



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 303
November 2020

TO: All Providers Participating in MassHealth
FROM: Dan Tsai, Assistant Secretary for MassHealth
RE: **Updated MassHealth Telehealth Policy**

Background, Overview, and Applicability

Through All Provider Bulletins 289, 291, 294, and 298, and in response to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth introduced a telehealth policy that, among other things, permits qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video).

This bulletin, which supersedes All Provider Bulletin 298 as of November 2020, largely maintains the telehealth policy set forth in All Provider Bulletin 298, except it (1) removes the requirement, previously codified in Appendix A to All Provider Bulletin 298, for the provider to include the CPT code for the service rendered via telehealth in the patient's medical record, (2) provides additional clarification, and (3) extends that policy through March 31, 2021.

The MassHealth telehealth policy will help ensure members retain access to covered services, promote social distancing, and mitigate the spread of COVID-19 both before and after the expiration of that state of emergency, enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity.

This bulletin applies to all MassHealth programs, except those managed by the MassHealth Office of Long-Term Services and Supports (OLTSS). OLTSS will publish separate subregulatory guidance for long-term services and supports (LTSS) providers rendering services via telehealth. Until MassHealth OLTSS issues such guidance, LTSS providers rendering services via telehealth must continue to comply in all respects with MassHealth OLTSS's current telehealth guidance, available at: www.mass.gov/doc/ltss-provider-updates-for-covid-19/download. *MassHealth may also issue additional guidance and/or clarifications, whether applicable on a MassHealth-wide or on a program-specific basis.*

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care Accountable Care Organization (ACO). MassHealth managed care entities will also be required to maintain telehealth flexibility through March 31, 2021, as described in Managed Care Entity Bulletin 46.

Restated Telehealth Policy

MassHealth will permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video) in accordance with the standards set forth in Amended Appendix A to this bulletin and notwithstanding any regulation to the contrary, including the physical presence requirement at 130 CMR 433.403(A)(2). MassHealth will rely on each eligible provider's clinical judgment that a

MassHealth
All Provider Bulletin 303
November 2020
Page 2 of 8

medically necessary service may appropriately be delivered via telehealth in a manner consistent with all relevant licensure and program regulations.

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth-covered services delivered through telehealth, so long as such services are medically necessary, clinically appropriate, and comport with the guidelines set forth in Amended Appendix A. 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 members of any relevant privacy considerations.

Important note: Although MassHealth allows reimbursement for the delivery of certain services through telehealth for certain billing providers as described in this bulletin, MassHealth 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 (i.e., 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.

Telehealth and the Prescription of Controlled Substances

When clinically appropriate, MassHealth will permit qualified MassHealth 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 Amended Appendix A of this 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.

Telehealth and Children’s Behavioral Health Initiative (CBHI) Services

Existing performance specifications for Children’s Behavioral Health Initiative (CBHI) services allow for the telephonic delivery of services, other than for initial assessments. Notwithstanding any requirements that initial assessments be conducted in person, where appropriate, services for new clients may be initiated via telephonic means. CBHI providers should use the regular CBHI codes when billing for CBHI services delivered telephonically.

Additional Limited Billing Flexibility Applicable to All Providers Rendering MassHealth-Covered Services via Telehealth

To facilitate the implementation of this telehealth policy, and notwithstanding any MassHealth requirement to the contrary, MassHealth will permit providers submitting claims to MassHealth for services delivered via telehealth in accordance with this bulletin without regard to any references

MassHealth
All Provider Bulletin 303
November 2020
Page 3 of 8

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 that they comply in all respects with all other applicable laws, regulations, and subregulatory guidance.

For the avoidance of doubt, providers may not use this limited flexibility to convert a non-reimbursable service into a reimbursable service. The following examples illustrate this general rule.

1. CPT code 99212 describes the following service:

“Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.”

The flexibilities described above permit providers to render this service via telehealth (i.e., without a face-to-face interaction). That said, those flexibilities do not permit a provider to bill this code if the provider did not engage in the type of back-and-forth interaction that typically would occur during a face-to-face meeting.

2. Similarly, CPT code 99050 describes the following service:

“Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.” Subchapter 6 of the MassHealth Physician Manual further limits the use of this code, reciting that it “may be used only for urgent care provided in the office after hours, in addition to the basic service.” See MassHealth Physician Manual, Subchapter 6, § 603; see also MassHealth Community Health Center Manual, Subchapter 6, § 603 (limiting use of this code “for urgent care Monday through Friday from 5:00 p.m. to 6:59 a.m., and Saturday 7:00 a.m. to Monday 6:59 a.m.”)

As previously explained, the flexibilities described above permit providers to render this service via telehealth (i.e., without the member traveling to the provider’s office). Those flexibilities, however, do not permit a provider to bill this code when rendering services that do not constitute “urgent care.”

