



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Therapist Bulletin 18**  
**April 2023**

**TO:** Therapy Providers Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth

A handwritten signature in black ink that reads "Mike Levine".

**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 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 Therapist Bulletins 15, 16, and 17.

## **Introduction**

This bulletin communicates provider requirements that were suspended during the FPHE and that will be enforced after the FPHE ends. 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 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**

### **Oral Prescription (formerly referred to as a Medical Referral)**

Through May 11, 2023, if a therapy provider is unable to secure a written prescription for the initiation and recertification of therapy services, the therapy provider may obtain an oral medical referral from a physician or nurse practitioner. The written record of an oral prescription for therapy services must include the date and time acquired, as well as the signature of the licensed therapist obtaining the verbal prescription, and must be maintained in the member's record. The therapy provider must acquire the written prescription for therapy services before billing MassHealth and comply with MassHealth recordkeeping requirements of [130 CMR 450.000](#) and [130 CMR 432.000](#).

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Beginning May 12, 2023, MassHealth will end the flexibility, which allows therapy providers to secure a verbal prescription for the initiation and recertification of therapy services. MassHealth will resume applying the provisions of 130 CMR 432.415. This regulation provides that therapy providers must obtain a written prescription before a member can begin therapy services, and every 60 days thereafter.

### **Prior Authorization Extensions**

Through May 11, 2023, therapy providers may request to continue an existing prior authorization (PA). The provider must email the extension request to [support@masshealthtss.com](mailto: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 to request a PA extension. MassHealth will resume applying the provisions of 130 CMR 432.417, which require 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 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 therapy services.

#### **Prior Authorization and Recordkeeping**

Therapy providers of telehealth services must follow all PA and record keeping requirements under 130 CMR 432.417, 130 CMR 432.418, 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 432.000 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.

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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.

Live video telehealth may be used, with the member's consent, to conduct the comprehensive evaluation or reevaluation under 130 CMR 432.411, 432.415, and 432.416 for members receiving therapy.

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

### **Telehealth 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**

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 identified in [101 CMR 339.00: Rates for Restorative Services](#).

**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 432.000 apply when services are delivered via telehealth. The documentation must also include the following in the visit note:

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

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Failure to maintain documentation requirements for services delivered via telehealth may result in the imposition 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.

**Phone:** Toll free (844) 368-5184  
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