



MassHealth
Therapist Bulletin 17
September 2021

TO: Therapy Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: Extended COVID-19 Related Administrative Flexibilities for Therapy Services Including Telehealth and New Telehealth Documentation Requirement

Introduction

On January 31, 2020, the United States Secretary of Health and Human Services (Secretary), pursuant to authority under section 319 of the Public Health Service Act (42 U.S.C. § 247d), issued a determination that a nationwide public health emergency had existed since January 27, 2020 (“the FPHE”). The Secretary has since issued renewals of the FPHE, on April 21, 2020; July 23, 2020; October 2, 2020; January 7, 2021; April 15, 2021; and July 19, 2021. On March 10, 2020, the Governor issued the Declaration of State of Emergency within the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, which expired June 15, 2021.

In light of the FPHE and the state declaration, 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 Therapist Bulletins 15 and 16.

Due to the continued FPHE, MassHealth is issuing this bulletin. The purpose of this bulletin, which supersedes Therapist Bulletin 16, is to update MassHealth’s COVID-19 related flexibilities for MassHealth therapist services, including telehealth, to help ensure members retain access to appropriate therapist services, promote social distancing, and mitigate the spread of COVID-19. The guidance in this bulletin replaces all previously issued guidance for MassHealth therapy providers described in Therapist Bulletins 15 and 16 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:

- a. describes COVID-19 related flexibilities for MassHealth therapist services (physical therapy, occupational therapy, and speech-language therapy) that will remain in effect beyond September 13, 2021, until the end of the FPHE;

- b. clarifies that telehealth visits may be used for follow-up visits that do not require any hands-on care; and
- c. describes a new recordkeeping and documentation requirement regarding telehealth services.

Medical Referral Requirements

Through the end of the FPHE, if a therapy provider is unable to acquire a written medical referral from a licensed physician or a licensed nurse practitioner prior to initiation of therapy services, or for any subsequent 60-day period, as required by 130 CMR 432.415, the therapy provider may obtain a verbal medical referral from a licensed physician or nurse practitioner approving the provision of therapy services. The written record of a verbal medical referral for therapy services must include the date and time acquired, as well as the signature of the licensed therapist obtaining the verbal medical referral, and must be maintained in the member's record. The therapy provider must acquire the written medical referral for therapy services prior to billing MassHealth and maintain a copy of all written referrals.

Prior Authorization Extensions

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

Therapy Telehealth Guidance

MassHealth is extending coverage for telehealth services that shall remain in effect until the end of the FPHE 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 recordkeeping requirements under 130 CMR 432.417, 130 CMR 432.418, 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 432.000 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

- a) require the member's consent, documented as described below; and
- b) 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 telephonically if appropriate, but live video is preferred.

Live-video telehealth must be used, with the member's consent, to conduct the comprehensive evaluation and/or reevaluation under 130 CMR 432.411, 432.415, and 432.416 for members receiving therapy if they have concerns due to COVID-19. Telephonic only telehealth is not permitted to conduct the comprehensive evaluation and/or reevaluation under 130 CMR 432.411, 432.415, and 432.416 for members receiving therapy if they have concerns due to COVID-19.

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](#).

Failure to include modifier “GT” when submitting claims for 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 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 432.000 apply when services are delivered via telehealth and the documentation must also include:

- a) Indication in the visit note that the service was provided via telehealth;
- b) Description in the visit note of the rationale for service via telehealth; and
- c) For dates of service on or after September 13, 2021, the following new visit note:

On [DATE], member has requested and verbally consented to their comprehensive evaluation, reevaluation, and/or visit being completed via telehealth due to COVID-19. On [DATE], therapist staff discussed the safety protocols that are used during any in-person visit, including but not limited to PPE use and COVID precautions but member still requested telehealth instead of an in-person visit.

Failure to maintain documentation requirements for services delivered via telehealth, may result in the imposition of sanctions pursuant to 130 CMR 450.238-450.240.

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.

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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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