Services Delivered to Individuals Enrolled in MassHealth Fee-for-Service and Eligible for Medicare (Dually Eligible Members) via Audio-Only Telehealth

As explained above, MassHealth’s restated telehealth policy permits MassHealth providers to render all clinically appropriate, medically necessary MassHealth-covered 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 MassHealth.

To facilitate the implementation of MassHealth’s telehealth policy, and notwithstanding 130 CMR 450.316, MassHealth will permit providers to submit directly to MassHealth, 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. Providers

MassHealth
All Provider Bulletin 303
November 2020
Page 4 of 8

invoking this policy must comply in all respects with this bulletin and all other applicable laws, regulations, and subregulatory guidance.

As explained above, this flexibility applies only to services rendered to dually eligible members via audio-only telehealth that are not coverable by Medicare. As a result, providers delivering services to dually eligible members via a telehealth modality that includes a live video component must first submit those claims to Medicare for adjudication. Similarly, providers rendering services that are coverable by Medicare when rendered via audio-only telephone communication to dually eligible members must submit those claims to Medicare for adjudication. By submitting directly to MassHealth a claim for a service rendered to a dually eligible member via audio-only telehealth, the billing provider is certifying to MassHealth that the service was not coverable by Medicare as of the date of service. MassHealth will pursue as overpayments all payments to providers for services billed directly to MassHealth that were coverable by Medicare.

The following two subsections provide billing instructions for 837P Transactions and Direct Data Entry for claims submitted directly to MassHealth for audio-only telehealth services to dually eligible members as described above.

Billing Instructions for 837P Transactions

For claims meeting the above criteria, complete the other payer loops in the 837P transaction as described in the following table.

Loop	Segment	Value
2320	SBR09 (Claim Filing Indicator)	MB
2320	AMT01 (Total Noncovered Amount Qualifier)	A8
2320	AMT02 (Total Noncovered Amount)	The total noncovered amount must equal the total billed amount.
2330B	NM109 (Other Payer Name)	0085000

Please note: Providers must follow the HIPAA 837P Implementation Guide and the MassHealth 837P Companion Guide instructions when submitting claims to MassHealth.

Billing Instructions for Direct Data Entry (DDE)

For claims meeting the above criteria, complete the coordination of benefits (COB) panel in the Provider Online Service Center (POSC) direct data entry (DDE) claim panels.

On the Coordination of Benefits tab, click New Item and complete all applicable fields including the fields described in the following table.

MassHealth
All Provider Bulletin 303
November 2020
Page 5 of 8

Coordination of Benefits Panel	
Field Name	Instructions
Carrier Code	Enter 0085000.
Carrier Name	Enter Medicare B.
Remittance Date	Do not enter a remittance date.
Payer Claim Number	Enter 99.
Payer Responsibility	Select the appropriate code from the drop-down list.
COB Payer Paid Amount	Do not enter a COB payer paid amount.
Total Noncovered Amount	Enter the total billed amount. The total noncovered amount must equal the total billed amount.
Remaining Patient Liability	Do not enter any values.
Claim Filing Indicator	Enter MB.

Please note: Providers should not complete the fields in the List of COB Reasons panel or the List of COB line items panel when billing for these Medicare non-covered services.

Coverage of Preventive Visits via Telehealth

MassHealth 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 bulletin, MassHealth allows, but does not require, providers to render preventive visits via telehealth when clinically appropriate. Pursuant to that policy, MassHealth will pay claims for such services, as long as the claim identifies the Place of Service as “02”. MassHealth 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 the COVID-19 emergency flexibilities for pediatric screening refer to All Provider Bulletin 301, dated October 2020.

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

**MassHealth
All Provider Bulletin 303
November 2020
Page 6 of 8**

Therefore, MassHealth 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, MassHealth 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.

MassHealth Guidance Regarding Telephone and Internet Connectivity

MassHealth guidance available at www.mass.gov/doc/masshealth-provider-resource-telephone-and-internet-connectivity-for-telehealth/download aims to help providers guide members who want to receive services via telehealth during the COVID-19 emergency, but have concerns about limited phone and internet access. This resource includes information about the Lifeline program, a federal program that provides free or low-cost phone service to low-income households, and information on existing COVID-19 responses from broadband and telephone service providers.

Additional Information

For the latest Massachusetts-specific information, visit 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 www.cdc.gov/coronavirus/2019-ncov/hcp/index.html.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

Amended Appendix A

Guidelines for Use of Telehealth to Deliver Covered Services

Terminology

For the purposes of this 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 MassHealth a facility fee for originating sites.

Additional Requirements for Prescribing

A provider may prescribe medications via telehealth as otherwise described in this 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 MassHealth ID.
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.

MassHealth
All Provider Bulletin 303
November 2020
Page 8 of 8

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 MassHealth. This includes storage, access, and disposal of records.

In addition to complying with all applicable MassHealth 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.

MassHealth 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.