

Massachusetts



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes* (CMS RPM Codes)
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: None
- Consent Requirements: Yes

FQHCs

- Originating sites explicitly allowed for Live Video: No
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: Yes
- Audio-only explicitly reimbursed: Yes
- Allowed to collect PPS rate for telehealth: Yes

STATE RESOURCES

1. Medicaid Program: MassHealth
2. Administrator: Massachusetts Dept. of Health and Human Services
3. Regional Telehealth Resource Center: Northeast Regional Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 04/15/2024

“Telehealth”, the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient’s physical health, oral health, mental health or substance use disorder condition.

SOURCE: Massachusetts General Laws, Part 1, Title XXII, Ch. 175, Sec. 47MM, (Accessed Apr. 2024).

Section repeated in Civil Service, Retirement and Pensions section applying to active or retired employees of the commonwealth; Non-profit hospital service corporations; medical service corporation; health maintenance organizations; preferred provider arrangement

SOURCE: Massachusetts General Laws Part 1, Title IV, Ch. 32A, Section 30 & Part 1, Title XXII, Ch. 176A, Sec. 38, Ch. 176B, Sec. 25, Ch. 176G Sec. 33, Ch. 176I Sec. 13. (Accessed Apr. 2024).

REQUIREMENTS

Last updated 04/15/2024

An individual policy of accident and sickness insurance issued under section 108 that provides hospital expense and surgical expense insurance and any group blanket or general policy of accident and sickness insurance issued under section 110 that provides hospital expense and surgical expense insurance that is issued or renewed within or without the commonwealth shall provide coverage for health care services delivered via telehealth by a contracted health care provider if:

- the health care services are covered by way of in-person consultation or delivery; and
- the health care services may be appropriately provided through the use of telehealth

An insurer shall not meet network adequacy through significant reliance on telehealth providers and shall not be considered to have an adequate network if patients are not able to access appropriate in-person services in a timely manner upon request. Coverage shall not be limited to services delivered by third-party providers.

A contract that provides coverage for services under this section may contain a provision for a deductible, copayment or coinsurance requirement for a health care service provided via telehealth as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation or in-person delivery of service.

Health care services provided via telehealth shall conform to the standards of care applicable to the telehealth provider's profession and specialty. Such services shall also conform to applicable federal and state health information privacy and security standards as well as standards for informed consent.

Evidence of coverage provided to a household upon enrollment must include a summary description of the insured's telehealth coverage and access to telehealth services, including, but not limited to behavioral health services, chronic disease management and primary care services via telehealth, as well as the telecommunications technology available to access telehealth services.

The executive office of health and human services and the division of insurance shall report on the use of telehealth services in the commonwealth and the effect of telehealth on health care access and system cost.

SOURCE: Massachusetts General Laws, Part 1, Title XXII, Ch. 175, Sec. 47MM, Ch. 176O, Sec. 6 & Ch. 260, Sec. 67 (Accessed Apr. 2024).

Section repeated in Civil Service, Retirement and Pensions section applying to active or retired employees of the commonwealth; Non-profit hospital service corporations; medical service corporation; health maintenance organizations; preferred provider arrangement

SOURCE: Massachusetts General Laws Part 1, Title IV, Ch. 32A, Section 30 & Part 1, Title XXII, Ch. 176A, Sec. 38, Ch. 176B, Sec. 25, Ch. 176G Sec. 33, Ch. 176I Sec. 13. (Accessed Apr. 2024).

PARITY

Last updated 04/15/2024

SERVICE PARITY

An individual policy of accident and sickness insurance issued under section 108 that provides hospital expense and surgical expense insurance and any group blanket or general policy of accident and sickness insurance issued under section 110 that provides hospital expense and surgical expense insurance that is issued or renewed within or

without the commonwealth shall provide coverage for health care services delivered via telehealth by a contracted health care provider if:

- the health care services are covered by way of in-person consultation or delivery; and
- the health care services may be appropriately provided through the use of telehealth

SOURCE: Massachusetts General Laws, Part 1, Title XXII, Ch. 175, Sec. 47MM, (Accessed Apr. 2024).

Section repeated in Civil Service, Retirement and Pensions section applying to active or retired employees of the commonwealth; Non-profit hospital service corporations; medical service corporation; health maintenance organizations; preferred provider arrangement

SOURCE: Massachusetts General Laws Part 1, Title IV, Ch. 32A, Section 30 & Part 1, Title XXII, Ch. 176A, Sec. 38, Ch. 176B, Sec. 25, Ch. 176G Sec. 33, Ch. 176I Sec. 13. (Accessed Apr. 2024).

PAYMENT PARITY

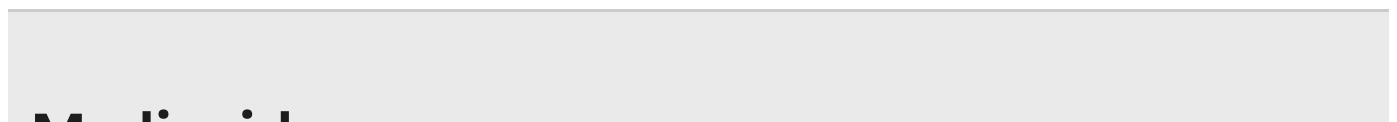
Coverage that reimburses a provider with a global payment, as defined in section 1 of chapter 6D, shall account for the provision of telehealth services to set the global payment amount.

Insurance companies organized under this chapter shall ensure that the rate of payment for in-network providers of behavioral health services delivered via interactive audio-video technology and audio-only telephone shall be no less than the rate of payment for the same behavioral health service delivered via in-person methods; provided, that this subsection shall apply to providers of behavioral health services covered (see bill language for types of providers).

SOURCE: Massachusetts General Laws, Part 1, Title XXII, Ch. 175, Sec. 47MM, (Accessed Apr. 2024).

Section repeated in Civil Service, Retirement and Pensions section applying to active or retired employees of the commonwealth; Non-profit hospital service corporations; medical service corporation; health maintenance organizations; preferred provider arrangement

SOURCE: Massachusetts General Laws Part 1, Title IV, Ch. 32A, Section 30 & Part 1, Title XXII, Ch. 176A, Sec. 38, Ch. 176B, Sec. 25, Ch. 176G Sec. 33, Ch. 176I Sec. 13. (Accessed Apr. 2024).



Medicaid

OVERVIEW

Last updated 04/15/2024

MassHealth updated their telehealth policies, effective Oct. 1, 2023 to align with most COVID era policies. They now reimburse for live video, asynchronous, and audio-only delivery modalities with certain exceptions for noncovered services. They state that reimbursement for remote patient monitoring will be announced at a future date.

DEFINITIONS

Last updated 04/15/2024

Telehealth – the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to:

- interactive audio-video technology;
- remote patient monitoring devices;
- audio-only telephone; and
- online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

SOURCE: MA Regulations Sec. 418.402 & 101 CMR Sec. 362.02, 130 CMR 461.402 [definition found in multiple additional manual sections] (Accessed Apr. 2024).

"Telehealth", the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

SOURCE: Massachusetts General Laws Part I, Title IV, Ch. 32A. Sec. 30 . (Accessed Apr. 2024).

Telehealth is the use of electronic communication and information technologies to provide or support clinical care at a distance. The delivery of services through telehealth involves the use of secure interactive audio and video telecommunications systems that permit two-way, real-time communication between a patient and a provider.

SOURCE: MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Apr. 2024).

LIVE VIDEO

Last updated 04/15/2024

POLICY

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization, accountable care organization or primary care clinician plan shall provide coverage for health care services delivered via telehealth by a contracted health care provider if: (i) the health care services are covered by way of in-person consultation or delivery; and (ii) the health care services may be appropriately provided through the use of telehealth.

The rate of payment for telehealth services provided via interactive audio-video technology and audio-only telephone may be greater than the rate of payment for the same service delivered by other telehealth modalities.

Coverage that reimburses a provider with a global payment shall account for the provision of telehealth services to set the global payment amount. See services section below for behavioral health services specific requirements for payment.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

Telehealth is a modality of treatment, not a separate covered service. Providers are not required to deliver services via telehealth.

The bulletin does not apply to services under the Children's Behavioral Health Initiative (CBHI) program, which may continue to be delivered via all modalities currently authorized in applicable program specifications.

SOURCE: MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Apr. 2024).

