




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

MassHealth
All Provider Bulletin 348
August 2022

TO: All Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth 

RE: Updates to Developmental and Behavioral Health Screening Tools and Codes in Pediatric Primary Care

Introduction

This bulletin informs providers serving MassHealth members from birth to age 21 of policy changes related to behavioral health screening tools and coding changes for developmental and behavioral health screening for well-child visits.

This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) plan, and Primary Care ACOs (PCACOs). MassHealth Accountable Care Partnership Plans (ACPPs), and Managed Care Organizations must provide plan-covered services to enrollees in an amount, duration, and scope that is no more restrictive than MassHealth fee-for-service coverage for such services, including as set forth in this bulletin.

Background

Per MassHealth regulations (130 CMR 450.140 through 450.150) and the EPSDT Services Medical Protocol and Periodicity Schedule found in Appendix W of the MassHealth provider manuals, MassHealth requires providers to offer screenings for members under the age of 21. In addition, the regulations stipulate that providers provide or refer members to assessment, diagnosis, and treatment services, as necessary. Providers must offer to screen such members during each well-child visit and, as needed, during other nonroutine visits. This applies to in-person or telehealth visits. When screening for behavioral health needs, providers must select one of the standardized behavioral health screening tools listed in the Psychosocial and Behavioral Assessment section of Appendix W.

Beginning January 1, 2023, MassHealth will

1. discontinue the listing of specific behavioral health tools within Appendix W and instead reference **[Instruments for Recommended Universal Screening at Specific Bright Futures Visits](#)** (Bright Futures Toolkit), published by the American Academy of Pediatrics (AAP);
2. require providers to use distinct codes for developmental and behavioral health screening by introducing a new service code (96127) for behavioral health screening, to be paid at the same rate as 96110; and
3. provide additional payment for recommended Autism screening at the 18- and 24 months well child visits.

Updates to for Developmental and Behavioral Health Screening

Effective January 1, 2023, MassHealth directs providers to select screening tools in alignment with the Bright Futures Toolkit. The Bright Futures Toolkit provides guidance to providers about the recommended tools for distinct screening domains, including developmental, behavioral health, Autism, and substance use.

General Developmental Screening

For members aged three and younger, providers must select, offer to administer, and score an age-appropriate developmental screening tool selected from among those listed in the Bright Futures Toolkit at each well-child visit or as needed during non-routine visits. Providers must submit the claims for developmental screening with service code **96110**, with either **U1** (no need identified) or **U2** (need identified) modifier.

Autism Screening

In addition to general developmental screening, it is strongly recommended that providers conduct Autism screening at the 18- and 24-months well-child visits. Providers are permitted to submit a **second 96110 claim** at the **18- and 24- month** well-child visits when the PCP administers a standardized Autism screen following a general developmental screen. Autism screening tools must be selected from those listed in the Bright Futures link published in Appendix W and with either **U3** (no further follow up needed) or **U4** (further follow up needed) modifier.

General Behavioral Health Screening

For members aged four to 21 years, providers must select, offer to administer, and score an age-appropriate behavioral health screening tool from among those listed in the Bright Futures link published in Appendix W at each annual well-child visit or as needed during non-routine visits. Providers must submit claims for behavioral health screening with service code **96127**, accompanied by either **U1** (no need identified) or **U2** (need identified) modifier.

If a behavioral health screen identifies a behavioral health need, providers must refer members to appropriate follow up treatment or services. Services and resources available include

- short-term preventive behavioral health services, for members younger than 21. (See [Community Health Center Bulletin 113](#), [Mental Health Center Bulletin 35](#), [Managed Care Entity Bulletin 65](#).) MassHealth members under 21 are eligible for preventive behavioral health services if they have a positive behavioral health screen (or, in the case of an infant, a positive postpartum depression screening), even if they do not meet criteria for behavioral health diagnosis
- the Massachusetts Child Psychiatry Access Project (<https://www.mcpap.com/>), which provides pediatric psychiatric consultation and referral for ongoing behavioral health care
- additional information about MassHealth services available to children and youth, including Children's Behavioral Health Initiative (CBHI) services, can be found on the [CBHI website](#)

where providers can view and download a brochure or request copies, free of charge, to share with families

- behavioral health providers who are accepting referrals may be found on the Massachusetts Behavioral Health Access at www.mabhaccess.com.

Maternal and Caregiver Depression Screening

For members aged six months and younger, providers must continue Maternal and Caregiver Depression Screening by administering and scoring the Edinburgh Postnatal Depression Scale (EPDS) with the member's caregiver during a well-child visit or as needed for non-routine visits. Providers may use either the EPDS, or the Survey of Well-being of Young Children (SWYC). SWYC forms for infants six months and younger also include a modified version of the EPDS. Providers must continue submitting claims for maternal-caregiver depression screenings with service code **96110**, with either **U1** (no need identified), or **U2** (need identified), and **UD** modifiers to indicate the administration and scoring of the EPDS. Providers must also continue to administer Maternal and Caregiver Depression Screening in accordance with MassHealth [All Provider Bulletin 301](#).

Resources available to Providers and Caregivers

- the Massachusetts Bureau of Family Health and Nutrition provides resources on its website at www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers;
- [MCPAP for Moms \(www.mcpapformoms.org/\)](http://www.mcpapformoms.org/) provides real-time, perinatal psychiatric consultation and care coordination for obstetric, pediatric, primary care, and psychiatric providers to help identify and manage depression and other mental-health concerns during and after pregnancy; and
- [Postpartum Support International \(www.psi.org\)](http://www.psi.org) provides a “warm” helpline for those experiencing perinatal depression.

Service Code and Modifiers

The following represents the changes to the behavioral health and developmental screening code changes as described above:

Member Age/Visit	Screening Type	CPT Code	Required modifier(s)
= < 6 months	Maternal-Caregiver Depression (EPDS)	96110	U1 or U2 + UD
6 months-3 years	Developmental	96110	U1 or U2

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Member Age/Visit	Screening Type	CPT Code	Required modifier(s)
18 months and 24 months	Autism Screening	96110	U3 or U4
4 years-21 years	Behavioral Health	96127	U1 or U2

U1 – No need identified

U2 – Need identified

U3 – No further follow up needed

U4 – Further follow up needed

UD – Administration and scoring of Edinburgh Postnatal Depression Scale (EPDS)

Resources and Referrals

According to Appendix W, Section I.1.B.iv, when developmental or behavioral needs are identified, providers must connect members to further assessment, diagnostic, and treatment services, as necessary.

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Questions

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