Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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MassHealth
Transmittal Letter AOH-19
January 2009

TO: Acute Outpatient Hospitals Participating in MassHealth

FROM: Tom Dehner, Medicaid Director

RE: *Acute Outpatient Hospital Manual* (Implementation of the Child and Adolescent Needs and Strengths Tool)

This letter transmits revisions to the acute outpatient hospital regulations to implement the Child and Adolescent Needs and Strengths (CANS) tool. The CANS is a standardized behavioral-health assessment tool that MassHealth is implementing as part of the Children's Behavioral Health Initiative (CBHI) for members under the age of 21.

These regulations are effective December 26, 2008.

Overview of the MassHealth CANS Requirement
MassHealth providers who furnish behavioral-health services to MassHealth members under the age of 21 are required to ensure that certain clinicians are certified every two years, according to the process established by MassHealth, to use the CANS, and that those clinicians complete the CANS as part of any comprehensive evaluation before the member starts individual, group, or family therapy, and update the CANS at least every 90 days thereafter as part of the review of the member's treatment plan. For each CANS conducted, these providers are required to document the data collected during the assessment in the member's medical record and report it to MassHealth in a specified manner and format.

Description of the CANS Tool
MassHealth has developed two versions of the CANS tool: "CANS Birth through Four" and "CANS Five through Twenty." In addition to the CANS assessment questions, both forms allow the clinician to record the determination of whether the member has a serious emotional disturbance (SED).

Providers can access the two CANS forms, as well as frequently asked questions relating to them, on the MassHealth CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. Click on Information for Providers. The link for the CANS tool is under the first heading. The CBHI Web site also includes a bibliography of published papers and other resources on the CANS approach.

CANS Requirements for Acute Outpatient Hospitals
The following qualified clinicians at acute outpatient hospitals who provide individual, group, or family therapy to members under the age of 21 must complete the CANS during the initial behavioral-health assessment before the initiation of therapy and must update it every 90 days thereafter:

- psychiatrists and psychiatric residents;
- psychologists;
- social workers;
- psychiatric nurse mental-health clinical specialists; and
- counselors.

The CANS is **not** required during an assessment that is conducted as part of an emergency department screening.

Acute outpatient hospitals are required to verify for a sample of cases, as part of a utilization review plan, that the CANS was completed at the initial behavioral-health assessment and updated at least every 90 days thereafter.

The medical record of each member under the age of 21 must include a CANS completed at the initial behavioral-health assessment and updated at least every 90 days thereafter. In addition, for each CANS conducted, acute outpatient hospitals must ensure that the data collected is reported to MassHealth in the format that is specified in the section entitled "CANS Reporting Requirements: "Paper CANS" and the Web-based Massachusetts CANS Application."

Completion of the CANS for Members Currently Receiving Therapy
If a member has an ongoing relationship with an acute outpatient hospital to receive individual, group, or family therapy before the effective date of these regulations, it is **not necessary** to perform another initial assessment, including the CANS, or to update the CANS every 90 days thereafter when the treatment plan is reviewed for that member. However, if the member leaves treatment and subsequently returns for a new course of treatment, it is necessary to perform a new initial assessment, using the CANS for that member, and to update the CANS every 90 days thereafter.

CANS Certification and Training Requirements
Clinicians who are required to use the CANS must be certified every two years by passing an online CANS certification examination. Bachelors-level direct service providers or paraprofessionals will not be trained or certified in the CANS.

Certified clinicians can use both versions of the Massachusetts CANS: "CANS Birth through Four" and "CANS Five through Twenty."

MassHealth is offering online and in-person training opportunities to assist clinicians with the certification process. The in-person training is being conducted by the University of Massachusetts Medical School on various dates across the state. Participation in both the in-person and online training will be free of charge and will include free Continuing Education Units (CEUs). Participation is voluntary, but encouraged. It is not necessary to participate in training in order to take the certification exam.

Information about the CANS training and certification exam can be found on the Web at https://masscans.ehs.state.ma.us. This Web site provides access to the online training, the online certification exam, and the schedule of the in-person training sessions.

