

Telehealth Services – MassHealth ACO Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP
- NaviCare SCO (Medicaid-only)
- Summit Eldercare PACE
- Fallon Health Weinberg PACE
- Fallon Health Weinberg Managed Long-Term Care
- Community Care (Commercial/Exchange)

Policy

The Plan covers telehealth services provided to MassHealth ACO members in accordance with MassHealth All Provider Bulletin 355 as required by MassHealth Managed Care Entity Bulletin 95.

All Provider Bulletin 355 amends and restates All Provider Bulletin 327 (Corrected). All Provider Bulletin 327 established rules for coverage and reimbursement of services rendered via telehealth. All Provider Bulletin 355 is effective until MassHealth issues superseding guidance. When MassHealth issues superseding guidance, the Plan will update this payment policy accordingly.

All providers delivering services via telehealth must comply with the policy detailed in All Provider Bulletin 355. In addition, MassHealth has published separate program-specific subregulatory guidance with additional requirements and/or limitations that apply to the provision of services delivered via telehealth by providers participating within those programs. Specifically,

- MassHealth Therapist Bulletin 18 describes MassHealth’s telehealth policy for providers of speech and language therapy, physical therapy, and occupational therapy effective May 12, 2023. Consistent with the federal Consolidated Appropriations Act of 2023, MassHealth will continue to cover therapy provided by telehealth until December 31, 2024, or when specified by MassHealth via regulation or Congress.
- MassHealth Home Health Agency Bulletin 83 describes MassHealth’s telehealth policy for home health services effective May 12, 2023. Consistent with the federal Consolidated Appropriations Act of 2023, MassHealth will continue to cover home health services provided by telehealth until December 31, 2024, or such other time specified by MassHealth via regulation or by Congress.
- MassHealth Hospice Bulletin 27 describes MassHealth’s telehealth policy for hospice services, effective May 12, 2023. Consistent with the federal Consolidated Appropriations Act of 2023, MassHealth will continue to cover the face-to-face visit required for members entering their third hospice benefit period when appropriately provided via telehealth. 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.
- MassHealth Durable Medical Equipment Bulletin 32 describes MassHealth’s telehealth policy for DME providers effective May 12, 2023. 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 (42 CFR 440.70). 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.

MassHealth has deemed these following categories of services 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

Coverage of Services Provided Via Telehealth

As described in All Provider Bulletin 355, an eligible provider may deliver any medically necessary MassHealth-covered service to a MassHealth member via any telehealth modality, 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 MassHealth All Provider Bulletin 355, including 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 may adjust this coverage policy, including by imposing limitations on the use of certain telehealth modalities for various covered services.

Additional Requirements for Prescribing

1. A provider may prescribe medications via telehealth as otherwise described in this bulletin and in accordance with the following requirements.
2. Providers must comply with all applicable state and federal statutes and regulations governing medication management and prescribing services when delivering these services via telehealth.
3. 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.
4. Providers must comply with all applicable state and federal statutes and regulations governing medication management and prescribing services when delivering these services via telehealth.

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

Providers who prescribe 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 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.
2. Providers must properly identify the patient using, at a minimum, the patient's name, date of birth, and MassHealth ID.
3. 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.
4. 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.
5. 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.
6. 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.
7. To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services.
8. Providers must follow consent and patient information protocol consistent with those followed during in person visits.
9. Providers must obtain the member's consent to receive services via telehealth and inform the member (1) of any relevant privacy considerations and (2) that the member may revoke their consent to receive services via telehealth at any time.
10. 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).
11. 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.

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 Plan may audit provider records for compliance with all MassHealth regulatory requirements, including recordkeeping and documentation requirements, and may take appropriate actions when providers fail to comply.

Reimbursement

The Plan will reimburse covered services delivered via telehealth at parity with the in-person counterpart through September 30, 2023.

A distant site provider delivering covered services via telehealth may bill a facility fee if such a fee is permitted under the provider's contract.

The Plan does not reimburse a facility fee for originating sites (Q3014).

Telehealth is 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.

Distant site is the site where the practitioner providing the service is located at the time the service is provided via a telehealth system. 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. 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.

Referral/notification/prior authorization requirements

Services delivered via telehealth have the same referral/notification/prior authorization requirements as their in-person counterparts.

Billing/coding guidelines

These Billing/coding guidelines do not apply to speech and language therapy, physical therapy, and occupational therapy providers, home health services providers, hospice services providers or DME providers. MassHealth has published separate program-specific subregulatory guidance with billing and coding guidelines that apply to the provision of services delivered via telehealth by providers participating within those programs.

Providers must include the place of service (POS) code 02 when submitting a professional claim (CMS 1500/837P) for telehealth provided in a setting other than in the patient's home, and POS code 10 when submitting a professional claim for telehealth provided in the patient's home.

Additionally, effective for dates of service on or after April 1, 2023, professional claims must include:

- Modifier 95 to indicate 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.

Modifier GT is required on the institutional claim (UB-03/837I) , for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

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

- Modifier 95 to indicate 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.

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

- Modifier 93 is allowed only for codes listed in Appendix T of the CPT coding book, and
- Modifier 95 is allowed only with codes listed in Appendix P of the CPT coding book.

Place of service

This policy applies to services delivered via telehealth in all settings.

Policy history

Origination date: 09/01/2023 (policy origination)
Previous revision date(s): N/A

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.