




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid

www.mass.gov/masshealth

MassHealth
Home Health Agency Bulletin 63
March 2021

TO: Home Health Agencies Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **MassHealth Telehealth Policy for Home Health Services - Extension**

Background

Through All Provider Bulletins [289](#), [291](#), [294](#), [298](#), [303](#), and [314](#) and in response to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth introduced a telehealth policy that, among other things, allowed qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (telephone and live video). Pursuant to the terms of All Provider Bulletin 314, the referenced telehealth policy remains effective for 90 days beyond the final date of the Governor's March 10, 2020, Declaration of a State of Emergency within the Commonwealth due to COVID-19.

This bulletin explains MassHealth's policy for the use of telehealth for certain home health services. The guidance in this bulletin will remain in effect for 90 days after the final date of the Governor's Declaration of a State of Emergency due to COVID-19. The MassHealth telehealth policy for home health services will help ensure members retain access to appropriate home health services, while promoting social distancing and mitigating the spread of COVID-19.

This bulletin applies to members receiving home health services on a fee-for-service basis, including members enrolled in the Primary Care Clinician (PCC) plan who receive home health services.

This bulletin supersedes HHA Bulletin 60 and also replaces telehealth flexibilities issued within the [MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 \(COVID-19\)](#).

Home Health Telehealth Guidance

MassHealth home health agencies may deliver clinically appropriate, medically necessary MassHealth-covered home health services to MassHealth members via telehealth (including telephone and live video), in accordance with the standards in this bulletin and notwithstanding any regulation to the contrary, including physical presence requirements in to 130 CMR 403.000: *Home Health Agency*. Home health agencies must follow all prior authorization (PA) requirements under 130 CMR 403.410: *Prior Authorization Requirements* and must meet all requirements under the MassHealth Home Health Medical Necessity Guidelines.

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MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth home health services delivered through telehealth, as long as such services are medically necessary and clinically appropriate and comply with the guidelines established in this 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 members of any relevant privacy considerations.

Home health telehealth visits may be used for home health services that

- a. the member has provided consent for;
- b. do not require any hands-on care;
- c. pertain to any ongoing review of the members assessment; or
- d. pertain to the discharge visit.

Home health telehealth visits may not be used for

- a. any service that requires hands-on care;
- b. any start of care (SOC) assessment visit;
- c. any resumption of care visit; or
- d. any recertification visits.

Provision of Continuous Skilled Nursing (CSN) Services via Telehealth

A MassHealth home health agency may provide CSN services via telehealth (including telephone and/or live video) as determined necessary by the home health agency provider. The provision of CSN services via telehealth is limited to consultative services that the member has provided consent for and for services that do not require hands-on care. Telehealth visits should be billed using the same procedure codes for services delivered face-to-face. The number of units billed per CSN consultative visit or recertification visit should correspond to the length of time the home health agency provided via telehealth (i.e., a 30-minute consultative or recertification visit would equate to two units of CSN services).

Member Consent

Providers must obtain verbal consent from a member, and the member's caregiver/legal guardian if applicable, before the initiation of home health services via telehealth. Providers must also document the consent in the member's record.

In obtaining the member's consent, MassHealth home health agencies must provide the member with the following information about telehealth:

A statement explaining

- a. what a telehealth visit entails;
- b. what is expected from the member, as well as the home health provider;
- c. any relevant privacy considerations; and that the member may revoke their consent for telehealth services at any time.

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Billing Instructions and Payment Rates for Home Health and CSN Services Delivered via Telehealth

Rates of payment for home health services delivered via telehealth will be the same as rates of payment for home health services delivered via traditional (e.g., in-person) methods set forth in [101 CMR 350:00: Home Health Services](#) and [101 CMR 361.00: Rates for Continuous Skilled Nursing Services](#).

Home health agencies must include modifier “GT” when submitting claims for services delivered via telehealth. When providing CSN services, home health agencies should not use the GT modifier.

Important note: Although MassHealth allows reimbursement for the delivery of certain home health services via telehealth as described in this bulletin, MassHealth does not require providers to deliver services via telehealth.

Documentation of Home Health Services Delivered via Telehealth Services and Encounter Requirements

All documentation requirements of 130 CMR 403.000 apply when home health services and/or CSN services are delivered via telehealth and the documentation must also include the following:

- a. Indication in the visit note that the service was provided via telehealth; and
- b. Description in the visit note of the rationale for service via telehealth.

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

For questions in regard to this bulletin, contact the MassHealth LTSS Provider Service Center. The MassHealth LTSS Provider Service Center is also open from 8 a.m. to 6 p.m., Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

Contact Information for MassHealth LTSS Provider Service Center

Phone: Toll-free (844) 368-5184

Email: support@masshealthltss.com

Portal: MassHealthLTSS

Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215

FAX: (888)-832-3006

LTSS Provider Portal: Trainings, general Information, and future enhancements will be available at www.MassHealthLTSS.com.