For more information about CANS training or certification, please contact the Massachusetts CANS Training Center by calling **508-856-1016** or e-mailing Mass.CANS@umassmed.edu.

CANS Reporting Requirements: "Paper CANS" and the Web-based Massachusetts CANS Application

MassHealth has developed a new Web-based application that permits providers to enter and view CANS data in a secure environment, subject to consent by the member, his or her custodial parent, or other authorized individual. The CANS application is accessible through the Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) Web portal.

MassHealth is rolling out the online CANS application in two stages. The first release was in December 2008. It allows users to develop familiarity with the application and asks users to document certain member demographic information and answer the questions that determine if the member has a serious emotional disturbance (SED). The second release, which is expected in the spring of 2009, will add the rest of the assessment questions from the two versions of the CANS tool.

With the CANS application available online, acute outpatient hospitals are required to use this application each time the CANS is completed or updated to satisfy their CANS data reporting requirements. Until the second release of the online CANS application, which is expected in the spring of 2009, the CANS must be completed on paper and be included in the member's medical record. Once the second release occurs, providers can choose to include a copy of the CANS in either an electronic or paper form in the member's medical record. However, providers must be sure to exercise one of these options. At no point should a CANS form be mailed to EOHHS or MassHealth. The CANS forms are available at the MassHealth CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. Click on Information for Providers. The link for the CANS tool is under the first heading. This link will take you to PDF and RTF (for screen readers for the visually disabled) versions of the two CANS forms.

Acute outpatient hospitals can obtain updated information about the release schedule of the CANS application on the CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. Providers should check this site regularly for updated information.

In order to use the online CANS application, acute outpatient hospitals must ensure that the facility is enrolled with the VG and that each clinician who will be entering and viewing data in the CANS application has his or her own VG user ID. In addition, the CANS application will allow data entry operators to perform certain functions on behalf of clinicians. Each data entry operator also needs his or her own VG user ID. Enrollment with the VG for other business applications, such as STARS or EIM/EIS, does not satisfy this requirement.

For assistance in the process in obtaining access to the CANS application, acute outpatient hospitals should send the following information to VirtualGatewayCBHI@state.ma.us:

- the name of the facility or organization;
- the name, address, phone, and e-mail address for a CANS point-of-contact at the organization who is being identified to work with the Virtual Gateway Deployment Unit;
- a statement indicating whether or not the organization has access to the VG Web portal (yes or no);
- the number of clinicians who need access to the CANS application; and
- a statement indicating whether or not anyone in the organization has completed the CANS training. (If yes, provide the number of individuals who have completed the training.)

If you have any comments or concerns about the VG enrollment process or technical questions about the CANS application, please send them to VirtualGatewayCBHI@state.ma.us.

MassHealth is developing job aids and interactive flash files for the CANS application. There will be a job aid explaining how to log onto the application. Also, there will be separate job aids for clinicians, data entry operators, and provider organization staff to help them use and navigate the various functions that they have access to in the system. The job aids will be available on the CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. In addition, for clinicians registered on the VG, the job aids and flash files will be transmitted electronically from the VG Team to provide instruction on the application.

Payment for CANS: Service Code 90801-HA
For dates of service on or after November 30, 2008, acute outpatient hospitals should bill for the initial behavioral-health assessment that includes the CANS as a psychiatric diagnostic interview examination, using Service Code 90801 with the modifier HA.

To implement this requirement, the modifier HA for Service Code 90801 has been added to Subchapter 6 of the acute outpatient hospital manual, under “Modifiers.”

The review and updating of the CANS required every 90 days for members in ongoing individual, group, or family therapy is part of treatment planning and documentation. As such, it is not a separately billable service.

Contact Numbers
If you need technical assistance with the VG, you may contact VG Customer Assistance at 1-800-421-0938, ext. 5.

If you have questions about CANS training or certification, contact the Massachusetts CANS Training Center at 508-856-1016 or e-mail your questions to Mass.CANS@umassmed.edu.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL
(The pages listed here contain new or revised language.)

Acute Outpatient Hospital Manual

Pages iv-a, 4-45 through 4-50, 4-53, 4-54, and 6-1 through 6-6

OBSOLETE MATERIAL
(The pages listed here are no longer in effect.)

