



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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**MassHealth**  
**All Provider Bulletin 319**  
**June 2021**

**TO:** All Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE:** **Coverage and Reimbursement Policy Updates for Services Related to COVID-19 After the Termination of the State of Emergency**

## **Background**

Following the March 2020 declaration of a state of emergency in the Commonwealth due to the Coronavirus disease 2019 (COVID-19) outbreak, MassHealth published [All Provider Bulletins 289, 291, 293, 294, and 296](#), introducing flexibilities for MassHealth coverage and billing necessitated by the COVID-19 outbreak. By the terms of these bulletins, these flexibilities described therein terminated at the conclusion of the March 2020 declaration of a state of emergency in the Commonwealth due to COVID-19.

The state of emergency terminates at 12:01 a.m. on June 15, 2021. Accordingly, All Provider Bulletins 289, 291, 293, 294, and 296 expire at that time. The federal public health emergency relating to COVID-19 initially declared by the federal secretary of Health and Human Services on January 31, 2020, remains in effect.

MassHealth has elected to retain certain of the flexibilities described in the bulletins listed above beyond the June 15, 2021, expiration of the March 2020 declaration of a state of emergency. These specific flexibilities, as well as any modifications thereto and expiration dates if applicable, are described below. Finally, this bulletin describes certain additional flexibilities that will continue after the end of the state of emergency in the Commonwealth.

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). Information about coverage through MassHealth Managed Care Entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be included in a forthcoming MCE bulletin.

## **Separate Payment for Specimen Collection**

As described in [All Provider Bulletin 294](#) and [All Provider Bulletin 296](#), MassHealth implemented numerous flexibilities to allow providers to separately bill and receive payment for COVID-19 specimen collection services, in addition to the other billable services. These flexibilities are largely restated in this bulletin and will continue, as described herein, through and including September 15, 2021.

Specifically, to facilitate the testing of MassHealth members suspected of having COVID-19, including at rapid testing sites operating in accordance with MassHealth and Department of Public

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Health rules and regulations, and in recognition of the unique costs incurred by providers collecting specimens from those members, MassHealth will continue to allow providers to separately bill and receive payment for COVID-19 specimen collection services, in addition to the other billable services provided during the encounter. More specifically, and notwithstanding any requirement to the contrary, including 130 CMR 401.411(A), 130 CMR 405.433(B), 130 CMR 410.455(A), 130 CMR 421.433(B), and 130 CMR 433.439(A), MassHealth will continue to permit providers enrolled in the MassHealth physician, acute outpatient hospital, community health center, family planning agency, or clinical laboratory programs to bill MassHealth separately for either or both 1) the collection of specimens for the purpose of clinical laboratory testing for COVID-19, and 2) the laboratory analysis of such specimens. Additionally, notwithstanding any requirement to the contrary, providers rendering either or both of these COVID-19-related laboratory services during the course of or in connection with a payable medical visit, whether such visit occurs in person or via telehealth, may continue to bill MassHealth for the provision of those services separately from the medical visit. For example, a provider rendering COVID-19-related specimen collection and laboratory analysis services during the course of a payable medical visit may bill MassHealth for (1) the COVID-19 specimen collection, (2) the laboratory analysis of that specimen, and (3) the medical visit.

In addition, MassHealth also allows eligible providers to apply modifier “CG” to codes G2023 and G2024, which will trigger additional payment. This modifier can be applied when, in addition to collecting the specimen, the provider: 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 tests; and 2) ensures that the test results (and any initial follow-up counseling, as appropriate) are provided to the member, either directly or through the member’s ordering clinician. This modifier may only be applied to codes G2023 and G2024 when the provider does not separately bill for a medical visit or encounter (e.g., E&M or T code) for the actual specimen collection, or for the ordering or the initial results of the COVID-19 test. Put differently, eligible providers may continue to bill MassHealth for modifier CG applied to codes G2023 or G2024, or a nonmodified specimen collection code and a medical visit or encounter during which the provider also orders the testing, collects the specimen, or provides the test results (and appropriate initial follow-up counseling) to the member. Providers may continue to separately bill MassHealth for medical visits or encounters unrelated to the COVID-19 testing process and for any visits or encounters for medically necessary follow-up treatment or care beyond the initial resulting. In addition, providers who have billed for modifier CG applied to codes G2023 or G2024 may also separately bill for COVID-19 laboratory analysis of the specimen, as appropriate.

Rates for these codes and modifiers are set in [101 CMR 320.00: \*Clinical Laboratory Services\*](#).

