



MassHealth
All Provider Bulletin 289
March 2020

TO: All Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19)

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. In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is introducing additional flexibilities for coverage and billing related to COVID-19, as further described in this bulletin.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care ACO. Information about coverage through MassHealth Managed Care Entities is included in *MCE Bulletin 21*.

Program of All-inclusive Care for the Elderly (PACE) organizations should follow the guidance set forth in this bulletin and in *MCE Bulletin 21* when delivering services to MassHealth members.

The Massachusetts Executive Office of Health and Human Services (EOHHS) is coordinating with federal and local partners to respond to COVID-19. As this situation evolves, EOHHS may issue additional guidance on this topic as informed and directed by the Massachusetts Department of Public Health (DPH) and the federal Centers for Disease Control and Prevention (CDC).

This bulletin shall remain effective for the duration of the state of emergency declared via [Executive Order No. 591](#).

Eligibility

In order to enhance access to health care services during the COVID-19 outbreak, MassHealth is expanding its Hospital-Determined Presumptive Eligibility (HPE) process to allow qualified hospitals to render HPE determinations for individuals previously ineligible for HPE, provided that they have a diagnosis or a presumptive diagnosis of COVID-19. Additional detail regarding this policy is available in *All Provider Bulletin 288*. Additional detail regarding MassHealth eligibility initiatives related to COVID-19 will appear in a forthcoming Eligibility Operations Memo.

Billing for COVID-19 Diagnostic Laboratory Services

MassHealth covers medically necessary clinical diagnostic laboratory tests when a qualified clinician orders them. Testing of persons under investigation (PUI) for COVID-19 is available through the Massachusetts State Public Health Laboratory (MA SPHL) when a patient meets clinical and epidemiologic criteria.

MA SPHL does not charge providers for its provision of these laboratory services. Additionally, MassHealth does not pay providers a specimen acquisition fee (including testing supplies) or a specimen transportation fee for lab services to be rendered by MA SPHL.

MassHealth-enrolled clinical laboratories and health care facilities may bill MassHealth for medically necessary, clinically appropriate COVID-19 lab tests using HCPCS code U0002, which describes 2019-nCoV Coronavirus, SARA-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes. Providers will be able to bill MassHealth for this code beginning April 1, 2020, for dates of service on or after March 12, 2020. MassHealth will issue transmittal letters that formally add this code to the relevant provider manuals. MassHealth intends to pay a rate equal to the Medicare rate for this code.

For questions about testing, specimen transport, or control measures, contact the Massachusetts Department of Public Health (DPH) (24/7) at (617) 983-6800. Further information on testing can be found at DPH's [website](#).

Billing for Covered Services Delivered via Telehealth

To mitigate the spread of COVID-19, MassHealth is committed to enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. To that end, and for as long as this bulletin remains effective, MassHealth will permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video) in accordance with the standards set forth in Appendix A and notwithstanding any regulation to the contrary, including the physical presence requirement at 130 CMR 433.403(A)(2).

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth covered services delivered through telehealth so long as such services are medically necessary and clinically appropriate and comport with the guidelines set forth in Appendix A to this bulletin. 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.

Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations. Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. Providers will be able to bill MassHealth for these services delivered via telehealth beginning April 1, 2020, for dates of service beginning March 12, 2020.

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Furthermore, and notwithstanding any regulation to the contrary, including the physical presence requirement at 130 CMR 433.403(A)(2), MassHealth will also reimburse physicians (including mid-level practitioners under the direction of a physician in accordance with 130 CMR 433), acute outpatient hospitals (AOHs), community health centers (CHCs), outpatient behavioral health providers, and early intervention providers for clinically appropriate, medically necessary telephone evaluations through the following CPT codes for physicians: 99441, 99442, 99443; and for qualified non-physicians: 98966, 98967, 98968. MassHealth will issue transmittal letters that formally add these codes to the relevant provider manuals. Payment rates for these codes can be found at 101 CMR 317: *Medicine*.

Providers will be able to bill MassHealth for these telephonic codes beginning April 1, 2020, for dates of service beginning March 12, 2020.

Existing performance specifications for Children's Behavioral Health Initiative (CBHI) services allow for the telephonic delivery of services, other than for initial assessments. Notwithstanding any requirements that initial assessments be conducted in person, where appropriate, services for new clients may be initiated via telephonic means. CBHI providers should use the regular CBHI codes when billing for CBHI services delivered telephonically.

