




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Rehabilitation Center Bulletin 16
April 2023

TO: Therapy Providers at Rehabilitation Centers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth 

RE: **COVID-19 Flexibilities after the End of the Federal Public Health Emergency**

Background

On January 31, 2020, the United States Secretary of Health and Human Services (Secretary) determined that a nationwide public health emergency had existed since January 27, 2020. The Secretary renewed the Federal Public Health Emergency (FPHE) on April 21, 2020, July 23, 2020, October 2, 2020, January 7, 2021, April 15, 2021, and July 19, 2021. On January 30, 2023, the Secretary announced that the FPHE will end on May 11, 2023.

Due to the decision by the Secretary to end the FPHE, MassHealth is issuing this bulletin, effective May 12, 2023. It will replace all prior FPHE-related bulletins, specifically Rehabilitation Center (RHC) Bulletins 13 and 14.

Introduction

This bulletin communicates provider requirements that were suspended during the FPHE and that will be enforced after the FPHE. This bulletin also communicates changes in requirements implemented during the FPHE that will continue past the end of the FPHE and provides an update to telehealth policies for RHC providers of therapy services.

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.

Flexibilities Ending May 11, 2023

Prior Authorization Extensions

Through May 11, 2023, RHC providers may request to continue an existing prior authorization (PA). The provider must email the extension request to support@masshealthtss.com before the end date of the existing PA. These extension requests must have the following note in the comments field: "COVID-19." MassHealth will approve an extension for up to 90 days.

Beginning May 12, 2023, MassHealth will end the flexibility that allows rehabilitation centers to extend PAs through a written request to MassHealth. MassHealth will resume applying the provisions of [130 CMR 430.601\(D\)](#). This regulation requires PA from MassHealth as a condition for payment for visits over the PA threshold.

Flexibilities Continuing on May 12, 2023

Therapy Telehealth Guidance

After the FPHE ends, consistent with the federal Consolidated Appropriations Act of 2023, MassHealth will continue to cover therapy appropriately provided by telehealth services until December 31, 2024, or when specified by MassHealth via regulation or Congress. See Consolidated Appropriations Act, 2023, H.R.2617, Sec. 4113, 117th Cong. (2022). Please see below for additional telehealth guidance for RHC services.

Therapy Telehealth Services

Prior Authorization and Recordkeeping

Therapy providers of telehealth services must follow all PA and recordkeeping requirements under 130 CMR 430.601(D) and [130 CMR 450.000](#). 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
- meet all additional requirements of the therapy telehealth guidance in this bulletin.

Providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent possible, 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
- are follow-up visits that do not require any hands-on care.

Follow-up visits do not include evaluations or re-evaluations and may be conducted by telephone if appropriate, but live video is preferred.

Live video telehealth must be used, with the member's consent, to conduct the comprehensive evaluation or reevaluation under 130 CMR 430.601(A)(9) for members receiving therapy. Telephone-only telehealth is not permitted to conduct the comprehensive evaluation or reevaluation under 130 CMR 430.601(A)(9).

Member Consent

Providers must get verbal consent from a member, and the member's caregiver or legal guardian if applicable, before starting telehealth and must document the consent in the member's record.

When requesting the member's consent, MassHealth therapy providers must provide the member with a statement explaining

- what a telehealth visit entails;
- what is expected from the member and the therapy provider;
- any relevant privacy considerations; and
- that the member may take back 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

Rehabilitation Center 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: Rates for Restorative Services](#).

Failure to include modifier "GT" when submitting claims for Rehabilitation Center services delivered via telehealth may result in the imposition of sanctions pursuant to 130 CMR 450.238-450.240.

Important note: Although MassHealth allows reimbursement for delivering 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. The documentation must also include in the visit note

- that the service was provided via telehealth; and
- the rationale for service via telehealth.

Failure to maintain documentation requirements for services delivered via telehealth may result in the sanctions pursuant to 130 CMR 450.238–240.

MassHealth Website

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Questions

If you have questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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