

Telehealth Services – MassHealth ACO

Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- ☐ Fallon Medicare Plus
- ☒ MassHealth ACO
- ☐ NaviCare HMO SNP
- ☐ Summit Eldercare PACE
- ☐ Fallon Health Weinberg PACE
- ☐ Community Care

Policy

The Plan covers telehealth services provided to MassHealth ACO members in accordance with MassHealth All Provider Bulletin 379 (October 2023).

Through All Provider Bulletin 355, MassHealth amended and restated rules for reimbursement for services delivered via telehealth through September 30, 2023. All Provider Bulletin 355 amends and restates All Provider Bulletin 327 (Corrected). All Provider Bulletin 327 established rules for coverage and reimbursement of services delivered via telehealth. All Provider Bulletin 355 is effective until MassHealth issues superseding guidance. All Provider Bulletin 374 (July 2023), amended and restated All Provider Bulletin 355 and established MassHealth's rules for reimbursement for services delivered via telehealth on or after October 1, 2023. All Provider Bulletin 379 updates All Provider Bulletin 374 to clarify documentation requirements and to clarify that, as further described in this Bulletin, MassHealth will reimburse providers delivering any telehealth-eligible covered service via any telehealth modality, including but not limited to audioonly telehealth, which may include services reflected by codes that are not listed in Appendix T or P of the CPT codebook. 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 379. In addition, MassHealth has issued separate program-specific 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 (April 2023) 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 87 (July 2023) 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 29 (July 2023) 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 (April 2023) 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.

Categories of Service Ineligible for Delivery via Telehealth

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
- Urgent Care Clinics²

Option to Receive In-Person Services

This telehealth policy reflects feedback from 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 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.

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.

² An **Urgent Care Visit** is defined in MassHealth Urgent Care Clinic Program Regulations at 130 CMR 455.402 as an in-person encounter between an eligible member and a licensed practitioner (such as a physician or nurse practitioner) or other medical professional under the direction of a licensed practitioner for the provision of urgent care as defined in 130 CMR 455.402.

Coverage of Services Provided Via Telehealth

As described in All Provider Bulletin 379, a plan provider may deliver any medically necessary MassHealth-covered service to a MassHealth member via the telehealth modalities of audio-only, live video, and asynchronous, 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 379, 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 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 this coverage policy, including by imposing limitations on the use of certain telehealth modalities for various covered services or provider types

Additional Requirements for Prescribing via Telehealth

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 (1) of any relevant privacy considerations and (2) 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 for Services Delivered via Telehealth

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 until further notice.

An eligible distant site provider delivering covered services via telehealth in accordance with All Provider Bulletin 379 may bill a facility claim if such a claim is permitted under the provider's governing regulations or contract.

The Plan does not reimburse a facility claim 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 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.

For dates of service April 1, 2023 through September 30, 2023, 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.

Effective for dates of service on or after October 1, 2023, the Plan will reimburse providers delivering any telehealth-eligible covered service via any telehealth modality, including but not limited to audio-only telehealth, which may include services reflected by codes that are not listed in Appendix T or P of the CPT Manual.

Synchronous audio-video and audio-only evaluation and management services

Effective for dates of service on or after January 1, 2025, synchronous audio-video and audio-only telehealth visits may be reported for MassHealth ACO members using CPT codes 98000-98007 and 98008-98015, respectively, when provided by a physician or qualified midlevel practitioner who can report evaluation and management (E & M) services.

These telehealth codes are divided into two categories:

- Synchronous audio-video evaluation and management services - CPT codes 98000, 98001, 98002, 98003 may be reported for new patients and 98004, 98005, 98006 and 98007 may be reported for established patients. Synchronous (real-time) audio and video communication is required.
- Synchronous audio-only evaluation and management services - CPT codes 98008, 98009, 98010, 98011 may be reported for new patients and 98012, 98013, 98014 and 98015 may be reported for established patients. Synchronous (real-time) audio communication is required.

These services may be reported based on total time on the date of the encounter or based on Medical Decision Making (MDM) as described in the AMA CPT Manual.

CPT codes 98000-98015 must be reported with either Place of Service (POS) 02 or 10, as appropriate.

Telehealth modifiers are not required.

Brief synchronous communication technology service

Effective for dates of service on or after January 1, 2025, brief synchronous communication (e.g., “virtual check-in”) may be reported for MassHealth ACO members using CPT code 98016, when provided by a physician or qualified midlevel practitioner who can report evaluation and management (E & M) services. Synchronous communication involves real-time back and forth communication which may be audio-only or audio-video. Examples include a telephone call, a video visit or a live virtual check-in. “Brief” is defined as 5 to 10 minutes. Anything less is not billable.

The service may only be provided to an established patient by a physician or midlevel practitioner who can report E & M services. The service may not be reported for communication originating from an office visit or evaluation and management service provided within the previous 7 days or when an office visit or evaluation and management service or procedure takes place within the next 24 hours or soonest available appointment.

CPT 98016 may not be used to report asynchronous communication, for example, email, portal messages or other store-and-forward exchanges.

Brief synchronous communication (CPT 98016) must be reported with POS 02 or 10, as appropriate, Telehealth modifiers are not required.

Place of service

This policy applies to services delivered via telehealth in most settings, certain categories of services are not eligible for telehealth. This includes, but is not limited to services provided by urgent care clinics.

Policy history

Origination date:	September 1, 2023
Connection date & details::	July 2023 – Introduced as new policy. January 2024 – Updated to reflect coverage, reimbursement and billing/coding requirements for telehealth service in MassHealth All Provider Bulletin 379 (October 2023) and to include coverage, reimbursement and billing/coding requirements for COVID-19 Remote Patient Monitoring bundle. October 2026 – Billing/coding guidelines updated to include new sections for Synchronous audio-video and audio-only evaluation and management services (CPT 98000-98015) and Brief synchronous communication technology service (CPT 98016).

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.