Under this policy, MassHealth will continue to allow MassHealth-enrolled providers to deliver a broad range of MassHealth-covered services via telehealth. MassHealth will reimburse for such services at parity with their in-person counterparts, including services provided through live-video, audio-only, or asynchronous visits that otherwise meet billing criteria, including use of required modifiers. All providers delivering services via telehealth must comply with the policy detailed in this bulletin.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, a Managed Care Organization (MCO), an Accountable Care Partnership Plan (ACPP), or a Primary Care Accountable Care Organization (PCACO). Information about coverage through MassHealth Managed Care Entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be issued in a forthcoming MCE bulletin.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

This bulletin, which supersedes Managed Care Entity Bulletin 74, requires managed care plans to maintain a telehealth policy consistent with All Provider Bulletin 355, including but not limited to maintaining policies for coverage of telehealth services no more restrictive than those described in All Provider Bulletin 355 and through at least September 30, 2023.

SOURCE: MassHealth Managed Care Provider Bulletin 95, Jan. 2023. (Accessed Apr. 2024).

Home Health Agency

Rates of payment for home health services delivered via telehealth will be the same as rates of payment for home health services delivered via traditional (e.g., in-person) methods set forth in 101 CMR 350.00: Rates for Home Health Services.

Home health agencies must include modifier “GT” when submitting claims for services delivered via telehealth.

Failure to include modifier “GT” when submitting claims for services delivered via telehealth may result in sanctions pursuant to 130 CMR 450.238-450.240.

Important note: Although MassHealth allows reimbursement for the delivery of certain home health services via telehealth as described in this bulletin, MassHealth does not require providers to deliver services via telehealth.

SOURCE: MassHealth Home Health Agencies, Bulletin 87, Jul. 2023, (Accessed Apr. 2024).

Therapy

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. [excluded in Therapist Bulletin 18]

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

STATUS: MassHealth Rehabilitation Center Bulletin 16, Apr. 2023; Therapist Bulletin 18, Apr. 2023; Speech and Hearing Center Bulletin 16, Apr. 2023, (Accessed Apr. 2024).

ELIGIBLE SERVICES/SPECIALTIES

Health Care Services

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization, accountable care organization or primary care clinician plan shall provide coverage for health care services delivered via telehealth by a contracted health care provider if: (i) the health care services are covered by way of in-person consultation or delivery; and (ii) the health care services may be appropriately provided through the use of telehealth.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

Behavioral Health Services

The division shall ensure that the rate of payment for in-network providers of behavioral health services delivered via interactive audio-video technology and audio-only telephone shall be no less than the rate of payment for the same behavioral health services delivered via in-person methods; provided, that this subsection apply to providers of behavioral health services covered as required (see text for applicable behavioral health providers).

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

The division of medical assistance shall ensure that the rate of payment for in-network providers of behavioral health services delivered via interactive audio-video technology and audio-only telephone shall be no less than the rate of payment for the same

behavioral health service delivered via in-person methods, provided certain conditions. See statute.

Source: Massachusetts General Laws, Ch. 32A Sec. 30, Ch. 118E Sec. 79, Ch. 175 47MM, Ch. 176A Sec. 38, Ch. 176B Sec. 25, Ch. 176G Sec. 33, Ch. 176I Sec. 13. (Accessed Apr. 2024).

Unlicensed or Not Independently Licensed Staff. All professionals who are unlicensed, who are in a profession without licensure, or who are not independently licensed or certified as a peer supervisor must receive direct and continuous supervision. Direct and continuous supervision may be provided using telehealth technology

Independently Licensed and Certified Peer Supervisor Staff. All independently licensed professionals and certified peer supervisors must receive supervision in accordance with the relevant licensing requirements and program policy. Supervision may be provided using telehealth technology

The MassHealth agency will pay a provider only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

SOURCE: MA Regulations 130 CMR Sec. 418.410 and 412, (Accessed Apr. 2024).

Community Health Centers, Community Mental Health Centers, and Outpatient Substance Use Disorder providers (provider types 20, 26 and 28) may deliver the following covered services via telehealth:

- All services specified in 101 CMR 306.00 et seq.; and
- The outpatient services specified in the following categories:
 - Opioid Treatment Services: Counseling;
 - Ambulatory Services: Outpatient Counseling; Clinical Case Management; and
 - Services for Pregnant/Postpartum Clients: Outpatient Services

SOURCE: MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Apr. 2024).

Mental Health Centers

Satellite Clinics: All clinic locations must meet, independently of its parent clinic, all requirements set forth in 130 CMR 429. Satellite locations must be able offer in person services for up to 20 hours per week; use of telehealth is acceptable when agreed upon by the member.

Case Consultation: intervention, including scheduled audio-only telephonic, audio-video, or in person meetings, for behavioral and medical management purposes on a member's behalf with agencies, employers, or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

The MassHealth agency pays only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

Staff Supervision:

- **Unlicensed or Not Independently Licensed Staff:** All professionals who are unlicensed, who are in a profession without licensure, or who are not independently licensed or certified as a peer supervisor must receive Direct and Continuous Supervision. Direct and Continuous Supervision may be provided using telehealth technology.
- **Independently Licensed and Certified Peer Supervisor Staff.** All independently licensed professionals and certified peer supervisors must receive supervision in accordance with center policy. Supervision may be provided using telehealth technology.

SOURCE: MassHealth Mental Health Center Manual, Ch. 4, 1/1/23, (Accessed Apr. 2024).

Crisis Intervention: The MassHealth agency pays for crisis intervention as defined in 130 CMR 429.402 ... This service is limited to face-to-face contacts, which includes Telehealth, with the member

Group behavioral health, group medical visit, individual behavioral health visits, individual dental visit, individual medical visit, individual mental health visit, nurse-midwife medical visit, can be conducted via a clinically appropriate telehealth modality. See manual for codes.

SOURCE: MassHealth Rates for Community Health Centers, 101 CMR Sec. 304.02 (Accessed Apr. 2024).

MassHealth lists specific codes that may be used by community health centers for services delivered through telehealth. See Transmittal Letter for details.

SOURCE: MassHealth Community Health Center Manual, Ch. 6, 1/1/23, (Accessed Jan. 2024).

CARES program providers may deliver services via telehealth.

SOURCE: MassHealth Rates for Community Health Centers, 130 CMR Sec. 405.477 and Sec. 433.485, & Physician Manual, 7/7/23, (Accessed Apr. 2024).

The Community Support Program (CSP) provider delivers CSP services on a mobile basis to members in any setting that is safe for the member and staff. Services may be provided via telehealth, as appropriate.

SOURCE: Massachusetts Regulations, Sec. 130 CMR 461.410, & Community Support Service Manual, 4/28/23, (Accessed Apr. 2024).

Important Note: Although MassHealth allows reimbursement for the delivery of certain services through telehealth for certain billing providers as described in this bulletin, MassHealth does not require providers to deliver services via telehealth.

As under All Provider Bulletin 355, Section B of this bulletin identifies specific categories of service that MassHealth has deemed inappropriate for delivery via any telehealth modality. Except for those services identified in Section B in this bulletin, and notwithstanding any regulation to the contrary, including the physical-presence requirement at 130 CMR 433.403(A)(2), a MassHealth enrolled provider may deliver medically necessary MassHealth-covered services on an outpatient basis to a MassHealth member via the telehealth modalities of audio-only, live video, and asynchronous visits, if:

- the provider has determined that it is clinically appropriate to deliver such service via telehealth, including the telehealth modality and technology employed, including obtaining member consent;
- such service is payable under that provider type;
- the provider satisfies all requirements set forth in this bulletin, including in Appendix A, and any applicable program-specific bulletin;
- the provider delivers those services in accordance with all applicable laws and regulations (including M.G.L c. 118E, § 79 and MassHealth program regulations); and
- the provider is appropriately licensed or credentialed to deliver those services.

MassHealth will continue to monitor telehealth's impacts on quality of care, cost of care, patient and provider experience, and health equity to inform the continued monitoring and iteration of its telehealth policy. Based on the results of this monitoring, and its analysis of relevant data and information, MassHealth may adjust its coverage policy, including by imposing limitations on the use of certain telehealth modalities for various covered services or provider types.

As under All Provider Bulletin 355, MassHealth has deemed these following categories of service ineligible for delivery via any telehealth modality.

