

Massachusetts Issues COVID-19 Guidance for Health Care Providers, Payors and Laboratories on Issues Including Telehealth, Elective Procedures, COVID-19 Testing, and Expedited Provider Licensure

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Over the weekend, Massachusetts executive agencies issued an array of further guidance to the healthcare provider community regarding COVID-19. All orders and guidance are available at <https://www.mass.gov/2019coronavirus>. Review of this website and CDC websites for periodic updates is strongly encouraged, as the situation is fluid and continually evolving. We summarize recent updates for providers below.

Elective procedures

Pursuant to MA DPH guidance issued March 15, effective Wednesday, March 18, hospitals and ambulatory surgery centers must postpone non-essential elective invasive procedures, which are procedures that are scheduled in advance because the procedure does not involve a medical emergency. Providers, however, should use their clinical judgment on a case by case basis regarding any invasive procedures that must be done to preserve the patient's life and health. This order does not apply to the cancellation or delay of life sustaining care, nor to termination of a pregnancy. Per MA DPH, examples of nonessential, elective invasive procedures may include but are not limited to:

- Any procedures involving skin incision
- Injections of any substance into a joint space or body cavity
- Orthopedic procedures (e.g. hip or knee replacement)
- Endoscopy (e.g., colonoscopy, bronchoscopy, esophagogastric endoscopy, cystoscopy, percutaneous endoscopic gastronomy, J-tube placements, nephrostomy tube placements)
- Invasive radiologic procedures
- Dermatology procedures (e.g. excision and deep cryotherapy for malignant lesions- excluding cryotherapy for benign lesions)

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- Invasive ophthalmic procedures including miscellaneous procedures involving implants
 - Oral procedures (e.g. tooth extraction)
 - Podiatric invasive procedures (e.g., removal of ingrown toenail)
 - Skin or wound debridement
 - Kidney stone lithotripsy
 - Colposcopy and/or endometrial biopsy

Hospital visitor restrictions

Pursuant to MA DPH guidance issued March 16, 2020, all hospitals must implement the following visitation policies, effective March 16, 2020:

- Notify potential visitors to defer visitation until further notice, using signage, calls, letters or other identified, appropriate forms of communication. Hospitals should support alternative electronic methods for communication between patients and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.
- Require all visitors to perform hand hygiene before visiting a patient.
- Patients may have only one visitor at a time.
- Visitors must remain 6 feet from the patient at all times.
- Limits on the time of each visit to no more than fifteen minutes.
- No visitors under the age of 18 years old are allowed in the hospital, unless the visitor is a child of a patient.
- In compassionate care situations, such as end-of-life-situations, decisions about visitation should be made on a case-by-case basis.
- Screen all visitors for symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) and prohibit those individuals with any symptoms from visiting.
- Restrict any non-essential personnel who do not provide direct care, such as sales representatives, from entering the facility.

Further, hospitals must suspend any communal food services in their cafeteria, such as salad bars and offer foods in packaging only, and limit the number of individuals eating in their cafeteria so that social distancing measures can be observed.

Telehealth

Pursuant to MA DPH [Telehealth Order](#) effective Monday, March 16, all commercial health insurance plans, self-insured plans, and the GIC are required to cover in-network medically necessary telehealth services related to COVID-19 testing and treatment. Specific provisions include:

- Insurers may not require any prior authorization for medically necessary treatment by telehealth.
- Insurers can establish their own requirements for telehealth services, but no more restrictive than those established by MassHealth. See below for the link to the MassHealth bulletin
- Insurers may not require cost-sharing of any kind (such as copays or coinsurance) for testing and treatment.
- Insurers may not impose any specific requirements on the telehealth technologies (such as any limitations on audio-only or live video technologies).
- Payment rates may not be lower than for in-person methods.
- More guidance by the division of insurance may be forthcoming.

MassHealth updates regarding Telehealth and Hospital-Determined Presumptive Eligibility.

All MassHealth guidance is available

at <https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>.

Among other guidance, MassHealth has issued [All Provider Bulletin 288](#) regarding Hospital-Determined Presumptive Eligibility, [All Provider Bulletin 289](#) regarding telehealth and reimbursement for services, and [Pharmacy Fact Sheet 141](#) regarding issuing and filling prescriptions. Highlights include:

- MassHealth providers may provide telehealth services to patients in their home by telephone, not only video conferencing, as long as certain standards are met. Providers will be able to bill MassHealth for these services delivered via telehealth beginning April 1, 2020, for dates of service beginning March 12, 2020.
- Medical professionals who confirm a hospital patient is presumptively positive for COVID-19 can automatically enroll patients in MassHealth, as long as the patient “verbally” meets the income standard for Mass Health.
- Effective March 14, pharmacies may dispense up to a 90-day supply of a prescription drug if requested by a MassHealth member or prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled. This does not apply to drugs that require Prescription Monitoring Program (PMP) reporting, behavioral health medications, antibiotics, IV medications and certain other drugs designated by MassHealth.

Importantly, among other requirements for telehealth services, “providers must follow consent and

patient information protocol consistent with those followed during in person visits,” and “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.”

Pharmacy hand sanitizer

Effective immediately, licensed pharmacies will be allowed to compound and sell hand sanitizer over the counter. The MA DPH Order, and Guidance for Compounding Hand Sanitizer are available at [Order](#) and [Guidance](#).

Lab testing

On March 13, DPH relaxed requirements for submission of COVID-19 tests to the Massachusetts State Public Health Laboratory. Guidance documents for providers submitting tests are available at [PUI Criteria](#) and [MA Public Health Laboratory FAQ](#).

BORN Expedited Processing for Reciprocal Licenses

The Massachusetts Board of Registration in Nursing also updated its policies to provide 1-business day expedited processing of reciprocal license applications for nurses that are licensed in another jurisdiction, during a declared state of emergency. See link to policy [here](#).

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