Home Visits Billing for Services Related to COVID-19

MassHealth currently covers the following home visits codes under the physician and acute outpatient hospital regulations: 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, and 99600. Additionally, MassHealth will reimburse physicians and acute outpatient hospitals for clinically appropriate, medically necessary home visits using the following codes: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, and 99512. MassHealth will issue transmittal letters that formally add these codes to the relevant provider manuals. Providers will be able to bill MassHealth for these codes beginning April 1, 2020 for dates of service beginning March 12, 2020.

MassHealth currently reimburses the following home visit codes under the community health center regulations: 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, and 99350. Additionally, MassHealth will reimburse community health centers for clinically appropriate, medically necessary home visits using the following codes: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, 99512, and 99600. MassHealth will issue a transmittal letter that formally adds these codes to the CHC provider manual. Providers will be able to bill MassHealth for these codes beginning April 1, 2020 for dates of service beginning March 12, 2020.

Payment rates for these codes can be found at 101 CMR 317: *Medicine*.

Billing for COVID-19 Quarantine in a Hospital

There may be instances in which hospitals will need to quarantine members infected with COVID-19 for public health reasons or otherwise cannot safely discharge a member due to COVID-19 exposure or risk, even though these members may no longer require an inpatient level of care.

Acute inpatient hospitals may bill MassHealth for members no longer requiring an inpatient level of care but who must be quarantined in the hospital or otherwise cannot be safely discharged due to COVID-19 by either: (1) keeping the member as an inpatient, switching the member to administrative day status, and billing accordingly, or (2) discharging the member from inpatient care, commencing observation services, and billing accordingly. Acute hospitals rendering COVID-19-related services to MassHealth members will be paid in accordance with the Rate Year 2020 Acute Hospital Request for Applications and Contract (RFA).

Psychiatric inpatient hospitals may bill MassHealth for members no longer requiring an inpatient level of care but who must be quarantined in the hospital or otherwise cannot be safely discharged due to COVID-19 by keeping the member as an inpatient, switching the member to administrative day status, and billing MassHealth accordingly. Psychiatric hospitals rendering COVID-19-related services to MassHealth members will be paid in accordance with the Amended and Restated Psychiatric Hospital Request for Applications Rate Year 2020 and Amended and Restated Psychiatric Hospital Contract.

Chronic disease and rehabilitation inpatient hospitals may bill MassHealth for members no longer requiring an inpatient level of care but who must be quarantined in the hospital or otherwise cannot be safely discharged due to COVID-19 by keeping the member as an inpatient, switching the member to administrative day status, and billing MassHealth accordingly. Notwithstanding any contrary requirements in 130 CMR 435.412, MassHealth will treat all administrative days directly related to COVID-19 as reimbursable. Chronic disease and rehabilitation hospitals must document in the patient record the specific COVID-19 related reason requiring administrative days. Chronic disease and rehabilitation inpatient hospitals rendering COVID-19-related services to MassHealth members will be paid in accordance with the administrative day rate specified in their Chronic Disease and Rehabilitation Hospital Contract.

90-day Supplies and Early Refills of Prescribed Drugs

As described in greater detail in Pharmacy Facts Volume 1, Number 141, MassHealth is allowing additional exceptions to the 30-day supply limitation described at 130 CMR 406.411(D), effective for dates of service beginning March 14, 2020. Specifically, and notwithstanding the requirements of 130 CMR 406.411(D)(1), pharmacies may dispense up to a 90-day supply of a prescription drug if requested by a MassHealth member or that member's prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled. This policy does not apply to drugs that require Prescription Monitoring Program (PMP) reporting, behavioral health medications, antibiotics, IV medications and certain other drugs designated by MassHealth (e.g., drugs for which quantity limits have been individually established for clinical reasons).

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If a pharmacist believes that dispensing up to a 90-day supply of any drug not generally subject to this policy would be in the best interest of a MassHealth member, it may call the MassHealth Drug Utilization Review (DUR) program at (800) 745-7318 to request an override.