- Ambulance Services

- Ambulatory Surgery Services
- Anesthesia Services
- Certified Registered Nurse
- Anesthetist Services
- Chiropractic Services
- Hearing Aid Services
- Inpatient Hospital Services¹
- Laboratory Services
- Nursing Facility Services
- Orthotic Services
- Personal Care Services
- Prosthetic Services
- Renal Dialysis Clinic Services
- Surgery Services
- Transportation Services
- X-Ray/Radiology Services

Telehealth and Children's Behavioral Health Initiative (CBHI) Services

As under All Provider Bulletin 355, 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 by telephone or other telehealth modality. CBHI providers must use the regular CBHI codes, as well as the POS code and modifiers described above, as appropriate, when billing for CBHI services delivered via approved telehealth modalities.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

Continuous Skilled Nursing Agency

Following the end of the FPHE, MassHealth continues to allow telehealth services for face-to-face visits through December 31, 2024.

SOURCE: MassHealth Continuous Skilled Nursing Agencies, Bulletin 12, Jul. 2023, (Accessed Apr. 2024).

Home Health Agency

Effective May 12, 2023, per the Consolidated Appropriations Act of 2023, MassHealth will continue to allow telehealth services for a face-to-face visit through December 31, 2024. The face-to-face visit may only be conducted via two-way audio-video telecommunications technology that allows for real-time interaction.

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth home health services delivered through telehealth, as long as such services are medically necessary and clinically appropriate and comply with the guidelines established in 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.

Home health telehealth visits may be used for home health services that

- the member has provided consent for;
- are follow-up visits that do not require any hands-on care;
- pertain to any ongoing review of the member's assessment, including the member's 60-day recertification for home health services; or
- pertain to the discharge visit.

Follow-up visits do not include initial evaluations or certifications for home health services and may be conducted by telephone if appropriate, but live video is preferred. Home health telehealth visits may not be used for

- any service that requires hands-on care;
- any start of care (SOC) assessment visit; or
- any resumption of care visit.

SOURCE: MassHealth Home Health Agencies, Bulletin 87, Jul. 2023, (Accessed Apr. 2024).

Hospice Agencies

Effective May 12, 2023, consistent with the federal Consolidated Appropriations Act of 2023, MassHealth continued to cover the face-to-face visit required for members entering their third hospice benefit period when appropriately provided via telehealth through December 31, 2024. Under the Consolidated Appropriations Act, the face-to-face visit may only be conducted via two-way audio-video telecommunications technology

that allows for real-time interaction. See 130 CMR 437.411(C) for MassHealth's face-to-face requirement.

SOURCE: MassHealth Hospice Agencies, Bulletin 29, Jul. 2023, (Accessed Apr. 2024).

Adult Foster Care

The Executive Office of Health and Human Services (EOHHS) is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth-covered AFC/GAFC services delivered via telehealth, as long as such services are medically necessary and clinically appropriate and delivered in accordance with 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 in-person services. Providers must inform members of any relevant privacy considerations.

EOHHS does not require providers to deliver AFC/GAFC services via telehealth and may continue to provide services in-person as necessary or appropriate. AFC/GAFC providers must clearly document in the member record if the member refuses an in-person visit.

AFC and GAFC providers may use telehealth for

- Level I AFC home visit structure – telehealth may be used for up to three nonconsecutive visits in a 12-month period;
- Level II AFC home visit structure – telehealth may be used for up to six nonconsecutive visits in a 12-month period;
- GAFC home visit structure – telehealth may be used for up to three nonconsecutive visits in a 12-month period;
- Level I AFC admission visit – may be done in person/on-site or via telehealth;
- Level II AFC admission visits – for the first month of service, the first and last admission visits must be done in person/on-site, the two weekly visits in between may be conducted via telehealth;
- GAFC admission visits –for the first month of service, the first and last admission visits must be done in person/on-site, the two weekly visits in between may be conducted via telehealth; and
- Extraordinary circumstances resulting from unusual and unavoidable circumstances that substantially impede the ability of the provider to conduct a visit or other AFC/GAFC program requirement in person that can be directly addressed by use of telehealth. This may include, but is not necessarily limited to, staffing shortages due to illness and/or medical leave (such as Family Medical Leave Act absences). In these limited instances, the AFC/GAFC program director must document the approved temporary telehealth use. Further, for each use of

telehealth for extraordinary circumstances, the AFC/GAFC provider must document the description of the extraordinary circumstance, the timeframe during which the extraordinary circumstances necessitated the telehealth visits, which types of visits are permitted to be conducted by telehealth, and how the use of telehealth is narrowly tailored to address this extraordinary circumstance. Such documentation must be made available upon request by EOHHS or other appropriate auditor. The AFC/GAFC provider must also document in the relevant member record each visit that occurred via telehealth in accordance with this bulletin. If telehealth use extends past three months, the AFC/GAFC provider must contact MassHealth for approval and must provide a deadline by which the use of telehealth for extraordinary circumstances will conclude. Such use of telehealth to address extraordinary circumstances cannot be used for caregiver or direct care aide assistance with activities of daily living or instrumental activities of daily living, including cueing and supervision of such activities.

Adult foster care and group adult foster care providers may not use telehealth for

- Caregiver or direct care aide assistance with activities of daily living or instrumental activities of daily living, including cueing and supervising such activities; and
- Initial evaluations and reassessments, including reassessments based on significant change.

AFC/GAFC providers must conduct both initial and annual member home inspections in person/on-site.

STATUS: MassHealth Adult Foster Care, Bulletin 29, Apr. 2023, (Accessed Apr. 2024).

Durable Medical Equipment

Federal regulations require that, for certain DME services, physicians or certain authorized nonphysician practitioners must document a face-to-face meeting with the Medicaid-eligible beneficiary. See 42 CFR 440.70. Through the end of the FPHE, and as described in 42 CFR 440.70 (f) (6), any required face-to-face meeting may be delivered via telehealth (including telephone and live video) according to the standards in All Provider Bulletin 314.

This is consistent with Centers for Medicare & Medicaid Services (CMS) Interim Final Rules with Comment Period (CMS-1744-IFC (April 6, 2020) and CMS-5531-IFC (May 8, 2020) which provide that the face-to-face meeting requirement does not apply for DME for the duration of the COVID-19 emergency, except for power mobility devices (PMDs) with a statutory requirement for a face-to-face meeting. For those PMDs, a telehealth face-to-face meeting may satisfy the requirement. See CMS COVID-19 Frequently Asked Questions on Medicare Fee-for-Service Billing Question AA.

On May 12, 2023, consistent with 42 CFR 440.70, providers may use telehealth for face-to-face meetings. Providers must follow the federal DME Face-to-Face Requirements identified in 42 CFR 440.70 and maintain the required documentation in the member's record. See 130 CMR 409.430(C) and DME Bulletin 26. All documentation, recordkeeping, and other applicable provisions of 130 CMR 450.000 and 130 CMR 409.000 apply.

STATUS: MassHealth Durable Medical Equipment, Bulletin 32, Apr. 2023, (Accessed Apr. 2024).

Oxygen and Respiratory Therapy

Federal regulations require that, for certain oxygen services, physicians or certain authorized nonphysician practitioners, must document a face-to-face meeting with the Medicaid-eligible beneficiary. See 42 CFR 440.70. Through the end of the FPHE, and as described in 42 CFR 440.70(f)(6), any required face-to-face meetings may be delivered via telehealth (including telephone and live video) according to the standards in All Provider Bulletin 314.

This is consistent with Centers for Medicare & Medicaid Services (CMS) Interim Final Rules with Comment Period (CMS-1744-IFC (April 6, 2020) and CMS-5531-IFC (May 8, 2020), which provide that the face-to-face meeting requirement does not apply for oxygen and respiratory equipment for the duration of the COVID-19 emergency, except for power mobility devices (PMDs) with a statutory requirement for a face-to-face meeting. For those PMDs, a telehealth face-to-face meeting may satisfy the requirement. See the CMS COVID-19 Frequently Asked Questions on Medicare Fee-for-Service Billing.

On May 12, 2023, consistent with 42 CFR 440.70, providers may use telehealth for face-to-face meetings. Providers must follow the federal oxygen Face-to-Face Requirements identified in 42 CFR 440.70. Providers must also maintain the required documentation in the member's record. See Oxygen and Respiratory Therapy Equipment Provider Bulletin 17. All documentation, recordkeeping, and other applicable provisions of 130 CMR 450.000 and 130 CMR 427.000 apply.

STATUS: MassHealth Oxygen and Respiratory Therapy, Bulletin 26, Apr. 2023, (Accessed Apr. 2024).

Therapy

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).

Services must meet all requirements under the MassHealth Guidelines for Medical Necessity Determination for Speech and Language Therapy, Physical Therapy, and Occupational Therapy [MassHealth Guidelines for Medical Necessity Determination for Speech and Language Therapy].

