

Frequently Asked Questions: COVID-19 and Behavioral Health Providers

April 16, 2020

Q: Can Behavioral Health providers deliver MassHealth-covered services, such as psychotherapy, via telephone?

A: Yes. See MassHealth All Provider Bulletin 289 for details regarding coverage of services delivered via telehealth (including telephonically).

Q: Under MassHealth All Provider Bulletin 289, MassHealth states they will cover “medically necessary telehealth (including telephone and live video) services” for members. Does this mean only for services that include live video or does it mean telephone only or telephone combined with live video?

A: MassHealth is encouraging broad utilization of telehealth technologies to ensure that members are able to continue to receive MassHealth covered services. All providers, including physical health and behavioral health providers, will be able to bill for covered services that are provided either telephonically or through a live video platform (both are not required).

Q: Can Behavioral Health providers deliver and bill for group therapy via telehealth, including in Partial Hospitalization, Intensive Outpatient, Structured Outpatient Addiction, and Day Treatment Programs?

A: Yes, group therapy may be conducted via telehealth modalities. See MassHealth All Provider Bulletin 289 for details regarding coverage of services delivered via telehealth.

Q: Are Opioid Treatment Programs (OTPs) included in the telehealth guidance issued by MassHealth under All Provider Bulletin 289, considering OTPs use different codes from standard outpatient?

A: Yes, OTP is included and should continue to use their existing codes with Place of Service (POS) 02 for services delivered via telehealth.

Q: Will MassHealth pay for take-home visits for methadone treatment during this time?

A: MassHealth and the Managed Care Entities will pay for all medically necessary covered opioid treatment services, including methadone, buprenorphine, and naltrexone that is provided via take-homes in accordance with guidance issued by the Department of Public Health, Bureau of Substance Addiction Services. Please refer to the [Alert Regarding COVID-19 for Opioid Treatment Programs](#) for more information.

Q: Does direct service still require that a licensed supervisor be on site when an unlicensed behavioral health clinician is providing face-to-face, telephonic or telehealth services to patients?

A: Telehealth technology can be used to provide clinical supervision.

Q: Can Recovery Coaches and Recovery Support Navigators provide services via telehealth? Is this inclusive of existing members as well as new referrals?

A: Yes, Recovery Coach and Recovery Support Navigator services can be provided via telehealth. This includes both existing members and new referrals.

Q: Can MassHealth clarify whether MassHealth Covered services delivered only through managed care may be delivered via telehealth, as mentioned in MassHealth All Provider Bulletin 289?

A: All medically necessary MassHealth Covered Services, whether delivered through fee-for-service or managed care, may be delivered via telehealth when clinically appropriate.

Q: Do behavioral health providers need to bill for assessments under the new codes outlined in All Provider Bulletin 289 when utilizing telehealth, or can they continue to bill under the traditional codes?

A: Providers should continue to use existing codes to bill for covered services delivered via telehealth. Providers may, but are not required to, use the new codes if those codes are available and more appropriate for the service rendered.

Q: Should behavioral health providers hold claims for telehealth until 4/1?

A: To prevent any delays in payment, behavioral health providers should continue billing existing codes with Place of Service (POS) 02 and submit claims as services are rendered.

Q: Under MassHealth All Provider Bulletin 289, MassHealth will permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth. Does “qualified providers” include interns?

A: Provider qualifications are set forth in applicable program regulations and are not changed by the telehealth policies in All Provider Bulletin 289.

Q: Does a behavioral health provider rendering telehealth from home need to list their home address on the claim?

A: No. Any address fields should be filled with the provider's business address. Please refer to All Provider Bulletin 291, Amended Appendix A for requirements related to delivering services via telehealth.

Q: Are behavioral health providers considered essential service providers under the COVID-19 State of Emergency?

A: Yes, behavioral health providers are included as "COVID-19 Essential Services" under Governor Baker's March 23, 2020 Emergency Order.

Q: May MassHealth enrolled providers who are temporarily displaced out of state continue to deliver telehealth services to MassHealth members?

A: Yes, as stated in All Provider Bulletin 289, there are no geographic or facility restrictions on distant sites for services delivered via telehealth by MassHealth enrolled providers.

Q: Is Personal Protective Equipment (PPE) available to Behavioral Health Providers?

A: Follow this link for [Guidance on Prioritization of PPE in MA.](#)

Q: Are there any resources for MassHealth members receiving behavioral health treatment via telehealth who may need assistance maintaining phone or internet access?

A: *The MassHealth Provider Resource: Telephone and Internet Connectivity for Telehealth* aims to help providers guide members who want to receive services via telehealth during the COVID-19 emergency, but have concerns about limited phone and internet access. This resource can be found under [Guidance for All Providers.](#)

Q: In instances where a provider is billing for multiple services within a single claim, and one of the services is delivered on site while another is delivered via telehealth, how should the provider bill place of service?

A: Providers can bill the place of service for the specific claim line. The service delivered via telehealth should include Place of Service (POS) 02 and the other claim line should use the typical place of service code for the service.

Q: All Provider Bulletin 291 allows Acute Outpatient Hospital Emergency Departments to bill MassHealth fee-for-service directly using code S9485 for behavioral health crisis services delivered by hospitals. Are hospitals also allowed to bill the behavioral health benefit for MassHealth managed care enrollees for behavioral health crisis services they deliver during the COVID-19 emergency?

A: Yes, Acute Outpatient Hospital Emergency Departments that provide behavioral health crisis services in accordance with All Provider Bulletin 291 during the COVID-19 emergency to MassHealth managed care enrollees should bill the enrollee's managed care plan using code S9485.

Q: If an Acute Outpatient Hospital Emergency Department employs qualified behavioral health professionals, must the AOH ED first contact an Emergency Services Program/Mobile Crisis Intervention Provider (ESP/MCI) to request ESP/MCI response, either in-person or via telehealth, before AOH employed qualified behavioral health professionals deliver behavioral health crisis assessment, intervention and stabilization in accordance with MassHealth All Provider Bulletin 291?

A: During the state of emergency when physical presence in the ED poses an increased risk of exposure to infection and uses bed space and staff resources that may otherwise be needed to respond to the COVID-19 emergency, MassHealth is allowing temporary flexibilities in the delivery of ESP and MCI services to minimize the amount of time members remain in the ED for non-COVID-19 related emergencies. AOH EDs with the capacity to provide behavioral health crisis assessment, intervention, and stabilization, using qualified behavioral health professionals (i.e., master or doctoral level behavioral health clinician, psychiatric nurse practitioner, psychiatric clinical nurse specialist, or psychiatrist), may provide these services without first contacting an ESP or 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.

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. 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.

[Click here to access the Massachusetts Statewide ESP/MCI Directory.](#)