***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

Managed Care Entity Bulletin 29

May 2020

**TO**: Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care Plans, Program of All-Inclusive Care for the Elderly (PACE) Organizations, Senior Care Organizations (SCOs), and the MassHealth Behavioral Health Vendor

**FROM**: Amanda Cassel Kraft, Acting Medicaid Director [Signature of Amanda Cassel Kraft]

**RE:** Additional Telehealth Guidance, Temporary CPT code for ABA, Coverage of Preventive Visits via Telehealth, Remote Patient Monitoring, Payment for Specimen Collection, Suspension of Prior Authorization for Behavioral Health 24-hour Levels of Care, and Out of Network Access

## Background

MassHealth’s mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. MassHealth partners with a wide variety of service providers, including vital safety net providers, in order to offer its members access.

In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is making policy adjustments to support members and health care providers impacted by and responding to COVID-19. Through this bulletin, MassHealth is directing Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care Plans, Senior Care Organizations (SCOs), and the behavioral health vendor (referred to here collectively as “managed care plans”) to institute certain policies to continue to support member access to care during the state of emergency. Program of All-inclusive Care for the Elderly (PACE) organizations should follow the guidance set forth in this bulletin.

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

As explained in [*All Provider Bulletins 289*](https://www.mass.gov/files/documents/2020/03/13/All-289.pdf), [291](https://www.mass.gov/lists/2020-masshealth-provider-bulletins) and [294](https://www.mass.gov/lists/2020-masshealth-provider-bulletins), MassHealth is temporarily permitting MassHealth providers to deliver all clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (whether audio-only or live video) in accordance with the standards set forth in those bulletins. MassHealth will permit providers submitting claims to MassHealth for services delivered via telehealth in accordance with those bulletins to disregard any references 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. Managed care plans must conform their coverage policies to match those set forth in *All Provider Bulletins 289*, 291, and 294 when providing Medicaid services.

## Addition of 15-Minute Code for Applied Behavior Analysis (ABA)

ABA services are provided to MassHealth members under the age of 21 with Autism Spectrum Disorder. ABA providers use a multi-pronged approach to treat challenging behaviors that interfere with successful functioning for these members. As a result of the COVID-19 public health emergency, EOHHS recognizes the challenge of providing parent support at a minimum of one hour to MassHealth members, as allowed under current billing practices.

To promote flexibility in the delivery of ABA services during the COVID-19 emergency, effective May 11, 2020, ACPPs, MCOs, and the behavioral health vendor must add a CPT code to allow providers to bill for time spent providing parent support in 15-minute units. Pursuant to Section 2.7.D.7.F of the MCO and ACPP contract and Section 4.13.B. of the behavioral health vendor’s contract, ACPPs, MCOs, and the behavioral health vendor shall apply the rate set forth below for this new code:

| **Code** | **Payment Rate** | **Service Description** |
| --- | --- | --- |
| 97156 | $30.62 | Family adaptive behavior treatment guidance, administered by a licensed professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes. |

This change should be implemented for dates of service from May 11, 2020, through July 31, 2020.

## Coverage of Primary Care Preventive Visits via Telehealth

MassHealth recognizes the challenges being faced by primary care providers during the COVID-19 emergency, especially as it relates to completing important preventive visits for children and adults. During the COVID-19 emergency, as outlined in *All Provider Bulletin 289* and [*Managed Care Entity Bulletin 21*](https://www.mass.gov/doc/managed-care-entity-bulletin-21-coverage-and-reimbursement-for-services-related-to-0/download), MassHealth allows, but does not require, preventive visits to be delivered via telehealth when clinically appropriate. MassHealth will pay for preventive visits delivered via telehealth, so long as the Place of Service is listed as “02”.

For those preventive visits that are completed via telehealth, MassHealth is aware that there may be medically necessary components that cannot be completed via telehealth modalities and recommends they be completed as soon as possible before or after the emergency concludes. In *All Provider Bulletin 294* MassHealth has issued guidance on how providers should submit claims for necessary in-person follow-up visits after a preventive visit via telehealth. MCOs and ACPPs must conform their coverage policies to match those set forth in *All Provider Bulletin 294* or future bulletins.