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 [432.00 and 413.000] 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

STATUS: MassHealth Rehabilitation Center Bulletin 16, Apr. 2023; Therapist Bulletin 18, Apr. 2023; Speech and Hearing Center Bulletin 16, Apr. 2023, (Accessed Apr. 2024).

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

STATUS: MassHealth Therapist Bulletin 18, Apr. 2023; (Accessed Apr. 2024).

Community Behavioral Health Center

Adult and Youth Mobile Crisis intervention and maybe provided via telehealth.

SOURCE: MassHealth Commonwealth of Massachusetts MassHealth Provider Manual Series, Community Behavioral Health Center Manual, 1/1/23, (Accessed Apr. 2024).

Mobile Crisis Intervention: Services may be provided via telehealth.

SOURCE: MA Admin Code Sec. 352.02, (Accessed Apr. 2024).

Managed Care Entity and PACE Organizations

Some specialized community support program services are appropriate to deliver via telehealth. See bulletin.

SOURCE: MassHealth Managed Care Entity Bulletin 99, Mar. 2023, (Accessed Apr. 2024).

Continuous Skilled Nursing Agencies

If clinically appropriate, the 14-day RN supervisory visit may be performed using two-way audio-video telecommunications technology that allows for real-time interaction between the RN and the patient, and representative as needed. If a CSN agency determines that a member's clinical needs require in-person supervision, the RN supervisor must perform the supervisory visit in person and in the member's home. MassHealth will update the CSN agency provider regulations to reflect this clarification. The 60-day supervisory visits under 130 CMR 438.415(C)(5)(c) cannot be performed using telecommunications technology.

SOURCE: MassHealth Continuous Skilled Nursing Agencies Bulletin 15, Aug. 2023, (Accessed Apr. 2024).

The MassHealth agency pays for medically necessary doula services including perinatal visits and labor and delivery support provided in-person or via telehealth.

SOURCE: MA Admin Code Sec. 463.407, & Doula Services Manual, 12/8/23, (Accessed Apr. 2024).

Psychologists – Case Consultation

The MassHealth agency pays only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

The MassHealth agency pays for case consultation delivered in person or via telephonic or audio-visual methods only when written communication alone, and other non-reimbursable forms of communication, clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which both the provider and the other party are actively involved in treatment or management programs with the member (or family members) and where a lack of direct communication would impede a coordinated treatment program

SOURCE: MassHealth Psychologist Manual, Sec. 411.405, (1/1/23), (Accessed Apr. 2024).

Substance Use Disorder Treatment

Telehealth: Telehealth. Services including the prescribing of controlled substances must be in accordance with state and federal regulations.

Case Consultation: intervention, including scheduled audio-only telephonic, audio-video, or in-person meetings, for behavioral and medical management purposes on a member's behalf with agencies, employers, or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

The MassHealth agency will pay a provider only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

The MassHealth agency will pay for case consultation only when written communication, and other non-reimbursable forms of communication clearly, will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which the program and the other party are actively involved in the treatment or management programs with the member (or family members) and where a lack of face-to-face communication would impede a coordinated treatment program.

Staff Supervision Requirements.

- **Unlicensed or Not Independently Licensed Staff.** All professionals who are unlicensed, who are in a profession without licensure, or who are not independently licensed or certified as a peer supervisor must receive direct and continuous supervision. Direct and continuous supervision may be provided using telehealth technology.
- **Independently Licensed and Certified Peer Supervisor Staff.** All independently licensed professionals and certified peer supervisors must receive supervision in accordance with the relevant licensing requirements and program policy. Supervision may be provided using telehealth technology.

SOURCE: MassHealth Substance Use Disorder Treatment Manual, 418.412, (1/1/23), (Accessed Apr. 2024).

ELIGIBLE PROVIDERS

Coverage shall not be limited to services delivered by third-party providers.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

Distant site is the site where the practitioner providing the service is located at the time the service is provided via a telehealth system. All applicable licensure and programmatic requirements apply to the delivery of the service. While the distant site must be located in the United States or its territories, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth in this bulletin.

Consistent with All Provider Bulletin 355 and its predecessor bulletins, MassHealth will reimburse providers delivering any telehealth-eligible covered service via any telehealth modality at parity with its in-person counterpart as above. Likewise, an eligible distant-site provider delivering covered services via telehealth in accordance with this bulletin may bill MassHealth a facility claim if such a fee is allowed under the provider's governing regulations or contracts.

Providers must include the place of service (POS) code 02 when submitting a professional claim for telehealth provided in a setting other than in the patient's home. They must include POS code 10 when submitting a professional claim for telehealth provided in the patient's home. Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;

- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

Billing and Payment Rates for Services

Providers billing under an 837I/UB-04 form must include the modifier GT when submitting claims for services delivered via telehealth. Providers billing under an 837P/1500 form must include the place of service (POS) code 02 or 10 when submitting claims for services delivered via telehealth.

Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GQ to indicate services rendered via asynchronous telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications; and/or
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology.

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the applicable regulations.

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

Synchronous teledentistry code is listed in rule.

SOURCE: MA 101 CMR 314. 05. (Accessed Apr. 2024).

Home Health Agency

MassHealth home health agencies may deliver clinically appropriate, medically necessary MassHealth-covered home health services to MassHealth members via telehealth (including telephone and live video), in accordance with the standards in this bulletin and notwithstanding any regulation to the contrary, including physical presence requirements in 130 CMR 403.000: Home Health Agency. Home health agencies must follow all PA requirements under 130 CMR 403.410: Prior Authorization Requirements and must meet all requirements under the MassHealth Home Health Medical Necessity Guidelines.

SOURCE: MassHealth Home Health Agencies, Bulletin 87, Jul. 2023, (Accessed Apr. 2024).

Adult Foster Care

MassHealth AFC providers and GAFC providers may deliver clinically appropriate, medically necessary MassHealth-covered AFC/GAFC services to eligible MassHealth members via telehealth (including telephone or live video), in accordance with the standards in this bulletin and notwithstanding any regulation to the contrary, including physical presence requirements in regulation at 130 CMR 408.000.

STATUS: MassHealth Adult Foster Care, Bulletin 29, Apr. 2023, (Accessed Apr. 2024).

Clinical Social Worker

The licensed independent clinical social worker may provide therapy in any suitable location, such as an office, the member's place of residence, other facility, or by telehealth.

SOURCE: Commonwealth of Massachusetts MassHealth Provider Manual Series, Licensed Independent Clinical Social Worker Manual, 1/1/23, p. 4, (Accessed Apr. 2024).

ELIGIBLE SITES

Originating site is the location of the member at the time the service is being provided. While the originating site must be located in the United States or its territories, there are no additional geographic or facility restrictions on originating sites in this bulletin. A member may receive telehealth services while located within their own home, or any other appropriate site, provided that the provider complies with all applicable laws and regulations, including those related to privacy and data security.

Providers must include the place of service (POS) code 02 when submitting a professional claim for telehealth provided in a setting other than in the patient's home. They must include POS code 10 when submitting a professional claim for telehealth provided in the patient's home. Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

A health care provider shall not be required to document a barrier to an in-person visit nor shall the type of setting where telehealth services are provided be limited for health care services provided via telehealth; provided, however, that a patient may decline receiving services via telehealth in order to receive in-person services.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

Psychologists

The MassHealth agency pays for medically necessary services provided in any suitable location, such as the psychologist's office, the member's place of residence, other facility, or by telehealth.

SOURCE: MassHealth Psychologist Manual, Sec. 411.405, (1/1/23), (Accessed Apr. 2024).

GEOGRAPHIC LIMITS

Originating site is the location of the member at the time the service is being provided. While the originating site must be located in the United States or its territories, there are no additional geographic or facility restrictions on originating sites in this bulletin. A member may receive telehealth services while located within their own home, or any other appropriate site, provided that the provider complies with all applicable laws and regulations, including those related to privacy and data security.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

A health care provider shall not be required to document a barrier to an in-person visit nor shall the type of setting where telehealth services are provided be limited for health care services provided via telehealth.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

A health care provider shall not be required to document a barrier to an in-person visit nor shall the type of setting where telehealth services are provided be limited for health care services provided via telehealth; provided, however, that a patient may decline receiving services via telehealth in order to receive in-person services.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

FACILITY/TRANSMISSION FEE

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

STORE-AND-FORWARD

Last updated 04/15/2024

POLICY

Under this policy, MassHealth will continue to allow MassHealth-enrolled providers to deliver a broad range of MassHealth-covered services via telehealth. MassHealth will reimburse for such services at parity with their in-person counterparts, including services provided through live-video, audio-only, or asynchronous visits that otherwise meet billing criteria, including use of required modifiers. All providers delivering services via telehealth must comply with the policy detailed in this bulletin.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, a Managed Care Organization (MCO), an Accountable Care Partnership Plan (ACPP), or a Primary Care Accountable Care Organization (PCACO). Information about coverage through MassHealth Managed Care Entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be issued in a forthcoming MCE bulletin.