### **Billing for COVID-19 Diagnostic Laboratory Services**

MassHealth-enrolled clinical laboratories and health care facilities should continue to bill MassHealth for medically necessary, clinically appropriate COVID-19 lab tests using the appropriate CPT code described in Subchapter 6 of their provider manual.

### **90-Day Supply of Drugs**

As described in [Pharmacy Facts 141](#), [Pharmacy Facts 142](#), [All Provider Bulletin 289](#), and [All Provider Bulletin 291](#), MassHealth allowed additional exceptions to the 30-day supply limitation

described at 130 CMR 406.411(D). These flexibilities will continue in place through the end of the federal COVID-19 public health emergency.

Specifically, and notwithstanding the requirements of 130 CMR 406.411(D)(1), pharmacies may dispense up to a 90-day supply of a prescription drug, including behavioral health medications and schedule IV benzodiazepines and hypnotics, if requested by a MassHealth member or that member's prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled. Except as described above, this policy does not apply to drugs that require Prescription Monitoring Program (PMP) reporting, antibiotics, IV medications and certain other drugs designated by MassHealth (e.g., drugs for which quantity limits have been individually established for clinical reasons). If, based on a pharmacist's professional judgement, a pharmacy believes that dispensing up to a 90-day supply of any drug not generally subject to this policy would be in the best interest of a MassHealth member, it may call the MassHealth Drug Utilization Review (DUR) program at (800) 745-7318 to request an override.

### **Prescription Delivery**

As described in [Pharmacy Facts 145](#) and in [101 CMR 446.03\(05\)](#), eligible providers receive a payment adjustment to the professional dispensing fee when medications are delivered to a personal residence (including homeless shelters). The payment adjustment is the lower of the provider's usual and customary charge for prescription delivery or \$8.00, and will be made only when the MassHealth agency is the primary payer. MassHealth will pay the delivery fee to a provider only once per member per day regardless of the number of prescriptions being delivered. The fee is payable only for deliveries to members living in personal residences and is not payable for claims for members living in any type of institution or residential facility (except for homeless shelters). This delivery fee is not changed by the end of the state of emergency and will continue in effect.

### **Payment of 24-hour Substance Use Disorder Treatment Services**

As described in [All Provider Bulletin 293](#) and in accordance with criteria established by the American Society for Addiction Medicine (ASAM), in cases where a member is receiving treatment services in a 24-hour substance use disorder treatment facility, including acute treatment services (ATS), clinical stabilization services (CSS), and residential rehabilitation services (RRS), and is unable to be transitioned or discharged to an appropriate and safe location due to quarantine or other impacts of COVID-19, MassHealth will continue payment until the member can be safely and appropriately discharged or transitioned. This flexibility will continue until December 31, 2021.

### **Flexibilities for Take Home Allowances of Medication for Addiction Treatment (MAT) in Opioid Treatment Programs (OTPs)**

As referenced in [All Provider Bulletin 293](#), and pursuant to 130 CMR 418.000, Opioid Treatment Programs (OTPs) who are enrolled in MassHealth and licensed by the Department of Public Health's (DPH's) Bureau of Substance Addiction Services (BSAS), may dispense medication for addiction treatment (MAT) in accordance with the limits permitted by BSAS pursuant to 105 CMR

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164.304, including any waivers thereof issued by DPH. See 130 CMR 418.406(A)(1)-(2). All other requirements shall remain in place, unless such requirements have been altered through other guidance and requirements from state and federal entities.

**Emergency Services Program (ESP) and Mobile Crisis Intervention (MCI) Services**

As described in [All Provider Bulletin 291](#), it is critical that MassHealth members continue to have access to behavioral health crisis assessment, intervention, and stabilization in acute outpatient hospital (AOH) emergency departments (EDs) and in the community. To the fullest extent possible, Emergency Service Program (ESP) and Mobile Crisis Intervention (MCI) providers should continue to ensure that services are delivered primarily in community settings and not in EDs.

When a member presents to an ED with a behavioral health crisis, AOHs should contact the local ESP/MCI provider to deliver ESP/MCI services in the ED in accordance with current practice specifications. There may be circumstances when the ESP/MCI providers may be unable to respond to MassHealth members in AOH EDs due to COVID-19 (e.g., limitations in ESP/MCI staffing or because AOH EDs are limiting access for purposes of infection control). Where ESP/MCI providers cannot respond to MassHealth members in the ED in person, ESP/MCI providers should provide ESP/MCI services using telehealth modalities in accordance with MassHealth All Provider Bulletin 314, or any successor guidance.

