



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

MassHealth
All Provider Bulletin 374
July 2023

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: Access to Health Services through Telehealth Options

Introduction

Through [All Provider Bulletin 355](#), MassHealth amended and restated rules for reimbursement of services rendered via telehealth through September 30, 2023. This bulletin amends and restates All Provider Bulletin 355 to introduce the following changes: establishment of MassHealth's rules for reimbursement of services rendered via telehealth, including payment parity between services delivered via telehealth and their in-person counterparts; and extension or establishment of policies on the billing of facility claims for services rendered via telehealth.

Overview

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth has implemented a robust telehealth policy that promotes member choice and ensures that members retain access to medically necessary covered services.

Since the introduction of its telehealth policy, MassHealth has seen robust use of telehealth for delivering medically necessary services. MassHealth's current telehealth policy is detailed in All Provider Bulletin 355 through September 30, 2023. This bulletin establishes MassHealth's agency-wide rules for reimbursement of services provided via telehealth, applicable to all MassHealth programs as of October 1, 2023.

Continuing Payment Parity

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. In addition, MassHealth may issue program-specific guidance (e.g., [Continuous Skilled Nursing Agency Bulletin 10](#) and [Home Health Agency Bulletin 84](#)) with additional requirements and/or limitations that apply to the provision of services via telehealth by providers participating in those programs.

Option to Receive In-Person Services

This telehealth policy reflects feedback from our members, who have voiced a clear desire for flexibility in accessing covered services in the manner best tailored to their needs. As a result, member choice is an essential feature of this updated policy. Under this telehealth policy, providers must always obtain the member's consent to receive services via telehealth. This ensures that

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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).

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.

Facility Claims for Services Provided via Telehealth

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.

Applicability

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.

A. Coverage of Services Provided 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.

B. Categories of Service Ineligible for Delivery via Telehealth

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

C. Billing and Reimbursement for Services Provided via Telehealth

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;

¹ For the avoidance of doubt, this exclusion does not apply to hospital-at-home services rendered in accordance with [Acute Inpatient Hospital Bulletin 180](#), or any successor thereto.

- 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.

Professional and institutional claims with the aforementioned modifiers must also meet the following requirements:

- modifier 93 is to be allowed only for codes listed in Appendix T of the CPT codebook; and
- modifier 95 is to be allowed only with codes listed in Appendix P of the CPT codebook.

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.

D. 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.

E. MassHealth Guidance Regarding Telephone and Internet Connectivity

Some MassHealth members may want to receive telehealth services but have concerns about phone and/or internet access. Provider guidance is available at www.mass.gov/doc/masshealth-provider-resource-telephone-and-internet-connectivity-for-telehealth. This resource includes information about:

- the federal Lifeline program, which provides free or low-cost phone service to low-income households; and
- the Affordable Connectivity Program (ACP), a federal benefit program that helps ensure households can afford broadband internet. The ACP covers a monthly service discount and one device discount per household with broad eligibility criteria. You can find more information at www.affordableconnectivity.gov.

Through a separate initiative, additional no-cost plans may be available to ACP enrollees. Please go to getinternet.gov for more information.

F. Remote Patient Monitoring for Chronic Disease Management

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.

MassHealth Website

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

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

Questions

Dental Services

Phone: (800) 207-5019; TDD/TTY: (800) 466-7566

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Portal: MassHealthLTSS.com

Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215

Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TDD/TTY: 711

Email: provider@masshealthquestions.com

Appendix A

Requirements 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 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.

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.

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 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.

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

When rendering services via telehealth, providers must comply with all applicable laws and regulations, including M.G.L. c. 118E, § 79.

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.

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. 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.
6. To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services.
7. Providers must follow consent and patient information protocol consistent with those followed during in-person visits.
8. 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.
9. 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).
10. 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

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provided via telehealth. Providers must also include a notation in the medical record that lists the address in which the member received the service.

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.