Providers must include the place of service (POS) code 02 when submitting a professional claim for telehealth provided in a setting other than in the patient's home. They must include POS code 10 when submitting a professional claim for telehealth provided in the patient's home. Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

Billing and Payment Rates for Services

Providers billing under an 837I/UB-04 form must include the modifier GT when submitting claims for services delivered via telehealth. Providers billing under an 837P/1500 form must include the place of service (POS) code 02 or 10 when submitting claims for services delivered via telehealth.

Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GQ to indicate services rendered via asynchronous telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications; and/or
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology.

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the

applicable regulations.

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

ELIGIBLE SERVICES/SPECIALTIES

As under All Provider Bulletin 355, Section B of this bulletin identifies specific categories of service that MassHealth has deemed inappropriate for delivery via any telehealth modality. Except for those services identified in Section B in this bulletin, and notwithstanding any regulation to the contrary, including the physical-presence requirement at 130 CMR 433.403(A)(2), a MassHealth enrolled provider may deliver medically necessary MassHealth-covered services on an outpatient basis to a MassHealth member via the telehealth modalities of audio-only, live video, and asynchronous visits, if:

- the provider has determined that it is clinically appropriate to deliver such service via telehealth, including the telehealth modality and technology employed, including obtaining member consent;
- such service is payable under that provider type;
- the provider satisfies all requirements set forth in this bulletin, including in Appendix A, and any applicable program-specific bulletin;
- the provider delivers those services in accordance with all applicable laws and regulations (including M.G.L c. 118E, § 79 and MassHealth program regulations); and
- the provider is appropriately licensed or credentialed to deliver those services.

MassHealth will continue to monitor telehealth's impacts on quality of care, cost of care, patient and provider experience, and health equity to inform the continued monitoring and iteration of its telehealth policy. Based on the results of this monitoring, and its analysis of relevant data and information, MassHealth may adjust its coverage policy, including by imposing limitations on the use of certain telehealth modalities for various covered services or provider types.

As under All Provider Bulletin 355, MassHealth has deemed these following categories of service ineligible for delivery via any telehealth modality.

- Ambulance Services

- Ambulatory Surgery Services
- Anesthesia Services
- Certified Registered Nurse
- Anesthetist Services
- Chiropractic Services
- Hearing Aid Services
- Inpatient Hospital Services¹
- Laboratory Services
- Nursing Facility Services
- Orthotic Services
- Personal Care Services
- Prosthetic Services
- Renal Dialysis Clinic Services
- Surgery Services
- Transportation Services
- X-Ray/Radiology Services

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

Asynchronous teledentistry is in a list of eligible service codes.

SOURCE: MA 101 CMR 314. 05. (Accessed Apr. 2024).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

REMOTE PATIENT MONITORING

Last updated 04/15/2024

POLICY

MassHealth expects to introduce coverage for remote patient monitoring for chronic disease management in the future. Subject to the availability of federal financial participation, MassHealth plans to publish transmittal letters that will include applicable service limitations and add appropriate codes to the relevant provider manuals.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

An allowable fee is listed for Remote Patient Monitoring Bundled Services. However, the manual notes that its used for COVID-19 remote patient monitoring bundled services provided through any appropriate technology or modality, including up to seven days of daily check-ins for evaluation and monitoring; multidisciplinary clinical team reviews of a member's status and needs; appropriate physician oversight; necessary care coordination; and provision of a thermometer and pulse oximeter for remote monitoring.

SOURCE: MA Regulations, Sec. 446.03, (Accessed Apr. 2024).

CONDITIONS

Medicine Coding Updates

Remote therapeutic monitoring

98975- Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

98976- Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

98977- Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled

(eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

98980- Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)

SOURCE: The Commonwealth of Massachusetts Executive Office of Health and Human Services Administrative Bulletin 22-09, (Jan. 2022), (Accessed Apr. 2024).

PROVIDER LIMITATIONS

No reference found.

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 04/15/2024

“Telehealth”, the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient’s physical health, oral health, mental health or substance use disorder condition.

The rate of payment for telehealth services provided via interactive audio-video technology and audio-only telephone may be greater than the rate of payment for the same service delivered by other telehealth modalities.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

Under this policy, MassHealth will continue to allow MassHealth-enrolled providers to deliver a broad range of MassHealth-covered services via telehealth. MassHealth will reimburse for such services at parity with their in-person counterparts, including

services provided through live-video, audio-only, or asynchronous visits that otherwise meet billing criteria, including use of required modifiers. All providers delivering services via telehealth must comply with the policy detailed in this bulletin.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, a Managed Care Organization (MCO), an Accountable Care Partnership Plan (ACPP), or a Primary Care Accountable Care Organization (PCACO). Information about coverage through MassHealth Managed Care Entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be issued in a forthcoming MCE bulletin.

As under All Provider Bulletin 355, Section B of this bulletin identifies specific categories of service that MassHealth has deemed inappropriate for delivery via any telehealth modality. Except for those services identified in Section B in this bulletin, and notwithstanding any regulation to the contrary, including the physical-presence requirement at 130 CMR 433.403(A)(2), a MassHealth enrolled provider may deliver medically necessary MassHealth-covered services on an outpatient basis to a MassHealth member via the telehealth modalities of audio-only, live video, and asynchronous visits, if:

- the provider has determined that it is clinically appropriate to deliver such service via telehealth, including the telehealth modality and technology employed, including obtaining member consent;
- such service is payable under that provider type;
- the provider satisfies all requirements set forth in this bulletin, including in Appendix A, and any applicable program-specific bulletin;
- the provider delivers those services in accordance with all applicable laws and regulations (including M.G.L c. 118E, § 79 and MassHealth program regulations); and
- the provider is appropriately licensed or credentialed to deliver those services.

MassHealth will continue to monitor telehealth's impacts on quality of care, cost of care, patient and provider experience, and health equity to inform the continued monitoring and iteration of its telehealth policy. Based on the results of this monitoring, and its analysis of relevant data and information, MassHealth may adjust its coverage policy, including by imposing limitations on the use of certain telehealth modalities for various covered services or provider types.

As under All Provider Bulletin 355, MassHealth has deemed these following categories of service ineligible for delivery via any telehealth modality.

- Ambulance Services
- Ambulatory Surgery Services
- Anesthesia Services
- Certified Registered Nurse
- Anesthetist Services
- Chiropractic Services
- Hearing Aid Services
- Inpatient Hospital Services
- Laboratory Services
- Nursing Facility Services
- Orthotic Services
- Personal Care Services
- Prosthetic Services
- Renal Dialysis Clinic Services
- Surgery Services
- Transportation Services
- X-Ray/Radiology Services

Providers must include the place of service (POS) code 02 when submitting a professional claim for telehealth provided in a setting other than in the patient's home. They must include POS code 10 when submitting a professional claim for telehealth provided in the patient's home. Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

Telehealth and Children's Behavioral Health Initiative (CBHI) Services

As under All Provider Bulletin 355, 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 by telephone or other telehealth modality. CBHI providers must use the regular CBHI codes, as well as the POS code and modifiers described above, as appropriate, when billing for CBHI services delivered via approved telehealth modalities.

Billing and Payment Rates for Services

Providers billing under an 837I/UB-04 form must include the modifier GT when submitting claims for services delivered via telehealth. Providers billing under an 837P/1500 form must include the place of service (POS) code 02 or 10 when submitting claims for services delivered via telehealth.

Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;

- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GQ to indicate services rendered via asynchronous telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications; and/or
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology.

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the applicable regulations.

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

Substance Use Disorder Treatment Code Revisions

Telephonic codes are listed in the Substance Use Disorder Treatment Manual (98966, 98967, 98968, 99441, 99442, 99443).

SOURCE: Mass Health Substance Use Disorder Treatment Manual, Service Codes and Descriptions, Transmittal Letter SUD-22, (Accessed Apr. 2024).

Home Health Agencies

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth home health services delivered through telehealth, as long as such services are medically necessary and clinically appropriate and comply with the guidelines established in 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.

Home health telehealth visits may be used for home health services that

- the member has provided consent for;
- are follow-up visits that do not require any hands-on care;
- pertain to any ongoing review of the member's assessment, including the member's 60-day recertification for home health services; or
- pertain to the discharge visit.

