appendix W: EPSDT Services: Medical and Dental Protocols and Periodicity Schedules* of all MassHealth provider manuals) developed and periodically updated by the MassHealth agency in consultation with recognized medical and dental organizations involved in child health care. The Dental Schedule consists of screening and treatment procedures arranged according to the intervals or age levels at which each procedure is to be provided.

EPSDT Medical Protocol and Periodicity Schedule (the Medical Schedule) — a schedule (*see Appendix W: EPSDT Services: Medical and Dental Protocols and Periodicity Schedules* of all MassHealth provider manuals) developed and periodically updated by the MassHealth agency in consultation with recognized medical and dental organizations involved in child health care. The Medical Schedule consists of screening procedures arranged according to the intervals or age levels at which each procedure is to be provided.

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Interperiodic Visit — the provision of screening procedures or treatment services at an age other than those indicated on the Medical or the Dental Schedule. Interperiodic visits may be:

- (1) screenings that are medically necessary to determine the existence of a suspected illness or condition, or a change in or complication of a preexisting condition;
- (2) the provision of the full-range of EPSDT screening or treatment services delivered at an age other than one listed on the Medical or Dental Schedule to update the member's care according to the Medical or Dental Schedule; or
- (3) additional screening or treatment services provided to a member whose care is already up to date according to the Medical or Dental Schedule.

Periodic Visit — the provision of screening procedures appropriate to the member's age and medical history, as prescribed by the Medical Schedule or the Dental Schedule.

Primary Care — health care services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, certified nurse practitioner, or certified nurse midwife, or physician assistant to the extent the furnishing of those services is legally authorized in the Commonwealth. Primary care does not include emergency or post stabilization services provided in a hospital or other setting.

Primary Care Providers — a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, certified nurse practitioner, certified nurse midwife, or physician assistant.

450.142: EPSDT Services: Medical Protocol and Periodicity Schedule and Dental Protocol and Periodicity Schedule

(A) Providers of Periodic and Interperiodic Visits.

- (1) Primary care providers must offer to conduct periodic and medically necessary interperiodic visits to screen all members younger than 21 years of age (except members enrolled in MassHealth Limited) in accordance with the Medical Schedule, and must provide or refer such members to assessment, diagnosis, and treatment services.
- (2) Hospitals and community health centers that provide primary care services must offer to conduct periodic and medically necessary interperiodic visits to screen all members younger than 21 years of age (except members enrolled in MassHealth Limited) in accordance with the Medical Schedule, and must provide or refer such members to assessment, diagnosis, and treatment services.
- (3) The health assessments described in the Medical Schedule are payable when provided by a physician, certified nurse practitioner, certified nurse midwife, hospital, community health center, or physician assistant.

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(B) Providers of Dental Services.

(1) Dental care providers must offer to provide services listed in Appendix W: *EPSDT Services: Medical and Dental Protocols and Periodicity Schedules* of all MassHealth provider manuals to all members younger than 21 years of age (except members enrolled in MassHealth Limited) in accordance with the Dental Schedule, and must provide or refer such members to assessment, diagnosis, and treatment services.

(2) The dental services described in the Dental Schedule are payable when provided by dental providers as described in 130 CMR 420.000: *Dental Services*.

(C) Explanation of Procedures.

(1) The Medical Schedule outlines the procedures for comprehensive preventive care that help to identify members who may require further diagnosis of suspected or actual health problems, treatment of these problems, or both.

(2) The Medical Schedule explains procedures that must be documented in the medical record.

(3) The Dental Schedule is a tool to help dental providers identify members with suspected or actual dental problems that may require additional investigations, diagnosis, or treatment.

450.143: EPSDT Services: Description of Medical Protocol and Periodicity Schedule Visits (EPSDT Visits)

(A) Initial EPSDT Visit.

(1) An initial EPSDT visit must be provided for every

- (a) new member;
- (b) member previously seen only for sick care; and
- (c) newborn previously seen only in the hospital.

(2) An initial EPSDT visit includes the recording of

- (a) family, medical, behavioral health, developmental, and immunization history;
- (b) a review of all systems;
- (c) a comprehensive physical examination; and
- (d) all exams, assessments, screening, and laboratory work indicated on the Medical Schedule as appropriate for the member's age.

(B) EPSDT Periodic Visit.

(1) An EPSDT periodic visit consists of all exams, assessments, screenings, and laboratory work indicated on the Medical Schedule as appropriate for the member's age.

