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Billing and Reimbursement for Services Provided via Telehealth

Consistent with [MassHealth All Provider Bulletin 355](#), [MassHealth All Provider Bulletin 327](#) and its predecessor bulletins, through September 30, 2023, Health Safety Net (HSN) will reimburse providers delivering any telehealth-eligible covered service via any telehealth modality at parity with its in-person counterpart. Likewise, through September 30, 2023, an eligible distant-site provider delivering covered services via telehealth in accordance with this bulletin may bill HSN a facility fee if such a fee is permitted under the provider's governing regulations. HSN will continue to evaluate these telehealth rate parity and facility fee policies through September 30, 2023, and may change those policies after that date.

Providers must include the place of service (POS) code 02 when submitting a professional claim for telehealth provided in a setting other than in the patient's home, and POS code 10 when submitting a professional claim for telehealth provided in the patient's home. Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.



Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Professional and institutional claims with the aforementioned modifiers must also meet the following requirements:

- modifier 93 is to be allowed only for codes listed in Appendix T of the CPT coding book, attached to this bulletin; and
- modifier 95 is to be allowed only with codes listed in Appendix P of the CPT coding book, attached to this bulletin.

HSN will implement modifiers 95, 93, GQ, GT, FQ, and FR through an informational edit period. Thus, effective for dates of service (DOS) between April 16, 2022, and March 30, 2023, HSN will not deny.

Certain Inpatient Claims Pricing at Zero

The Health Safety Net is transitioning from an Optum to a 3M inpatient pricing grouper.

Inpatient claims which were billed with a valid DRG will initially be priced at the National Average Payment (NAP). These claims will be reprocessed and repriced when HSN fully transitions to the 3M MS-DRG grouper.

Inpatient claims billed without a valid DRG will remain priced at zero until HSN fully transitions to the 3M MS-DRG grouper. These claims will be reprocessed and priced once the HSN 3M grouper is fully operational. Providers that wish to rebill their inpatient claims priced at zero and initially billed without a DRG, may resubmit their

claims with a TOB code 07 (replacement) and add a valid DRG for pricing at the National Average Payment (NAP). These claims will be reprocessed and repriced when HSN fully transitions to the 3M MS-DRG grouper.

Please note, inpatient claims do not need a valid DRG code to process. HSN is only using the DRG to manually price inpatient claims as we transition to the 3M MS-DRG grouper.

HSN Bad Debt Application

Effective September 1, 2023, the HSN's Special Circumstances Application will continue to be utilized by providers for submission of applications for Medical Hardship (MH), Confidential (CA) and **Inpatient Bad Debt (BD)** claims. MH, CA, and **Inpatient BD claims** submitted without an application on file will not be processed for payment. Application ID's must be coded on MH, CA, and **BD claims** in accordance with current HSN requirements.

MassHealth claims cannot be processed unless submitted with a valid MMIS ID. To process MH, CA, and **Inpatient BD claims**, a referred eligibility process will occur where the HSN will report back to providers, via INET a Referred Eligibility Report listing an MMIS ID assigned to an individual that must be coded on a claim. Referred Eligibility Reports may be downloaded from the HSN INET. If a patient has an existing MMIS ID, providers should submit claim(s) (once the application has been approved) with the existing MMIS ID. Once an MMIS ID is assigned, members can be looked up in EVS via member id or name / date of birth.

If your organization utilizes a billing intermediary, please ensure that the BI is informed of the above-mentioned information to avoid claim denials.

Any questions, please contact the HSN helpdesk at hsnhelpdesk@state.ma.us.

Fiscal Year (FY) 2021 Closing

Providers are reminded that Fiscal Year 2021 will be closing on September 30, 2023. Any claims or corrections for FY21 must be completed before the fiscal year is closed. Any claims with a FY21 date of service submitted for processing after September 30, 2023 will be denied by the Health Safety Net (HSN) for submitting after the fiscal year closure date.

For any questions about this billing update, please contact the HSN Customer Service line at 800-609-7232 or by email at HSNHelpdesk@state.ma.us.