## COVID-19 Remote Patient Monitoring

In order to divert unnecessary emergency and hospital utilization during the COVID-19 emergency, MassHealth is adding a code for COVID-19 remote patient monitoring (COVID-19 RPM) bundled services to facilitate home 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. The COVID-19 RPM bundle includes all medically necessary clinical services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19. Details around MassHealth’s coverage of the RPM bundle can be found in *All Provider Bulletin 294.* MCOs, ACPPs, One Care Plans, SCOs, and PACE organizations must cover the RPM bundle of services in the method and manner specified in *All Provider Bulletin 294* when such services are delivered as Medicaid services. MCOs, ACPPs, One Care Plans, SCOs, and PACE organizations may determine their own rate of payment for the RPM bundle of services.

## Payment for Specimen Collection

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 Health rules and regulations, and in recognition of the unique costs incurred by providers collecting specimens from those members, MassHealth is implementing additional flexibilities to allow certain providers assisting with the provision of MassHealth-covered clinical laboratory services to receive payment for COVID-19 specimen collection services when those providers do not ultimately analyze the collected specimen. In other words, the flexibilities will apply only when the MassHealth provider collecting the specimen for COVID-19 testing is not the one conducting or billing for the actual laboratory test. Details around MassHealth’s coverage of specimen collection can be found *in All Provider Bulletin 294*. MCOs and ACPPs must conform their coverage policies to match those set forth in that bulletin.

## Suspension of Prior Authorization for Behavioral Health 24-hour Levels of Care

For the duration of the COVID-19 state of emergency, managed care plans and PACE organizations shall suspend prior authorization requirements, if any, for behavioral health 24-hour levels of care, including but not limited to inpatient behavioral health services and Intensive Community Based Acute Treatment (ICBAT)/Community Based Acute Treatment (CBAT). Managed care plans and PACE organizations may still require provider registration of member admission prior to placement or provider notification of admission following placement.

## Out of Network Access to COVID-19 Testing, Evaluation, and Treatment

## MCOs, ACPPs, One Care Plans, SCOs, and PACE organizations must engage their enrollees in proactive population health and triage efforts, including involving in-person and telehealth providers. MCOs, ACPPs, One Care Plans, SCOs, and PACE organizations must also provide enrollees with education and resources about accessing COVID-19 testing, evaluation, and treatment, including the resources available to enrollees in the plan’s provider network for such services. However, in order to further promote access to COVID-19 related testing, evaluation, and treatment, EOHHS is requiring MCOs, ACPPs, One Care Plans, SCOs, and PACE organizations to cover outpatient COVID-19 testing, evaluation, and treatment services provided by out-of-network providers for the duration of the COVID-19 emergency.

## MCOs, ACPPs, One Care Plans, SCOs, and PACE organizations must also cover follow-up care provided by out-of-network providers when such follow-up care is not available in the MCO’s, ACPP’s, One Care Plan’s, SCO’s or PACE organization’s network. When such follow-up care is available in-network, MCOs, ACPPs, One Care Plans, SCOs and PACE organizations may choose whether to cover such follow-up care provided by out-of-network providers or require out-of-network providers who provide these services to enrollees to subsequently refer the enrollee back to their assigned MCOs, ACPPs, One Care Plans, SCOs and PACE organizations for follow-up care within the MCO’s, ACPP’s, One Care Plan’s, SCO’s or PACE organization’s provider network. In the case of services rendered by Federally Qualified Health Centers, ACPPs and MCOs must comply with Sections 2.6.B.1.d.6 and 2.15.M of their ACPP or MCO contract with EOHHS.

## Additional Information

For the latest MA-specific information about COVID-19, visit  
 [www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19](https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19.).

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/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](Mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed

## Questions

If you have any 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](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988‑8974.