(2) A provider may claim payment for an EPSDT periodic visit only when all the screening procedures on the Medical Schedule that correspond to the member's age have been delivered to the member.

(a) While the screening procedures are based upon a presumption of regular contact with health-care providers, many members will need additional screening procedures to bring them up to date.

(b) It is the provider's responsibility to provide those additional screening procedures necessary to bring the member up to date with his or her preventive health care according to the Medical Schedule.

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(3) If the provider is unequipped to perform a test (for example, if he or she does not have an audiometer and an audiometric test is required), the provider must make a screening referral to another provider. However, in every case, for the referring provider to claim payment for an EPSDT periodic visit

- (a) all required screening procedures must be performed; and
- (b) the referring provider must receive and document all results in the member's medical record.

(C) EPSDT Interperiodic Visit. An EPSDT interperiodic visit is any visit not indicated on the Medical Schedule. Such visits may be either

- (1) preventive health-care visits provided at an age or age interval not indicated on the Medical Schedule; or
- (2) a screening that is medically necessary to determine the existence of a suspected illness or condition, or a change in or complication of a preexisting condition.

450.144: EPSDT Services: Diagnosis and Treatment

- (A) (1) EPSDT diagnosis and treatment services consist of all medically necessary services listed in 1905(a) of the Social Security Act (42 U.S.C. 1396d(a) and (r)) that are
- (a) needed to correct or ameliorate physical or mental illnesses and conditions discovered by a screening, whether or not such services are covered under the State Plan; and
 - (b) payable for MassHealth Standard and MassHealth CommonHealth members younger than 21 years of age, if the service is determined by the MassHealth agency to be medically necessary.
- (2) To receive payment for any service described in 130 CMR 450.144(A)(1) that is not specifically included as a covered service under any MassHealth regulation, service code list, or contract, the requester must submit a request for prior authorization in accordance with 130 CMR 450.303. This request must include, without limitation, a letter and supporting documentation from a MassHealth-enrolled physician, physician assistant, certified nurse practitioner, certified nurse midwife, or certified clinical nurse specialist documenting the medical need for the requested service. If the MassHealth agency approves such a request for service for which there is no established payment rate, the MassHealth agency will establish the appropriate payment rate for such service on an individual-consideration basis in accordance with 130 CMR 450.271. If the request is for a member who is enrolled in an MCO or Accountable Care Partnership Plan, as defined in 130 CMR 450.000, the requestor must submit the request to the MCO or Accountable Care Partnership Plan according to the MCO's or Accountable Care Partnership Plan's prior-authorization process. If the request is for a behavioral health service for a member who is enrolled with MassHealth's behavioral health contractor, as defined in 130 CMR 508.000, the requestor must submit the request to the behavioral health contractor according to the behavioral health contractor's prior authorization process.

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(B) For any condition that requires further assessment, diagnosis, or treatment after the periodic or interperiodic visit, the provider must inform the member how and where to obtain further assessment, diagnosis, or treatment, and must either

- (1) request that the member return for another appointment as soon as possible; or
- (2) make a referral to another provider who can provide the appropriate assessment, diagnosis, or treatment as soon as the referring provider determines that a referral is needed.

(C) When making a referral to another provider, the referring provider must give the name and address of an appropriate provider to the member or to the member's parent or guardian.

(D) The referring provider must obtain a report of the results of assessment, diagnosis, and treatment from the provider of the referred service and document this information in the member's medical record.

450.145: EPSDT Services: Claims for Visits

(A) Initial EPSDT Visit. A provider may bill for only one initial EPSDT visit per member.

(B) Periodic Visits.

- (1) For each member from birth through two years of age, a provider may bill for only one periodic visit per age level listed in the Medical Schedule.
- (2) For each member aged two years through 20 years, a provider may bill for only one periodic visit every year.

(C) Interperiodic Visits. There is no limit on the number of medically necessary interperiodic visits that may be billed. Only interperiodic visits, at which the full range of EPSDT screening services are delivered, are payable as EPSDT periodic visits, subject to the limitations in 130 CMR 450.145(B). Any other interperiodic visit is payable according to the visit service codes and descriptions in Subchapter 6 of the screening provider's MassHealth provider manual.

