



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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MassHealth
Transmittal Letter COH-12
January 2022

TO: Chronic Disease and Rehabilitation Outpatient Hospitals Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth [signature of Amanda Cassel Kraft]

RE: *Chronic Disease and Rehabilitation Outpatient Hospital Manual* (Updates to Policy about Acupuncture Services)

This letter transmits updates to the outpatient hospital regulations at 130 CMR 410.000, effective January 21, 2022. Amendments to 130 CMR 410.000, which are listed in Subchapter 4 of the *Chronic Disease and Rehabilitation Outpatient Hospital Manual*, eliminate the requirement that physicians supervise licensed acupuncturists rendering medically necessary acupuncture services to MassHealth members. Updates also allow outpatient hospitals to bill, via the approved cost-to-charge ratio, MassHealth for services provided at the CDRH outpatient location and rendered by any licensed acupuncturists, even if a physician does not supervise the provision of these services.

These amendments correspond to the establishment of new program regulation 130 CMR 447.000: *Acupuncture Services*, which is also effective January 21, 2022.

MassHealth Website

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Questions

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NEW MATERIAL

(The pages listed here contain new or revised language.)

Chronic Disease and Rehabilitation Outpatient Hospital Manual

Pages 4-19 through 4-22

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Chronic Disease and Rehabilitation Outpatient Hospital Manual

Pages 4-19 through 4-22 — transmitted by Transmittal Letter COH-11

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the certification described in 130 CMR 410.435(D) is required on the CPA-2 form. The physician must indicate on the CPA-2 form which of the following circumstances is applicable, and must complete that portion of the form with the appropriate signatures.

(A) Life of the Woman Would Be Endangered. The attending physician must certify that, in his or her professional judgment, the life of the woman would be endangered if the pregnancy were carried to term.

(B) Severe and Long-Lasting Damage to the Woman's Physical Health. The attending physician and another physician must each certify that, in his or her professional judgment, severe and long-lasting damage to the woman's physical health would result if the pregnancy were carried to term. At least one of the physicians must also certify that he or she is not an "interested physician," defined herein as one whose income is directly or indirectly affected by the fee paid for the performance of the abortion; or who is the spouse of, or another relative who lives with, a physician whose income is directly or indirectly affected by the fee paid for the performance of the abortion.

(C) Victim of Rape or Incest. The physician is responsible for retaining signed documentation from a law enforcement agency or public health service certifying that the woman upon whom the procedure was performed was a victim of rape or incest that was reported to the agency or service within 60 days of the incident. (A public health service is defined as either an agency of the federal, state, or local government that provides health or medical services, or a rural health clinic, provided that the agency's principal function is not the performance of abortions.) The documentation must include the date of the incident, the date the report was made, the name and address of the victim and of the person who made the report (if different from the victim), and a statement that the report included the signature of the person who made the report.

(D) Other Medically Necessary Abortions. The attending physician must certify that, in his or her medical judgment, for reasons other than those described in 130 CMR 410.435(A) through (C), the abortion performed was necessary in light of all factors affecting the woman's health.

410.436: Abortion Services: Out-of-state Abortions

The MassHealth agency will pay for an abortion performed in an out-of-state facility only if the abortion meets the conditions specified in 130 CMR 410.434 and if prior authorization is requested and received from the MassHealth agency.

(A) The member, the referring physician, the hospital outpatient department, or a referral agency may request prior authorization from the MassHealth agency in writing. The request must be made in accordance with the instructions for requesting prior authorization for abortion services in Subchapter 5 of the *Outpatient Hospital Manual*.

(B) If the MassHealth agency authorizes the abortion, it will issue a prior authorization slip directly to the out-of-state facility. The facility must attach the prior authorization slip to the claim form when requesting payment from the MassHealth agency.

(C) Out-of-state abortion services will be authorized only when such services are not available in a Massachusetts facility.

(D) Prior authorization is not required for abortion services provided in the situations described in 130 CMR 410.404(B)(1).

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410.437: Family Planning Services

The MassHealth agency will pay for outpatient hospital services related to family planning. These services may include but are not limited to the following:

- (A) nonpermanent contraceptive care;
- (B) comprehensive medical examination;
- (C) diagnosis and treatment of medical problems specific to reproduction as well as diagnosis of and appropriate referral for other medical problems;
- (D) sexually transmitted infection (STI) testing and treatment;
- (E) cervical cancer screening (Pap smear);
- (F) breast examination;
- (G) laboratory services related to family planning (for example, Pap smear, gonorrhea culture, vaginal culture and smear, blood test for sexually transmitted infection (STI), hematocrit, complete blood count, urinalysis, and pregnancy testing); and
- (H) family planning counseling, including discussions about family planning, human reproduction, and methods of contraception.