Follow-up visits do not include initial evaluations or certifications for home health services and may be conducted by telephone if appropriate, but live video is preferred. Home health telehealth visits may not be used for

- any service that requires hands-on care;
- any start of care (SOC) assessment visit; or
- any resumption of care visit.

SOURCE: MassHealth Home Health Agencies, Bulletin 87, Jul. 2023, (Accessed Apr. 2024).

Durable Medical Equipment

Federal regulations require that, for certain DME services, physicians or certain authorized nonphysician practitioners must document a face-to-face meeting with the Medicaid-eligible beneficiary. See 42 CFR 440.70. Through the end of the FPHE, and as described in 42 CFR 440.70 (f) (6), any required face-to-face meeting may be delivered via telehealth (including telephone and live video) according to the standards in All Provider Bulletin 314.

This is consistent with Centers for Medicare & Medicaid Services (CMS) Interim Final Rules with Comment Period (CMS-1744-IFC (April 6, 2020) and CMS-5531-IFC (May 8, 2020) which provide that the face-to-face meeting requirement does not apply for DME for the duration of the COVID-19 emergency, except for power mobility devices (PMDs) with a statutory requirement for a face-to-face meeting. For those PMDs, a telehealth face-to-face meeting may satisfy the requirement. See CMS COVID-19 Frequently Asked Questions on Medicare Fee-for-Service Billing Question AA.

On May 12, 2023, consistent with 42 CFR 440.70, providers may use telehealth for face-to-face meetings. Providers must follow the federal DME Face-to-Face Requirements identified in 42 CFR 440.70 and maintain the required documentation in the member's record. See 130 CMR 409.430(C) and DME Bulletin 26. All documentation, recordkeeping, and other applicable provisions of 130 CMR 450.000 and 130 CMR 409.000 apply.

STATUS: MassHealth Durable Medical Equipment, Bulletin 32, Apr. 2023, (Accessed Apr. 2024).

Oxygen and Respiratory Therapy

Federal regulations require that, for certain oxygen services, physicians or certain authorized nonphysician practitioners, must document a face-to-face meeting with the Medicaid-eligible beneficiary. See 42 CFR 440.70. Through the end of the FPHE, and as described in 42 CFR 440.70(f)(6), any required face-to-face meetings may be delivered via

telehealth (including telephone and live video) according to the standards in All Provider Bulletin 314.

This is consistent with Centers for Medicare & Medicaid Services (CMS) Interim Final Rules with Comment Period (CMS-1744-IFC (April 6, 2020) and CMS-5531-IFC (May 8, 2020), which provide that the face-to-face meeting requirement does not apply for oxygen and respiratory equipment for the duration of the COVID-19 emergency, except for power mobility devices (PMDs) with a statutory requirement for a face-to-face meeting. For those PMDs, a telehealth face-to-face meeting may satisfy the requirement. See the CMS COVID-19 Frequently Asked Questions on Medicare Fee-for-Service Billing.

On May 12, 2023, consistent with 42 CFR 440.70, providers may use telehealth for face-to-face meetings. Providers must follow the federal oxygen Face-to-Face Requirements identified in 42 CFR 440.70. Providers must also maintain the required documentation in the member's record. See Oxygen and Respiratory Therapy Equipment Provider Bulletin 17. All documentation, recordkeeping, and other applicable provisions of 130 CMR 450.000 and 130 CMR 427.000 apply.

STATUS: MassHealth Oxygen and Respiratory Therapy, Bulletin 26, Apr. 2023, (Accessed Apr. 2024).

Therapy

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.

STATUS: MassHealth Rehabilitation Center Bulletin 16, Apr. 2023; Speech and Hearing Center Bulletin 16, Apr. 2023, (Accessed Apr. 2024).

Mental Health Centers

Case Consultation: intervention, including scheduled audio-only telephonic, audio-video, or in person meetings, for behavioral and medical management purposes on a member's behalf with agencies, employers, or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

The MassHealth agency pays only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

Crisis Intervention Services: Each center must provide clinic coverage to respond to members experiencing a crisis 24 hours per day, seven days per week. ... After hours crisis intervention services must include live telephonic access to qualified professionals and, if indicated, triage in real-time to an appropriate provider to determine whether a higher level of care and/or additional diversionary services are necessary. A pre-recorded message will not fulfill the requirement for access to a qualified professional.

SOURCE: MassHealth Mental Health Center Manual, Ch. 6, 1/1/23, (Accessed Apr. 2024).

Psychologists – Case Consultation

The MassHealth agency pays only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

The MassHealth agency pays for case consultation delivered in person or via telephonic or audio-visual methods only when written communication alone, and other non-reimbursable forms of communication, clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which both the provider and the other party are actively involved in treatment or management programs with the member (or family members) and where a lack of direct communication would impede a coordinated treatment program

SOURCE: MassHealth Psychologist Manual, Sec. 411.405, (1/1/23), (Accessed Apr. 2024).

Substance Use Disorder Treatment

Case Consultation: intervention, including scheduled audio-only telephonic, audio-video, or in-person meetings, for behavioral and medical management purposes on a member's behalf with agencies, employers, or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

The MassHealth agency will pay a provider only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

SOURCE: MassHealth Substance Use Disorder Treatment Manual, 418.412, (1/1/23), (Accessed Apr. 2024).

Physician

Case Consultation: The MassHealth agency pays for case consultation only when telephone contact, written communication, and other non-reimbursable forms of communication clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which both the physician or PCNS and the other party are actively involved in treatment or management programs with the member (or family members) and where a lack of face to face communication would impede a coordinated treatment program.

Psychotherapy for Crisis Services: This service is limited to face-to-face contacts with the member; psychotherapy for crisis service via telephone contact is not a reimbursable service.

After-Hours Telephone Service. The physician or PCNS must provide telephone coverage during the hours when the physician or PCNS is unavailable, for members who are in a crisis state.

SOURCE: MassHealth Physician Manual, 433.429, (7/7/23), (Accessed Apr. 2024).

Acute Outpatient Hospital

The MassHealth agency will pay for case consultation only when telephone contact, written communication, and other non-reimbursable forms of communication clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which both the hospital outpatient department and the other party are actively involved in treatment or management programs with the member (or family members) and where a lack of face-to-face communication would impede a coordinated treatment program.

SOURCE: MassHealth Acute Outpatient Hospital Manual, 410.479, (7/7/23), (Accessed Apr. 2024).

Chronic Disease and Rehabilitation Inpatient Hospital

Screening Program for Chronic-Disease and Rehabilitation Hospitals – To initiate admission or conversion screening, the hospital must telephone the MassHealth agency or its agent prior to the proposed admission or anticipated conversion and must:

- describe the medical condition that necessitates a chronic-disease or rehabilitation hospital admission or continued stay; and
- state the anticipated length of stay

Discharge – The hospital must have written procedures for arranging posthospital services for members. At a minimum, these procedures must include frequent,

systematic contacts (usually three times weekly) by telephone or in person to all nursing facilities and community-service providers within a 25-mile minimum radius of the hospital.

SOURCE: MassHealth Chronic Disease Rehabilitation Inpatient Manual, 435.408, 435.417, (4/17/15), (Accessed Apr. 2024).

Acute Inpatient Hospital

Discharge – Whenever possible, the discharge-planning staff or primary-care team must contact the member's family to encourage its involvement in planning the member's discharge. To this end, family members must be informed of the discharge options and community resources available to the member and provided with lists of nursing facilities and community resources in the area. When possible, these meetings or telephone consultations with the family must be held once every two weeks until the member is discharged. The dates of these meetings and other contacts with family, matters discussed, problems identified, and agreements reached must be entered on the member's discharge-planning record.

SOURCE: MassHealth Acute Inpatient Hospital Manual, 415.419, (1/2/15), (Accessed Apr. 2024).

Chronic Disease and Rehabilitation Hospital

Noncovered Services

- telephone conversations and consultations;

Source: Mass Health Chronic Disease and Rehabilitation Outpatient Hospital Manual, Regs. 410.472, (1/24/22), (Accessed Apr. 2024).

Podiatry

Noncovered Services

- telephone consultations;

Source: MassHealth Podiatrist Manual, Regs. 424.405, 8/12/16), (Accessed Apr. 2024).

Psychiatric Outpatient Hospital

Nonreimbursable Services

- telephone conversations and telephone consultations;

SOURCE: MassHealth Psychiatric Outpatient Hospital Manual, Reg. 434.406, (12/26/08), (Accessed Apr. 2024).