To the extent that ESP/MCI providers cannot respond to MassHealth members in the ED either in person or using telehealth modalities, to ensure that members continue to have access to these services, MassHealth will permit AOHs with the capacity to have a qualified behavioral health professional (master or doctoral level behavioral health clinician, psychiatric nurse practitioner, psychiatric clinical nurse specialist, or psychiatrist) provide behavioral health crisis assessment, intervention, and stabilization to provide these services in lieu of an ESP/MCI provider. Children and adolescents should be evaluated by a child-trained qualified behavioral health professional. If a child-trained clinician is unavailable, an adult-trained clinician should perform the evaluation with consultation or supervision from a child-trained clinician wherever possible. Such consultation or supervision may be conducted using telehealth modalities.

The AOH is responsible for the member's treatment planning and follow-up clinical care, inclusive of bed finding for 24-hour levels of care. AOHs must also verify member MassHealth eligibility and complete any required managed care service authorization procedures.

The ESP/MCI providers continue to be responsible for community-based follow up as required by their contract. If a youth is discharged to follow-up care, the Emergency Department must contact the local MCI provider to ensure community-based stabilization can be provided.

AOHs rendering these behavioral health crisis services pursuant to this flexibility should bill MassHealth using the HCPCS Level II code S9485. MassHealth has issued a transmittal letter that formally adds this code to the Acute Outpatient Hospital manual. MassHealth will pay for

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this code using the rate set by EOHHS in 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers.*

MCI programs providing 7-day follow-up care to youth evaluated in hospital Emergency Departments should continue to bill MassHealth using the following codes:

- H2011-U1 Crisis intervention service, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a Master Level Clinician (used with H2011 only)
- H2011-U2 Crisis intervention services, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a paraprofessional (used with H2011 only)

### **Primary Care Clinician Plan & Primary Care ACO Referrals**

For the duration of the federal public health emergency relating to COVID-19, and notwithstanding the requirements of 130 CMR 450.118(J) and 130 CMR 450.119(I), members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO do not need a referral to receive any MassHealth covered service that would otherwise require a referral. This is an extension of the policy announced in [All Provider Bulletin 291](#).

### **COVID-19 Testing, Treatment, and Vaccine Coverage Policy for MassHealth Limited Members**

As described in [All Provider Bulletin 292](#) and [All Provider Bulletin 312](#), COVID-19 testing, treatment, and vaccination services are covered services for MassHealth Limited members. This coverage will extend for 15 months after the end of the federal public health emergency relating to COVID-19.

Specifically, COVID-19 testing and treatment services are considered emergency services as defined in 130 CMR 450.105(F) for purposes of MassHealth Limited, and are payable by MassHealth to any participating provider qualified to provide such services. Furthermore, and notwithstanding 130 CMR 450.105(F) or any other regulation to the contrary, and in accordance with the American Rescue Plan Act of 2021 (Public Law No. 117-2), COVID-19 vaccines and vaccine administration services are a covered service for MassHealth Limited members for services rendered on or after March 11, 2021.

### **Signatures for Transportation Medical Necessity Forms**

As described in [All Provider Bulletin 291](#), MassHealth stopped requiring that transportation providers obtain physical signatures from authorized providers or managed-care representatives on transportation Medical Necessity Forms. Continuing forward, and notwithstanding 130 CMR 407.421(D)(2), transportation providers are not required to obtain physical signatures from authorized providers or managed-care representatives on transportation Medical Necessity Forms. Instead, transportation providers may enter "Signature not Required" or allow for electronic signature in the relevant signature fields of those forms.

## Transportation Providers Billing for Specimen Collection for COVID-19 Diagnostic Testing Without Member Transportation

As described in [All Provider Bulletin 291](#), MassHealth reimbursed transportation providers for medically necessary visits to members to obtain and transport specimens for COVID-19 diagnostic testing through HCPCS code A0998 (Ambulance response and treatment; no transport). MassHealth will continue reimbursing transportation providers for this code for dates of service through the end of the federal public health emergency relating to COVID-19.

Notwithstanding any regulation to the contrary, including the 130 CMR 407.411(A)'s restriction on coverage for transportation services to situations in which a member is travelling to obtain medical services, MassHealth will reimburse these services at \$157.88, as provided in 101 CMR 446.03(4).

Transportation providers may not bill MassHealth for mileage in connection with services billed through this code.

