



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

MassHealth
All Provider Bulletin 291
March 2020

TO: All Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director

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

Background

Following the declaration of a state of emergency in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth published [All Provider Bulletin 289](#), introducing flexibilities for MassHealth coverage and billing necessitated by the COVID-19 outbreak.

This bulletin supplements and, when specifically noted, modifies [All Provider Bulletin 289](#) by providing additional flexibilities for coverage and billing related to COVID-19. Unless specifically noted in this bulletin, providers should comply in all respects with [All Provider Bulletin 289](#), which remains in full force and effect.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care ACO. Information about coverage through MassHealth Managed Care Entities is included in *MCE Bulletins 21* and *22*.

Program of All-Inclusive Care for the Elderly (PACE) organizations should follow the guidance set forth in this bulletin and in *MCE Bulletins 21* and *22* when delivering services to MassHealth members.

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

As with [All Provider Bulletin 289](#), this bulletin, and the flexibilities described herein, shall remain effective for the duration of the state of emergency declared via [Executive Order No. 591](#). Upon the expiration of that state of emergency, MassHealth will evaluate the continued need for each of the flexibilities that follow, and make appropriate adjustments, as necessary.

Eligibility

In order to enhance access to health care services during the COVID-19 outbreak, MassHealth is further expanding its Hospital-Determined Presumptive Eligibility (HPE) process to allow qualified hospitals to render HPE determinations for all individuals previously ineligible for HPE because they had received MassHealth benefits via HPE within the previous 12 months or had been enrolled in MassHealth Standard, MassHealth CommonHealth, MassHealth CarePlus, or MassHealth Family Assistance within the previous 12 months. This is an expansion of the policy announced in *All Provider Bulletins 288 and 289*, which allowed hospitals to render HPE determinations for previously ineligible individuals only if those individuals have a diagnosis or presumptive diagnosis of COVID-19. Additional detail regarding this policy is available in *All Provider Bulletin 290*. Additional detail regarding MassHealth eligibility initiatives related to COVID-19 will appear in a forthcoming Eligibility Operations Memo.

Billing for Covered Services Delivered via Telehealth

Notwithstanding the statement to the contrary in *Appendix A to All Provider Bulletin 289*, an eligible distant site provider rendering covered services via telehealth in accordance with *All Provider Bulletin 289* may bill MassHealth a facility fee if such a fee is permitted under such provider's governing regulations or contracts. For ease of reference, MassHealth has attached to this bulletin an amended Appendix A. Providers rendering services via telehealth must continue to comply in all other respects with the telehealth-related section of *All Provider Bulletin 289*.

Telehealth and the Prescription of Controlled Substances

As described in [All Provider Bulletin 289](#), MassHealth and MassHealth managed care entities permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video) in accordance with the standards set forth in Amended Appendix A. Pursuant to paragraph 1 of the "Additional Requirements for Prescribing" section of Amended Appendix A, providers who prescribe controlled substances through telehealth modalities should review the Department of Public Health's "[Alert Regarding Use of Telemedicine during Public Health Emergency-COVID-19](#)" and [guidance](#) from the Drug Enforcement Agency (DEA) concerning requirements for prescribing controlled substances via telehealth without an in-person visit, in addition to all other applicable state and federal statutes, regulations, and subregulatory guidance.

Billing for COVID-19 Diagnostic Laboratory Services

MassHealth-enrolled clinical laboratories and health care facilities should bill MassHealth for medically necessary, clinically appropriate COVID-19 lab tests using CPT code 87635, which describes infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique. Providers will be able to bill MassHealth for this code beginning April 1, 2020, for dates of service on or after March 12, 2020. MassHealth will issue transmittal letters that formally add this code to the relevant provider manuals. MassHealth intends to pay a rate equal to the Medicare rate for this code.

This is a limited modification of *All Provider Bulletin 289*, which directed providers to use a HCPCS code for medically necessary, clinically appropriate COVID-19 lab tests. Aside from this limited modification, providers must continue to comply with all other requirements set forth in the "Billing for COVID-19 Diagnostic Laboratory Services" section of *All Provider Bulletin 289*.

MassHealth
All Provider Bulletin 291
March 2020
Page 3 of 6

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

Pharmacy

As described in greater detail in *Pharmacy Facts Number 142*, MassHealth is expanding the drug classes for which up to a 90-day supply may be dispensed. Specifically, and notwithstanding the requirements of 130 CMR 406.411(D)(1): Days' Supply Limitation, pharmacies may dispense up to a 90-day supply of behavioral health medications and schedule IV benzodiazepines and hypnotics in quantities up to a 90 day supply, if requested by a MassHealth member or that member's prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled. If, based on a pharmacist's professional judgement, a pharmacy believes that dispensing up to a 90-day supply of any drug not generally subject to this policy would be in the best interest of a MassHealth member, it may call the MassHealth Drug Utilization Review (DUR) program at (800) 745-7318 to request an override.