Effective for dates of service beginning March 14, 2020, MassHealth will also allow early refills of existing prescriptions for drugs as long as at least one refill remains on the prescription. If a pharmacy receives a denial for an early refill, the pharmacy should place a “13” in the Submission Clarification field (NCPDP field 420-DK) to override the denial.

Cost Sharing

MassHealth does not require its members to make copayments for most MassHealth covered services, including laboratory testing and primary care provider and specialist visits. MassHealth reminds providers of those services for which MassHealth charges copayments, such as pharmacy services, that they “may not refuse services to any members who are unable to pay the copayment at the time service is provided.” 130 CMR 450.130(G)(2).

Primary Care Clinician Plan & Primary Care ACO Referrals for Services Related to COVID-19

Members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO do not need a referral to receive testing or treatment for COVID-19. Clinical laboratory services are exempt from the referral requirement. Providers should identify claims submitted for other COVID-19 related services for PCC Plan and Primary Care ACO enrollees as services delivered to treat an emergency condition as follows:

- For professional claims: providers should include Emergency Indicator “Y” on the claim.
- For Institutional Provider claims (e.g., hospital outpatient departments): providers should include Type of Admission Code “1” on the claim.

Other Considerations

As required in 130 CMR 450.316, all providers must make diligent efforts to obtain payment first from other resources, so that MassHealth will be the payer of last resort.

In addition to the guidance outlined in this bulletin, MassHealth will add Healthcare Common Procedure Coding System (HCPCS) codes in accordance with CMS as they become available. For more information, see the following link: <https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests>.

Additional Information

For the latest MA-specific information, visit the following link: <https://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 the following link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

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MassHealth Website

This bulletin is available on the [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. 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, or fax your inquiry to (617) 988-8974.

Appendix A

Guidelines for Use of Telehealth to Deliver Covered Services

Terminology

For the purposes of this bulletin, the following terms are used as defined below.

Distant site is the site where the practitioner providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

Originating site is the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites.

Billing and Payment Rates for Services

Providers must include the Place of Service (POS) Code 02 when submitting a claim for services delivered via telehealth. Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

Providers may not bill MassHealth a facility fee for distant or originating sites.

Additional Requirements for Prescribing

A provider may prescribe medications via telehealth as otherwise described in this bulletin and in accordance with the following requirements.

1. Providers must comply with all applicable state and federal statutes and regulations governing medication management and prescribing services when delivering these services via telehealth.
2. Providers who deliver prescribing services via telehealth must maintain policies for providing patients with timely and accurate prescriptions by use of mail, phone, e-prescribing and/or fax. Providers must document prescriptions in the patient's medical record consistent with in-person care.

Requirements for Telehealth Encounters

Providers must adhere to and document the following best practices when delivering services via telehealth.

1. Providers must properly identify the patient using, at a minimum, the patient's name, date of birth, and MassHealth ID.
2. Providers must disclose and validate the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications.
3. For an initial appointment with a new patient, the provider must review the patient's relevant medical history and any available medical records with the patient before initiating the delivery of the service.

4. For existing provider-patient relationships, the provider must review the patient's medical history and any available medical records with the patient during the service.
5. Prior to each patient appointment, the provider must ensure that the provider is able to deliver the service to the same standard of care and in compliance with licensure regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access) using telehealth as is applicable to the delivery of the services in person. If the provider cannot meet this standard of care or other requirements, the provider must direct the patient to seek in-person care. The provider must make this determination prior to the delivery of each service.
6. To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.
7. Providers must follow consent and patient information protocol consistent with those followed during in person visits.
8. Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site) and obtain the location of the patient (i.e., originating site).
9. The provider must inform the patient of how the patient can see a clinician in-person in the event of an emergency or as otherwise needed.

Documentation and Record Keeping

Providers delivering services via telehealth must meet all health records standards required by the applicable licensing body as well as any applicable regulatory and program specifications required by MassHealth. This includes storage, access, and disposal of records.

In addition to complying with all applicable MassHealth regulations pertaining to documentation of services, providers must include a notation in the medical record that indicates that the service was provided via telehealth, the technology used, and the physical location of the distant and the originating sites. The provider must also include the CPT code for the service rendered via telehealth in the patient's medical record.

MassHealth may audit provider records for compliance with all regulatory requirements, including record keeping and documentation requirements, and may apply appropriate sanctions to providers who fail to comply.