Acute Outpatient Hospital Manual

Page iv-a — transmitted by Transmittal Letter AOH-18

Pages 4-45 through 4-50, 4-53, and 4-54 — transmitted by Transmittal Letter AOH-10

Pages 6-1 through 6-6 — transmitted by Transmittal Letter AOH-17

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410.474: Mental Health Services: Definitions

The following terms used in 130 CMR 410.471 through 410.479 will have the meanings given in 130 CMR 410.474 unless the context clearly requires a different meaning. When provided in a hospital outpatient department, services that are defined below must conform to the definitions given.

(A) Case Consultation – a preplanned meeting of at least one-half hour's duration concerning a member who is either

(1) a client of the hospital outpatient department to whom it is the primary provider of therapeutic services; or

(2) one for whom evaluation and assessment have been requested by another agency or program involved in treatment or management of the member.

(B) Child and Adolescent Needs and Strengths (CANS) – a tool that provides a standardized way to organize information gathered during behavioral-health clinical assessments. A Massachusetts version of the tool has been developed and is intended to be used as a treatment tool for behavioral-health providers serving MassHealth members under the age of 21.

(C) Couple Therapy – therapeutic services provided to a couple whose primary complaint is the disruption of their marriage, family, or relationship.

(D) Crisis Intervention/Emergency Services – immediate mental health evaluation, diagnosis, hospital prescreening, treatment, and arrangements for further care and assistance as required, provided during all hours to clients showing sudden, incapacitating emotional stress. The MassHealth agency will pay only for face-to-face contact; telephone contacts are not reimbursable.

(E) Diagnostic Services – the examination and determination of a patient's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of designing a treatment plan.

(F) Family Consultation – a preplanned meeting with the parent or parents of a child who is being treated, when the parent or parents are not clients.

(G) Family Therapy – the treatment of more than one member of a family simultaneously in the same session.

(H) Group Therapy – the application of psychotherapeutic or counseling techniques to a group of persons, most of whom are not related by blood, marriage, or legal guardianship.

(I) Home Visit – crisis intervention, individual, group, or family therapy, and medication provided in the member's residence (excluding a medical institution), when the member is unable to be served at the hospital outpatient department.

(J) Individual Therapy – therapeutic services provided to an individual.

(K) Long-Term Therapy – a combination of diagnostics and individual, couple, family, and group therapy planned to last more than 17 sessions.

(L) Medication Visit – a member visit specifically for prescription, review, and monitoring of medication by a psychiatrist or administration of prescribed intramuscular medication by qualified personnel.

(M) Psychological Testing – the use of standardized test instruments to evaluate aspects of an individual's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology, subject to the limitations of 130 CMR 410.479(H).

(N) Short-Term Therapy – a combination of diagnostics and individual, couple, family, and group therapy planned to end within 17 sessions.

410.475: Mental Health Services: Staffing Requirements

(A) Provider Responsibilities.
(1) The hospital outpatient department must employ a balanced interdisciplinary staff to furnish mental health services under the direction of a licensed psychiatrist.
(2) The hospital outpatient department must designate a professional staff member as director of clinical services and a licensed psychiatrist as medical director.
(3) A licensed psychiatrist must be on call during all hours of operation.
(4) Although the MassHealth agency does not require that the hospital outpatient department employ mental health professionals from all the disciplines listed in 130 CMR 410.475(B), staff members who provide services to members must be qualified as set forth in 130 CMR 410.475(B) for their respective disciplines.