Telephone contacts are listed as a noncovered service in multiple manuals.

CONSENT REQUIREMENTS

Last updated 04/15/2024

Under this telehealth policy, providers must always obtain the member's consent to receive services via telehealth. This ensures that members will have the choice to decide between receiving services in-person or via telehealth. Under M.G.L c. 118E, § 79(d), MassHealth members have a choice to decline to receive services via telehealth in order to receive such services in person. The availability of telehealth modalities does not mitigate the provider responsibility to accommodate member choice for in-person services (i.e., this language does not affect network adequacy standards for managed care plans).

Providers must adhere to the following best practices when delivering services via telehealth. Providers are encouraged to have documented policies and procedures that incorporate these best practices. ...

- Providers must follow consent and patient information protocol consistent with those followed during in-person visits.
- Providers must obtain the member's consent to receive services via telehealth and inform the member (a) of any relevant privacy considerations, and (b) that the member may revoke their consent to receive services via telehealth at any time.
- 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).
- 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.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

Health care services provided via telehealth shall conform to the standards of care applicable to the telehealth provider's profession and specialty. Such services shall conform to applicable federal and state health information privacy and security standards, as well as standards for informed consent.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

Home Health Agency

Providers must obtain verbal consent from a member, and the member's caregiver/legal guardian if applicable, before beginning home health services via telehealth. Providers

must also document the consent in the member's record. In obtaining the member's consent, MassHealth home health agencies must provide the member with a statement explaining

- what a telehealth visit involves;
- what is expected from the member, as well as the home health provider;
- any relevant privacy considerations; and
- that the member may revoke, at any time, their consent for the rendering of services via telehealth.

SOURCE: MassHealth Home Health Agencies, Bulletin 87, Jul. 2023, (Accessed Apr. 2024).

Adult Foster Care

Providers must get verbal consent from a member, and the member's caregiver/legal guardian if applicable, before beginning AFC/GAFC services via telehealth. Providers must also document the consent in the member's record.

In obtaining the member's consent, providers must provide the member with a statement explaining

- what telehealth involves;
- what is expected from the member, as well as the AFC/GAFC provider;
- any relevant privacy considerations; and
- that the member may revoke, at any time, their consent to receive services via telehealth.

STATUS: MassHealth Adult Foster Care, Bulletin 29, Apr. 2023, (Accessed Apr. 2024).

Therapy

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.

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.

STATUS: MassHealth Rehabilitation Center Bulletin 16, Apr. 2023; Therapist Bulletin 18, Apr. 2023; Speech and Hearing Center Bulletin 16, Apr. 2023, (Accessed Apr. 2024).

OUT OF STATE PROVIDERS

Last updated 04/15/2024

No Reference Found

MISCELLANEOUS

Last updated 04/15/2024

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

- Providers must comply with all applicable state and federal statutes and regulations governing medication management and prescribing services when delivering these services via telehealth.
- 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.

Providers must adhere to the following best practices when delivering services via telehealth. Providers are encouraged to have documented policies and procedures that incorporate these best practices.

- Providers must properly identify the patient using, at a minimum, the patient's name, date of birth, and MassHealth ID.
- 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.
- 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.
- 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.

- Before 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.
- To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services.
- Providers must follow consent and patient information protocol consistent with those followed during in-person visits.
- Providers must obtain the member's consent to receive services via telehealth and inform the member (a) of any relevant privacy considerations, and (b) that the member may revoke their consent to receive services via telehealth at any time.
- 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).
- 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 Recordkeeping

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.

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

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

Telehealth. Services including the prescribing of controlled substances must be in accordance with state and federal regulations.

SOURCE: MA Regulations Sec. 418.412, (Accessed Apr. 2024).

Medicaid contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to

a Medicaid managed care organization or primary care clinician shall not meet network adequacy through significant reliance on telehealth providers and shall not be considered an adequate network if patients are not able to access appropriate in-person services in a timely manner upon request.

SOURCE: Massachusetts General Laws, Part I, Title XVII, Ch. 118E, Sec. 79. (Accessed Apr. 2024).

Behavioral Health Services

A provider may prescribe Schedule II controlled substances via telehealth only after conducting an initial in-person examination of the patient. Ongoing in-person examinations are required every three months for the duration of the prescription.

SOURCE: MassHealth All Provider Bulletin 281, p. 2, Jan. 2019. (Accessed Apr. 2024).

Home Health Agency

See bulletin for documentation requirements.

SOURCE: MassHealth Home Health Agencies, Bulletin 87, Jul. 2023, (Accessed Apr. 2024).

Adult Foster Care

See bulletin for documentation requirements.

STATUS: MassHealth Adult Foster Care, Bulletin 29, Apr. 2023, (Accessed Apr. 2024).

Therapy

See bulletin for documentation requirements.

STATUS: MassHealth Rehabilitation Center Bulletin 16, Apr. 2023; Therapist Bulletin 18, Apr. 2023; Speech and Hearing Center Bulletin 16, Apr. 2023, (Accessed Apr. 2024).

Professional Requirements

DEFINITIONS

Last updated 04/15/2024

“Telehealth” shall mean the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews, for the purpose of evaluating,

diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

SOURCE: MA General Laws, Part 1, Title XVI, Ch. 112, Sec. 50 . (Accessed Apr. 2024).

Telemedicine means the provision of services to a patient by a physician from a distance by electronic communication in order to improve patient care, treatment or services.

SOURCE: 243 CMR 2.01. (Accessed Apr. 2024).

CONSENT REQUIREMENTS

Last updated 04/15/2024

No Reference Found

ONLINE PRESCRIBING

Last updated 04/15/2024

The practice of medicine shall not require a face-to-face encounter between the physician and the patient prior to health care delivery via telemedicine. The standard of care applicable to the physician is the same whether the patient is seen in-person or through telemedicine.

SOURCE: "Policy on Telemedicine," Board of Registration in Medicine. Oct. 6, 2022. (Accessed Apr. 2024).

To be valid, a prescription must be issued in the usual course of the physician's professional practice, and within a physician-patient relationship that is for the purpose of maintaining the patient's well-being. In addition, the physician must conform to certain minimum standards of patient care, such as taking an adequate medical history, doing a physical and/or mental status examination and document the findings. This rule applies to any prescription, issued by any means, including the Internet or other electronic process.

SOURCE: "Internet Prescribing," MA Board of Registration in Medicine. Dec. 17, 2003 & Prescribing Practices Policy and Guidelines Policy 15-05 (Adopted Oct. 8, 2015), (Amended June 15, 2023). (Accessed Apr. 2024).

Cannabis Control Commission

Clinical Visit means an in-person or telehealth visit during which a Certifying Healthcare Provider establishes a Bona Fide Healthcare Provider Patient Relationship and conducts a full assessment of the Patient's medical history and current medical condition,

including the Debilitating Medical Condition, and explains the potential benefits and risks of Marijuana use. A Clinical Visit for an initial Certificate of Registration shall be performed in-person.

SOURCE: MA Regulations, Cannabis Control Commission, Ch. 935 CMR 501.002. (Accessed Apr. 2024).

CROSS-STATE LICENSING

Last updated 04/15/2024

Does Massachusetts have a special license for telemedicine? No, you must apply for a full license.

SOURCE: Board of Registration in Medicine, General Physician Licensing Questions, (Accessed Apr. 2024).

“The Board deems a physician to be practicing medicine in Massachusetts when the patient is physically located in Massachusetts. A physician licensed by the Board whose license does not restrict practice to a particular location may engage in the practice of medicine with respect to patients in Massachusetts irrespective of whether the physician is physically located in Massachusetts. A physician licensed by the board whose license does restrict practice to a particular location may engage in the practice of medicine with respect to patients in Massachusetts only from the location identified on his or her license.”

SOURCE: Commonwealth of Massachusetts Board of Registration in Medicine, (Oct. 6, 2022). (Accessed Apr. 2024).

LICENSURE COMPACTS

Last updated 04/15/2024

No Reference Found

PROFESSIONAL BOARDS STANDARDS

Last updated 04/15/2024

Board of Medicine (contains telemedicine definition)

SOURCE: 243 CMR 2.01. (Accessed Apr. 2024).

MISCELLANEOUS

Last updated 04/15/2024

The board shall allow a physician licensed by the board to obtain proxy credentialing and privileging for telehealth services with other health care providers, as defined in Section 1 of chapter 111, or facilities that comply with the federal Centers for Medicare and Medicaid Services' conditions of participation for telehealth services. Applicable providers in Section 1, Chapter 111 include:

- any doctor of medicine, osteopathy, or dental science
- registered nurse
- registered pharmacist
- social worker
- doctor of chiropractic
- psychologist

SOURCE: Massachusetts General Laws Part I, Title XVI, Ch. 112, Sec. 50 & Title XVI, Chapter 111, Section 1, Massachusetts General Laws (Accessed Apr. 2024).