(D) Newborn Visits. (Physician, physician assistant, certified nurse practitioner, certified nurse midwife, and community health center providers only)

- (1) To be paid for an EPSDT periodic visit of a newborn, the provider must have visited the newborn at least twice before the newborn leaves the hospital.
 - (a) The first visit, for an initial history and physical examination, is payable as newborn care and not as an EPSDT periodic visit.
 - (b) The second visit, for a discharge history, physical examination, and all other screens required for the newborn, is payable as an EPSDT periodic visit.
- (2) Additional hospital visits for ill newborns are payable according to the service codes and descriptions for hospital visits.
- (3) The newborn EPSDT periodic visit may occur at the provider's office if the infant's length of stay in the hospital is not long enough for the provider to visit the infant twice before the infant is discharged from the hospital.

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(E) Reporting Requirement. To claim payment for an EPSDT initial, periodic, or interperiodic visit, a provider must submit a completed claim according to the MassHealth agency's billing and claims submission requirements.

450.146: EPSDT Services: Claims for Laboratory Services, Audiometric Hearing Tests, Vision Tests, and Behavioral Health Screening (Physician, Physician Assistant, Certified Nurse Practitioner, Certified Nurse Midwife, Certified Clinical Nurse Specialist, and Community Health Center Providers Only)

(A) Laboratory Services. The laboratory services that are listed in Appendix Z: *EPSDT/PPHSD Screening Services Codes* of all MassHealth provider manuals and included in the Medical Schedule are payable, in addition to the initial, periodic, or interperiodic visit, when they are performed and interpreted in the office of the provider who performed the initial, periodic, or interperiodic visit.

(B) Audiometric Hearing and Vision Tests. Payments for the audiometric hearing tests and the bilateral quantitative screening test of visual acuity that are listed in Appendix Z of all MassHealth provider manuals and included in the Medical Schedule, is not included in the fee for an initial, periodic, or interperiodic visit. Payment for these tests may be claimed separately.

(C) Behavioral Health Screening. Payment for the administration and scoring of one of the standardized behavioral health screening tools that is listed in Appendix Z of all MassHealth provider manuals and set forth in the Medical Schedule is not included in the fee for an initial, periodic, or interperiodic visit.

(130 CMR 450.147 Reserved)

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450.148: EPSDT Services: Payment for Transportation

Transportation may be available to members accessing EPSDT services. Providers must ask members if they need transportation assistance, and refer those members who do to MassHealth Customer Service for additional information about transportation.

450.149: EPSDT Services: Recordkeeping Requirements

(A) Medical Records.

(1) A provider must create and maintain a record for every member receiving EPSDT services, in accordance with MassHealth regulations governing medical records at 130 CMR 450.205.

(2) In addition, the medical record for each member receiving EPSDT services must contain documentation of the screening procedures listed in Appendix W: *EPSDT Services: Medical and Dental Protocols and Periodicity Schedules* as well as the following:

- (a) the results of all laboratory tests;
- (b) the name of each referral provider; and
- (c) the results of any component of the Medical Schedule that was delivered by another provider.

(B) Determination of Compliance with Medical Standards. The MassHealth agency may review the medical records of members receiving EPSDT services to determine the necessity and quality of the medical services provided. Any such determinations will be made in accordance with 130 CMR 450.204 and 130 CMR 450.206.

450.150: Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Services for Certain MassHealth Members

(A) MassHealth has established a program of preventive pediatric health-care screening and diagnosis services for MassHealth members younger than 21 years old who are enrolled in MassHealth Family Assistance. MassHealth Standard and MassHealth CommonHealth members are entitled to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services pursuant to 130 CMR 450.140.

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(B) Any qualified MassHealth provider may deliver preventive pediatric health-care screening and diagnosis services.

(1) In delivering preventive pediatric health-care screening and diagnosis services, providers must

(a) follow the procedures listed in the Medical Schedule; and

(b) comply with the regulations at 130 CMR 450.140 through 450.150.

(2) Preventive pediatric health-care screening and diagnosis services include health, vision, dental, hearing, behavioral health, developmental, and immunization status screening services.

(3) To interpret the applicable EPSDT regulations for children enrolled in MassHealth Family Assistance, providers should substitute the term, preventive pediatric health-care diagnosis and treatment services, for the term, Early and Periodic Screening, Diagnosis and Treatment Services, wherever it appears.

(C) Providers delivering preventive pediatric health-care screening and diagnosis services should provide members with, or refer members for, additional diagnosis and treatment services according to 130 CMR 450.105.

(130 CMR 450.151 through 450.199 Reserved)