




**MassHealth**  
**Rehabilitation Center Bulletin 13**  
**March 2021**

**TO:** Therapy Providers at Rehabilitation Centers Participating in MassHealth

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

**RE:** **COVID-19 Related Administrative Flexibilities for Therapy Services Including Telehealth - Extension**

### **Introduction**

In light of the March 10, 2020, Declaration of State of Emergency within the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth authorized certain COVID-19 related administrative flexibilities to long-term services and supports (LTSS) providers. These flexibilities were communicated in a guidance document titled [MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 \(COVID-19\)](#) (hereinafter referred to as the 'MassHealth COVID-19 LTSS Flexibilities document'). MassHealth subsequently replaced this guidance with Rehabilitation Center Bulletin (RCB) Bulletin 12.

The purpose of this bulletin, which supersedes RCB Bulletin 12, is to update MassHealth's COVID-19 related flexibilities for MassHealth therapist services, including telehealth, to help ensure members retain access to appropriate services, promote social distancing, and mitigate the spread of COVID-19. The guidance in this bulletin replaces all previously issued guidance for MassHealth RCB providers described in RCB Bulletin 12 and in the MassHealth COVID-19 LTSS Flexibilities document.

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

This bulletin describes COVID-19 related flexibilities for MassHealth therapist services at rehabilitation centers (physical therapy, occupational therapy, and speech and language therapy) with the following effective periods.

- a. Flexibility effective until the end of the federal Public Health Emergency (PHE); and
- b. Flexibilities effective for 90 days beyond the final date of the Governor's Declaration of a State of Emergency due to COVID-19.

### **Flexibility Effective Until the End of the Federal PHE**

#### **Prior Authorization Extensions**

Through the end of the federally declared PHE, therapy providers may request a continuation of an existing prior authorization (PA). The provider must email an extension request to

**MassHealth  
Rehabilitation Center Bulletin 13  
March 2021  
Page 2 of 4**

[support@masshealthtss.com](mailto:support@masshealthtss.com) prior to the end date of the existing PA. Such extension requests must have “COVID-19” in the comments field and should provide justification for continuing therapy services. Extension requests may be approved for periods up to 30 days and no more than three extension requests will be approved. Additional therapy visits beyond the third extension require a new PA. To increase the frequency of services or number of units, providers must file a new request for PA.

**Flexibilities Effective for 90 Days Beyond the Final Date of the Governor’s Declaration of a State of Emergency due to COVID-19**

**Therapy Telehealth Guidance**

MassHealth is extending coverage for telehealth services that shall remain in effect for 90 days beyond the final date of the Governor’s declaration of a state of emergency for members receiving therapist services on a fee-for-service basis, including members enrolled in the PCC plan.

**Prior Authorization and Recordkeeping**

Therapy providers of telehealth services must follow all prior authorization and record keeping requirements under 130 CMR 430.601(D) and 130 CMR 450.000, and services must meet all requirements under the MassHealth Guidelines for Medical Necessity Determination for [Speech and Language Therapy](#), [Physical Therapy](#), and [Occupational Therapy](#).

**Service Delivery Requirements**

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth therapist services delivered through telehealth, as long as such services

- are medically necessary;
- are clinically appropriate;
- meet requirements within 130 CMR 430.000 and 130 CMR 450.000; and
- all additional requirements of the therapy telehealth guidance contained in this bulletin are met.

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.

***Therapy telehealth visits may be used for therapist services that***

- require the member’s consent, documented as described below; and
- do not require any hands-on care.

**MassHealth  
Rehabilitation Center Bulletin 13  
March 2021  
Page 3 of 4**

Live video telehealth may be used, with the member's consent, to conduct the comprehensive evaluation and/or reevaluation under 130 CMR 430.601(A)(9) for members receiving therapy if they have concerns due to COVID-19.

***Therapy telehealth visits may not be used for any therapy specifically requiring hands-on care.***

**Member Consent**

Providers must obtain verbal consent from a member, and the member's caregiver/legal guardian if applicable, prior to the initiation of telehealth and must document the consent in the member's record.

In obtaining the member's consent, MassHealth therapy providers 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 therapy provider;
- c) any relevant privacy considerations; and
- d) that the member may revoke their consent for telehealth services at any time.

Information provided to members should be given in their preferred method of delivery and must be documented within the member's record.

**Billing Instructions and Payment Rates for Therapist Services Delivered via Telehealth**

Therapy providers must include modifier "GT" when submitting claims for services delivered via telehealth. Rates of payment for therapist services delivered via telehealth will be the same as rates of payment for therapist services delivered via traditional (e.g., in-person) methods set forth in [101 CMR 339.00: Restorative Services](#).

**Important note:** Although MassHealth allows reimbursement for the delivery of certain services through telehealth, MassHealth does not require providers to deliver services via telehealth.

**Documentation of Telehealth Services and Encounter Requirements**

All documentation requirements of 130 CMR 450.000 and 130 CMR 430.000 apply when services are delivered via telehealth and the documentation must also include the following in the visit note:

- a) that the service was provided via telehealth; and
- b) a description of the rationale for service via telehealth.

**MassHealth  
Rehabilitation Center Bulletin 13  
March 2021  
Page 4 of 4**

**MassHealth Website**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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**Questions**

The MassHealth LTSS Provider Service Center is open from 8 am to 6 pm ET, Monday through Friday, excluding holidays. LTSS providers should direct questions about this bulletin 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](mailto: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](http://www.MassHealthLTSS.com).