Furthermore, pharmacies should take all necessary steps to allow patients to maintain proper social distancing and minimize contact with objects touched by other individuals. In particular, and notwithstanding any MassHealth or MassHealth managed care entity requirements to the contrary, pharmacies may not require a signature from a MassHealth member upon prescription drug pickup or delivery. In addition, pharmacies are encouraged and allowed to provide prescription drugs to MassHealth members via curbside pickup, courier home delivery, or delivery by mail or other similar parcel delivery.

Additionally, MassHealth is working to identify and extend prior authorizations (PA) for drugs that are due to expire in the coming weeks. MassHealth anticipates that these existing prior authorizations will be extended for another 60 days from the date of expiration. MassHealth is also removing PA requirements for certain drugs, allowing for emergency overrides if a claim is rejected for lack of PA, allowing for clozapine refills if current lab results cannot be obtained, and removing the requirement to use brand name ProAir when dispensing an albuterol inhaler.

Finally, as described in greater detail in *Pharmacy Facts Number 143*, MassHealth is adopting new policies concerning the prescribing and dispensing of chloroquine and hydroxychloroquine. Pharmacy claims for chloroquine and hydroxychloroquine should process without a new prior authorization for individuals with existing prescriptions for lupus, malaria, or rheumatic conditions. If a rejection is encountered, please contact the Drug Utilization Review (DUR) program at 1-800-745-7318 for further information. Consistent with *All Provider Bulletin 289*, in such circumstances pharmacies may dispense up to a 90-day supply if requested by a MassHealth member, or a prescriber, as long as sufficient quantity remains on the prescription to support the quantity being filled.

Individuals who have or are suspected to have COVID-19 or who have new prescriptions for lupus, malaria, or rheumatic conditions must go through a prior authorization process before chloroquine and hydroxychloroquine can be dispensed. If a MassHealth member is approved for a diagnosis of COVID-19, pharmacies must dispense up to a 14-day supply. If a MassHealth member is approved for other diagnoses, pharmacies may dispense up to a 90-day supply if requested by the MassHealth

member or a prescriber, as long as sufficient quantity remains on the prescription to support the quantity being filled.

Prescribers may submit for prior authorization for chloroquine and hydroxychloroquine using the General Drug Prior Authorization Request form.

Flexibility to Allow Opioid Treatment Programs and Acute Treatment Service Programs to Utilize Pharmacists to Dispense Certain Medication-Assisted Treatment

In accordance with the March 18, 2020 [Order of the Commissioner of Public Health Regarding the Treatment of Certain Medications for the Treatment of Opioid Use Disorder](#) (Order), and notwithstanding any MassHealth requirement to the contrary, including 130 CMR 418.405(A)(1)(a), MassHealth will allow reimbursement for appropriately licensed opioid treatment programs and acute treatment service providers who utilize pharmacists and pharmacy interns licensed by the Massachusetts Board of Registration in Pharmacy and in good standing to administer buprenorphine and methadone for the treatment of opioid use disorder in connection with the provision of covered services. Opioid treatment programs and acute treatment service providers utilizing pharmacists and pharmacy interns to administer those medications must comply in all respects with the Order and all other applicable laws, regulations, and subregulatory guidance.

Emergency Services Program (ESP) and Mobile Crisis Intervention (MCI) Services

It is critical that MassHealth members continue to have access to behavioral health crisis assessment, intervention, and stabilization in acute outpatient hospital (AOH) emergency departments (EDs) and in the community during the COVID-19 emergency. To the fullest extent possible, Emergency Service Program (ESP) and Mobile Crisis Intervention (MCI) providers should continue to ensure that services are delivered primarily in community settings and not in EDs.

When a member presents to an ED with a behavioral health crisis, AOHs should contact the local ESP/MCI provider to deliver ESP/MCI services in the ED in accordance with current practice specifications. There may be circumstances when the ESP/MCI providers may be unable to respond to MassHealth members in AOH EDs due to the COVID-19 emergency (e.g., limitations in ESP/MCI staffing or because AOH EDs are limiting access for purposes of infection control). Where ESP/MCI providers cannot respond to MassHealth members in the ED in person, ESP/MCI providers should provide ESP/MCI services using telehealth modalities in accordance with MassHealth All Provider Bulletin 289.