## COVID-19 Remote Patient Monitoring

In order to divert unnecessary emergency and hospital utilization during the COVID-19 pandemic, MassHealth has added to the MassHealth Physician, Community Health Center, and Acute Outpatient Hospital program manuals coverage of a code for COVID-19 remote patient monitoring (COVID-19 RPM) bundled services to facilitate home- or residence-based monitoring of members with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring. This coverage will remain in place through the end of the federal public health emergency relating to COVID-19.

The COVID-19 RPM bundle includes all medically necessary evaluation and management (E&M) services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19, as further described below. Providers rendering COVID-19 RPM bundled services must comply in all respects with this bulletin and other applicable laws, regulations, subregulatory guidance, and contracts.

The following provider types may render COVID-19 RPM bundled services:

- Physician (provider type (PT 01);
- Community Health Centers (PT 20);
- Acute Outpatient Hospitals (PT 80);
- Hospital Licensed Health Centers (PT 81); and
- Group Practices (PT 97).

Eligible providers may render COVID-19 RPM bundled services to MassHealth members meeting either of the following clinical eligibility criteria:

1. Members with **confirmed or suspected COVID-19** who present to an appropriate clinical professional (either in-person or by telehealth), and in that clinical professional's judgment,



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the person is stable enough to isolate at home, but requires close monitoring for deterioration and need for a higher level of care; or

2. Members who have been hospitalized due to **confirmed or suspected COVID-19**, who in the judgment of an appropriate clinical professional, are stable enough to be discharged to home or another community-based setting, but require continued close monitoring for deterioration and need for a higher level of care

Providers rendering COVID-19 RPM bundled services must, at a minimum:

- Ensure that a physician, midlevel professional (such as a physician assistant or certified nurse practitioner), or paraprofessional (such as a medical assistant or a licensed practical nurse), checks in with the member at least once per day to assess symptoms and record home bio-monitoring data (e.g., oxygen saturation, temperature). Eligible providers may perform these check-ins via telehealth in accordance with All Provider Bulletin 314, or any successor guidance. Providers unable to contact a member to whom they are rendering COVID-19 RPM bundled services must make their best effort to contact that member and exercise reasonable judgment to determine whether in-person follow-up is possible or necessary. Providers must document such outreach and attempts to contact members throughout the seven-day monitoring period.
- On at least a daily basis, convene a multidisciplinary team to review the status of members receiving COVID-19 RPM bundled services and coordinate care related to all needs identified through the provider's monitoring of the member, as necessary. At a minimum, the multidisciplinary team must include a physician, as well as any other provider staff who are involved in care for that member, including those who are conducting outreach to the member that day. The multidisciplinary case review may occur in-person or through the use of remote technology, provided that all relevant members of the clinical care team as described above are participating in a live discussion to address identified member needs and coordinate care as necessary. Care coordination includes any coordination of services needed to address the monitored member's suspected or confirmed COVID-19. This may include, but is not limited to, facilitating an array of medically necessary services, such as hospital admission, the involvement of social workers, or medication refills.
- Provide physician oversight as needed. MassHealth expects that, as part of the COVID-19 RPM bundled services, the physician will perform at least one evaluation and management visit (either in-person or via telehealth in accordance with All Provider Bulletin 314, or any successor guidance) over the course of the seven-day monitoring period, if consistent with patient need and medical necessity.
- Ensure that each member receiving COVID-19 RPM bundled services has access to a thermometer and a pulse oximeter upon the commencement of COVID-19 RPM bundled services. If the member lacks access to either or both pieces of equipment, the provider must provide the member such equipment. The provider may not bill MassHealth or the member for this equipment.

### **Billing Specifications**

- Providers will determine that a member is clinically eligible for COVID-19 RPM bundled services during the course of a hospitalization or a separately billable provider evaluation

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and management visit (either in-person or by telehealth in accordance with All Provider Bulletin 314, or any successor guidance).