Involuntary Commitment

The requirement for examination may be satisfied through utilization of telemedicine or other technology pursuant to protocols approved by the Department. See regulation for details.

SOURCE: 104 Code of Massachusetts Regulations (CMR) 27, (Accessed Apr. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 04/15/2024

Home Visit — a face to face meeting between a member and a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, or registered nurse in the member's residence for examination, diagnosis, or treatment.

Hospital Visit — a face to face meeting between a member and a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, or registered nurse when the member has been admitted to a hospital by a physician on the CHC's staff.

Individual Medical Visit —a face to face meeting at the CHC between a member and a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, or registered nurse for medical examination, diagnosis, or treatment.

Individual Mental Health Visit — a face-to-face meeting at the CHC between a patient and either a psychiatrist or an advanced practice registered nurse (APRN) with a graduate degree and advanced training in psychiatric care (a psychiatric clinical nurse specialist or a psychiatric mental health nurse practitioner) within the community health center setting, for purposes of examination, diagnosis, or treatment.

SOURCE: MA 130 CMR 405.402, (Accessed Apr. 2024).

MODALITIES ALLOWED

Last updated 04/15/2024

Live Video

Community Health Centers, Community Mental Health Centers, and Outpatient Substance Use Disorder providers (provider types 20, 26 and 28) may deliver the following covered services via telehealth:

- All services specified in 101 CMR 306.00 et seq.; and
- The outpatient services specified in the following categories:
 - Opioid Treatment Services: Counseling;
 - Ambulatory Services: Outpatient Counseling; Clinical Case Management; and
 - Services for Pregnant/Postpartum Clients: Outpatient Services

SOURCE: MassHealth All Provider Bulletin 281, p. 1, Jan. 2019. (Accessed Apr. 2024).

MassHealth lists specific codes that may be used by community health centers for services delivered through telehealth. See Transmittal Letter for details.

SOURCE: MassHealth, Community Health Center Manual, Service Codes and Descriptions, 1/1/23, (Access Apr. 2024).

According to statute, there is no restrictions on distant sites, and live video is covered.

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;

- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

Billing and Payment Rates for Services

Providers billing under an 837I/UB-04 form must include the modifier GT when submitting claims for services delivered via telehealth. Providers billing under an 837P/1500 form must include the place of service (POS) code 02 or 10 when submitting claims for services delivered via telehealth.

Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GQ to indicate services rendered via asynchronous telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications; and/or
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology.

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the applicable regulations.

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

See: MA Medicaid Live Video.

Store and Forward

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

Billing and Payment Rates for Services

Providers billing under an 837I/UB-04 form must include the modifier GT when submitting claims for services delivered via telehealth. Providers billing under an 837P/1500 form must include the place of service (POS) code 02 or 10 when submitting claims for services delivered via telehealth.

Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GQ to indicate services rendered via asynchronous telehealth;

- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications; and/or
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology.

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the applicable regulations.

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

According to teledentistry and the GQ modifier are covered for store-and-forward. However, CCHP has not found an explicit reference to whether or not FQHCs/CHCs are eligible for reimbursement for store-and-forward.

See: MA Medicaid Store and Forward.

Remote Patient Monitoring

Although MassHealth reimburses some select RTM codes, there is no explicit indications to whether or not FQHCs are eligible to be reimbursed those codes.

See: MA Medicaid Remote Patient Monitoring.

Audio-Only

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;

- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

Billing and Payment Rates for Services

Providers billing under an 837I/UB-04 form must include the modifier GT when submitting claims for services delivered via telehealth. Providers billing under an 837P/1500 form must include the place of service (POS) code 02 or 10 when submitting claims for services delivered via telehealth.

Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GQ to indicate services rendered via asynchronous telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications; and/or
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology.

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the applicable regulations.

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

While telephonic delivery of children's behavioral health initiative services is allowed in some situations, and MA statute indicates reimbursement for audio-only telephone, CCHP has not found an explicit indication that FQHCs/CHCs can be reimbursed for the audio-only modality.

See: MA Medicaid Email, Phone and Fax.

SAME DAY ENCOUNTERS

Last updated 04/15/2024

The CHC may bill for a visit, a treatment, or a procedure, but may not bill for more than one of these services provided to the same member on the same date when the services are performed in the same location. This limitation does not apply to tobacco cessation counseling services provided by a physician or other qualified staff member under the supervision of a physician on the same day as a visit. See regulations for additional instructions for specific types of services (such as obstetrics, acupuncture, audiology, etc.)

SOURCE: MA 130 CMR 405.421, (Accessed Apr. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 04/15/2024

No reference found.

See: MA Medicaid Live Video Eligible Sites.

ELIGIBLE DISTANT SITE

Last updated 04/15/2024

MassHealth lists specific codes that may be used by community health centers for services delivered through telehealth.

SOURCE: MassHealth, Community Health Center Manual, Service Codes and Descriptions, 1/1/23, (Accessed Apr. 2024).

Additionally, for any institutional claim, providers are allowed to use the following modifiers:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;

- modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
- modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Effective August 31, 2023, modifier V3, which was previously used to indicate services rendered via audio-only telehealth, will no longer be available. Providers must use modifier 93 in its place.

Billing and Payment Rates for Services

Providers billing under an 837I/UB-04 form must include the modifier GT when submitting claims for services delivered via telehealth. Providers billing under an 837P/1500 form must include the place of service (POS) code 02 or 10 when submitting claims for services delivered via telehealth.

Additionally, for any such professional claim, providers must include:

- modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;
- modifier 93 to indicate services rendered via audio-only telehealth;
- modifier GQ to indicate services rendered via asynchronous telehealth;
- modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications; and/or
- modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology.

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the applicable regulations.

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

See: MA Medicaid Live Video Distant Site

FACILITY FEE

Last updated 04/15/2024

Providers may not bill MassHealth a facility claim for originating sites.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

See: MA Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 04/15/2024

Rates of payment for services delivered via telehealth will be the same as the rates of payment for services delivered via traditional (i.e., in-person) methods as set forth in the applicable regulations.

SOURCE: MassHealth All Provider Bulletin 379, Oct. 2023. (Accessed Apr. 2024).

HOME ELIGIBLE

Last updated 04/15/2024

A home visit must be used to deliver episodic care in the member's home when a health practitioner has determined that it is not advisable for the member to visit the CHC. The medical record must document the reasons for a home visit. A house-bound member with chronic medical and nursing care needs must be referred to a Medicare-certified home health agency.

SOURCE: MA 130 CMR 405.421, (Accessed Apr. 2024).

A CHC must provide on site the medical services specified in 130 CMR 405.408. It is not necessary that all of these services be available during all hours of the CHC's operation, but all must be available to members on a regularly scheduled basis with sufficient frequency to ensure access to care and continuity of care. If the CHC does not serve patients of a particular age group, upon the prior written approval of the MassHealth agency, the CHC will not be required to provide pediatric or obstetrical/gynecological services or both (see 130 CMR 405.408(A) and (C)).

...

All of the services listed in 130 CMR 405.409 must be provided on site or, alternatively, through a referral network. For the purpose of 130 CMR 405.409, a service furnished by a practitioner other than an employee or contractor of the CHC for which the practitioner, rather than the CHC, claims payment is not considered to be "on site," even if the service is provided on CHC premises. With the exception of audiology, electrocardiogram, laboratory, and radiology services, the CHC must notify the MassHealth agency, in writing, of each service listed in 130 CMR 405.409(A) through (N) that the CHC will provide

on site. All services provided on site must be furnished by practitioners qualified to provide the service that are employees or contractors of the CHC. With the exceptions of audiology, electrocardiogram, laboratory, and radiology services provided on site (for which such services must be furnished and payment claimed by the CHC in accordance with applicable provisions set forth in 130 CMR 405.000 and Subchapter 6 of the Community Health Center Manual), all services set forth below that are provided on site must be furnished, and associated payment claimed by the CHC, in compliance with the applicable MassHealth regulations and subchapter 6 for each such service, including applicable fee schedules. See regulations for referral requirements.

SOURCE: MA 130 CMR 405.408 & 405.409, (Accessed Apr. 2024).

PATIENT-PROVIDER RELATIONSHIP

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No reference found