To the extent that ESP/MCI providers cannot respond to MassHealth members in the ED either in person or using telehealth modalities, to ensure that members continue to have access to these services, AOHs with the capacity to have a qualified behavioral health professional (master or doctoral level behavioral health clinician, psychiatric nurse practitioner, psychiatric clinical nurse specialist, or psychiatrist) provide behavioral health crisis assessment, intervention, and stabilization may provide these services in lieu of an ESP/MCI provider. Children and adolescents should be evaluated by a child-trained qualified behavioral health professional. If a child-trained clinician is unavailable, an adult-trained clinician should perform the evaluation with consultation or supervision from a child-trained clinician wherever possible. Such consultation or supervision may be conducted using telehealth modalities.

MassHealth
All Provider Bulletin 291
March 2020
Page 5 of 6

The AOH is responsible for the member's treatment planning and follow-up clinical care, inclusive of bed finding for 24-hour levels of care. AOHs must also verify member MassHealth eligibility and complete any required managed care service authorization procedures.

The ESP/MCI providers continue to be responsible for community-based follow up as required by their contract, with the added flexibility of the telehealth modalities (including telephone) found in All Provider Bulletin 289. If a youth is discharged to follow-up care, the Emergency Department must contact the local MCI provider to ensure community-based stabilization can be provided.

AOHs rendering these behavioral health crisis services pursuant to this flexibility should bill MassHealth using the HCPCS Level II code S9485. MassHealth will issue a transmittal letter that formally adds this code to the Acute Outpatient Hospital manual. MassHealth will pay for this code using the rate set by EOHHS in 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers*.

MCI programs providing 7-day follow-up care to youth evaluated in hospital Emergency Departments should continue to bill MassHealth using the following codes:

- H2011-U1 Crisis intervention service, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a Master Level Clinician (used with H2011 only)
- H2011-U2 Crisis intervention services, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a paraprofessional (used with H2011 only)

Primary Care Clinician Plan & Primary Care ACO Referrals

Notwithstanding the requirements of 130 CMR 450.118(J) and 130 CMR 450.119(I), members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO do not need a referral to receive any MassHealth covered service that would otherwise require a referral. This is an expansion of the policy announced in *All Provider Bulletin 289*.

Admission to Chronic Disease and Rehabilitation Hospitals

Notwithstanding 130 CMR 435.408: *Screening Program for Chronic-Disease and Rehabilitation Hospitals*, MassHealth will not require pre-admission screening of individuals seeking admission to Chronic Disease and Rehabilitation Hospitals (CDRH). Instead, a CDRH may admit a member after submitting a notification of admission packet to MassHealth, with specific additional documentation. The admission will be subject to concurrent and retrospective review as clinically indicated. The requirements for this submission will be more fully described in forthcoming guidance from the Office of Long-term Services and Supports.

Signatures for Transportation Medical Necessity Forms

In order to maintain social distancing and promote contactless transactions, and notwithstanding 130 CMR 407.421(D)(2), transportation providers should not require authorized providers or managed-care representatives to provide physical signatures on Medical Necessity Forms. Instead, transportation providers should enter "Signature not provided related to COVID-19" in the relevant signature fields of those forms.

Billing Code for Transportation Providers Obtaining Specimens for COVID-19 Diagnostic Testing Without Member Transportation

Notwithstanding any regulation to the contrary, including the definition of "Trip" under 101 CMR 327.00 and 130 CMR 407.411(A)'s restriction on coverage for transportation services to situations in which a member is travelling to obtain medical services, MassHealth will reimburse transportation providers for medically necessary visits to members to obtain and transport specimens for COVID-19 diagnostic testing through HCPCS code A0998 (Ambulance response and treatment; no transport) for dates of service on or after April 1, 2020. MassHealth will issue a transmittal letter that formally adds this code to the Transportation Manual. Simultaneously, EOHHS intends to issue an Administrative Bulletin that will formally add this code to 101 CMR 327.00: *Rates of Payment for Ambulance and Wheelchair Van Services*. MassHealth will pay this code at the rate set by EOHHS, which MassHealth anticipates to be \$157.88.

Transportation providers may not bill MassHealth for mileage in connection with services billed through this code.

Additional Information

For the latest Massachusetts-specific information, visit the following link:

<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>.

The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

Amended Appendix A

Guidelines for Use of Telehealth to Deliver Covered Services

Terminology

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

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

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

Billing and Payment Rates for Services

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

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

Additional Requirements for Prescribing

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

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

Requirements for Telehealth Encounters

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

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

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

Documentation and Record Keeping

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

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

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