410.438: Acupuncture

- (A) Introduction. MassHealth members are eligible to receive acupuncture for the treatment of pain as described in 130 CMR 410.438(C), for use as an anesthetic as described in 130 CMR 433.454(C): *Acupuncture as an Anesthetic*, and for use for detoxification as described in 130 CMR 418.406(C)(3): *Acupuncture Detoxification*.
- (B) General. 130 CMR 410.438 applies specifically to acupuncture services rendered in a hospital by physicians and licensed practitioners of acupuncture.
- (C) Acupuncture for the Treatment of Pain. MassHealth provides a total of 20 sessions of acupuncture for the treatment of pain per member per year without prior authorization. If the member's condition, treatment, or diagnosis changes, the member may receive more sessions of medically-necessary acupuncture treatment with prior authorization.
- (D) Provider Qualifications for Acupuncture.
 - (1) Qualified Providers. MassHealth pays a hospital for acupuncture services only when the provider rendering the service is:
 - (a) a physician; or
 - (b) licensed in acupuncture by the Massachusetts Board of Registration in Medicine under 243 CMR 5.00: *The Practice of Acupuncture*.
 - (2) Acupuncture Providers in Hospitals. Hospitals must ensure that acupuncture providers for whom the hospital will submit claims possess the appropriate training, credentials, and licensure.

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(E) Conditions of Payment. The MassHealth agency pays the hospital for services of an acupuncturist qualified to render such services in accordance with 130 CMR 410.438(D) only when:

- (1) the services are limited to the scope of practice authorized by state law or regulation (such as 243 CMR 5.00: *The Practice of Acupuncture*); and
- (2) the provider has a current license or certificate of registration from the Massachusetts Board of Registration in Medicine.

(F) Acupuncture Claims Submissions.

- (1) Hospitals may submit claims for on-site acupuncture services when a provider qualified to render such services in accordance with 130 CMR 410.438(D) provides those services directly to MassHealth members. *See* Subchapter 6 of the *Acute Outpatient Manual* for service code descriptions and billing requirements.
- (2) For MassHealth members receiving services under any of the acupuncture codes on the same date of service as a visit, the hospital may bill for both the visit and the acupuncture services.

(130 CMR 410.439 through 410.440 Reserved)

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410.441: Early Intervention Program Services

(A) An early intervention program provides services such as therapy and social, medical, educational, and developmental services for children aged three years or younger who are at biological, environmental, or established risk, and for their families.

(B) The MassHealth agency pays for services provided as part of an organized early intervention program by hospital outpatient departments. These services must be furnished in compliance with the MassHealth regulations governing early intervention program services in 130 CMR 440.000. (See Subchapter 5 of the *Outpatient Hospital Manual* for instructions about obtaining the *Early Intervention Program Manual*, which contains the necessary regulations.)

(C) Acute and nonacute hospital-based early intervention programs are paid according to the regulations governing early intervention services in 130 CMR 440.000: *Early Intervention Program Services*.

410.442: Home Health Agency Services

(A) A home health agency is a public or private agency or organization, or a subdivision of such an agency or organization, that is primarily engaged in furnishing part-time skilled nursing and other therapeutic services to patients in their homes.

(B) The MassHealth agency pays for home health services provided by hospital-based home health agencies. These services must be furnished in compliance with the MassHealth regulations governing home health agency services in 130 CMR 403.000: *Home Health Agency*. (See Subchapter 5 of the *Outpatient Hospital Manual* for information about obtaining the *Home Health Agency Manual*, which contains the necessary regulations.)

(C) Acute hospital-based home health agencies will be paid according to the outpatient payment methodology established by the signed MassHealth provider agreement.

(D) Nonacute hospital-based home health agencies are paid according to the regulations governing home health services in 130 CMR 403.000: *Home Health Agency*.

410.443: Adult Day Health Program Services

(A) An adult day health program is an organized program of health care and supervision, restorative services, and social activities whose general goal is to provide an alternative to long-term institutional care.

(B) The MassHealth agency pays for services provided as part of an organized adult day health program by a hospital outpatient department. These services must be furnished in accordance with the MassHealth regulations governing adult day health programs in 130 CMR 404.000: *Adult Day Health Services*. (See Subchapter 5 of the *Outpatient Hospital Manual* for information about obtaining the *Adult Day Health Manual*, which contains the necessary regulations.)

(C) Acute hospital-based adult day health programs will be paid according to the outpatient payment methodology established by the signed MassHealth provider agreement.