- Providers initiate the provision of COVID-19 RPM bundled services by billing the code 99423 with modifier U9 on the first day the provider renders COVID-19 RPM bundled services. Providers may not bill this code again during the next seven days (including the date on which the provider billed 99423-U9). MassHealth has issued transmittal letters that add coverage of this code in the relevant provider manuals.
- The COVID-19 RPM bundle is intended to cover all COVID-19-related E&M services rendered for a period of up to seven days. MassHealth will not prorate this payment if the member ultimately requires fewer than seven days of COVID-19-related E&M services. Providers who determine that a member receiving COVID-19 RPM bundled services no longer requires those services must document this fact in the member's medical record, including the reason for that determination (e.g., improvements in the patient's condition rendering monitoring services medically unnecessary, or the member's transition to a different level of care).
- A provider may furnish and bill for a subsequent COVID-19 bundle after the member's initial seven-day service period concludes only if a physician determines, following an E&M visit with the member (whether conducted in-person or via telehealth), that the continuation or re-initiation of RPM services for the member is clinically appropriate and medically necessary.
- MassHealth will pay providers rendering COVID-19 RPM bundled services in accordance with 101 CMR 446.03(2).
- Except for COVID-19 related E&M services included in the COVID-19 RPM bundle, as well as the provision of the associated durable medical equipment (i.e., a thermometer and a pulse oximeter), providers may bill separately for other medically necessary services for members being remotely monitored during the seven-day period, such as pharmacy, behavioral health, or substance use disorder services, as long as the additional services are not duplicative of the COVID-19-related E&M services provided as part of the COVID-19 RPM bundle.
  - Pursuant to 130 CMR 450.235, MassHealth does not pay for duplicative services. In the case of COVID-19 RPM bundled services, duplicative services may include, but are not limited to, any other E&M service, telehealth encounter, or home visit related to COVID-19.
- Eligible providers may bill MassHealth a facility fee for the COVID-19 RPM bundle if such a fee is permitted under such provider's governing regulations or contracts. Eligible providers may bill such a facility fee only once during the seven-day monitoring period. Eligible providers must bill such a facility fee by using:
  - Procedure code 99423 with modifier U9
  - U07.1 as the principal diagnosis code
  - Observation revenue code 762
- Providers may render COVID-19 RPM bundled services to all MassHealth members, regardless of their coverage type. Additionally, the Health Safety Net will pay for COVID-19 RPM bundled services provided by acute hospitals and community health centers.



### **Additional Notes on Durable Medical Equipment for RPM**

- To facilitate remote patient monitoring, providers billing the COVID-19 RPM bundle must provide members receiving those services a thermometer and a pulse oximeter on the first day of the service period, or ensure that the member has access to these pieces of equipment (i.e., if the member currently has access to adequate equipment, the provider must document this fact, but need not issue additional equipment to the member unless the member loses access to the preexisting thermometer and/or pulse oximeter). MassHealth will not provide separate reimbursement for the provision of this equipment. Providers are responsible for obtaining these pieces of equipment.
- If additional medically necessary equipment or supplies beyond a thermometer and pulse oximeter are indicated for a member, such as a blood pressure cuff or blood glucose monitor, a provider may order such additional supplies separately as needed through existing MassHealth DME benefit channels.
- Upon the conclusion of the service period, providers may allow members to keep any thermometer and/or pulse oximeter furnished to the member for use as part of the COVID-19 RPM bundle. Alternatively, providers may collect this used equipment at the conclusion of the monitoring service and sterilize for reuse.

### **Qualified Non-Physician Health Care Professionals at Community Health Centers**

As described in [Community Health Center Bulletin 102](#), for dates of service through and including September 15, 2021, and notwithstanding any provision to the contrary in 130 CMR 405.00: *Community Health Center Services* or 101 CMR 304.00: *Rates for Community Health Centers*, MassHealth will consider licensed practical nurses, community health workers, and medical assistants to be “qualified non-physician health care professionals” for the limited purpose of providing community health center services under CPT codes 98966, 98967, and 98968. These codes apply to telephonic assessment and management services provided by “qualified non-physician health care professionals,” in accordance with the code descriptions. The codes have been formally added to the commuter health center manual through transmittal letter.

When licensed practical nurses, community health workers, or medical assistants provide the services described in CPT codes 98966, 98967, or 98968 as community health center services in accordance with this bulletin, they may do so only if the services are appropriate to their level of skill or experience, as determined by and under appropriate supervision of their supervising licensed clinician employed by the community health center. In order for such services to be payable by MassHealth, they must be provided in accordance with this bulletin and in accordance with all other applicable provisions in 130 CMR 405.000: *Community Health Center Services*, 130 CMR 450.000: *Administrative and Billing Services*, and 101 CMR 304:00: *Rates for Community Health Centers* in order to be payable by MassHealth.

This flexibility does not authorize licensed practical nurses, community health workers, or medical assistants to provide “individual medical visits” defined under 130 CMR 405.402: *Definitions*. Such visits may only be provided by physicians, physician assistants, certified

nurse practitioners, clinical nurse specialists, or registered nurses, in accordance with that definition.

### **Additional Information**

For the latest Massachusetts-specific information, visit the following link:  
[www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19](http://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: [www.cdc.gov/coronavirus/2019-ncov/hcp/index.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html).

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