(B) Staff Qualifications.
(1) Psychiatrist. At least one staff psychiatrist must be either currently certified by the American Board of Psychiatry and Neurology or eligible for such certification. Any additional psychiatrists must be, at the minimum, licensed physicians in their second year of a psychiatric residency program accredited by the Council on Medical Education of the American Medical Association. Such physicians must be under the direct supervision of a licensed psychiatrist. Any psychiatrist or psychiatric resident who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).
(2) Psychologist. At least one staff psychologist must be licensed by the Massachusetts Board of Registration of Psychologists with a specialization listed in clinical or counseling psychology or a closely related specialty. Additional staff members trained in the field of clinical or counseling psychology or a closely related specialty must
(a) have a minimum of a master's degree or the equivalent graduate study in clinical or counseling psychology or a closely related specialty from an accredited educational institution;
(b) be currently enrolled in or have completed a doctoral program in clinical or counseling psychology or a closely related specialty;
(c) have had two years of full-time supervised clinical experience subsequent to obtaining a master's degree in a multidisciplinary mental health setting. (one year of supervised clinical work in an organized graduate internship program may be substituted for each year of experience); and

(d) for any psychologist who provides individual, group, or family therapy to members under the age of 21, be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(3) Social Worker.

(a) At least one staff social worker must be licensed or have applied for and have a license pending as an independent clinical social worker by the Massachusetts Board of Registration of Social Workers.

(b) Any additional social workers on the staff must provide services under the direct and continuous supervision of an independent clinical social worker. Such additional social workers must be licensed or applying for licensure as certified social workers by the Massachusetts Board of Registration of Social Workers and have received a master's degree in social work and completed two years of full-time supervised clinical work in an organized graduate internship program.

(c) Any social worker who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(4) Psychiatric Nurse. At least one psychiatric nurse must be currently registered by the Massachusetts Board of Registration in Nursing and must have a master's degree in nursing from an accredited National League of Nursing graduate school with two years of full-time supervised clinical experience in a multidisciplinary mental health setting and be eligible for certification as a clinical specialist in psychiatric/mental health nursing by the American Nursing Association. Any other nurses must have a bachelor's degree from an educational institution accredited by the National League of Nursing and two years of full-time supervised skilled experience in a multidisciplinary mental health setting subsequent to that degree, or a master's degree in psychiatric nursing. Any psychiatric nurse mental-health clinical specialist who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS). Nurses who are not psychiatric nurse mental-health clinical specialists are not eligible to administer the CANS.

(5) Counselor. A counselor must have a master's degree in counseling education, counseling psychology, or rehabilitation counseling from an accredited educational institution and two years of full-time supervised clinical experience in a multidisciplinary mental health setting subsequent to obtaining the master's degree (one year of supervised clinical work in an organized graduate internship program may be substituted for each year of full-time experience). Any counselor who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(6) Occupational Therapist. An occupational therapist must be currently licensed by the Massachusetts Division of Registration of Allied Health Professions and registered by the American Occupational Therapy Association and must have either

(a) a master's degree in occupational therapy from an accredited program in occupational therapy; or

(b) a bachelor's degree in occupational therapy from an accredited program in occupational therapy and a master's degree in a related field such as psychology, social work, or counseling.

410.476: Mental Health Services: Treatment Procedures

(A) A professional staff member must conduct a comprehensive evaluation of each member prior to initiation of therapy. For members under the age of 21, a CANS must be completed during the initial behavioral-health assessment before initiation of therapy and be updated at least every 90 days thereafter by a CANS-certified provider, as described in 130 CMR 410.475(B). The CANS is not required during an assessment that is conducted as part of the emergency department screening.

(B) The hospital outpatient department must accept for treatment, refer for treatment elsewhere, or both, any member for whom the intake evaluation substantiates a mental or emotional disorder.

(C) The hospital outpatient department will ensure that one professional staff member (the primary therapist) assumes primary responsibility for each member. This responsibility will include

(1) within four client visits, preparation of a comprehensive written treatment plan that is based on the initial evaluation, incorporates short- and long-term treatment goals, and establishes criteria for determining when termination of treatment is appropriate;
(2) ongoing utilization review;
(3) review of each case at termination of treatment and preparation of a termination summary that describes the course of treatment and any aftercare program or resources in which the member is expected to participate; and
(4) ensuring that a CANS-certified provider, as described in 130 CMR 410.475(B), completes the CANS in accordance with 130 CMR 410.476(A).

(D) The hospital outpatient department will make provisions for responding to persons needing services on a walk-in basis.

(E) The hospital outpatient department will take appropriate steps to facilitate uninterrupted and coordinated member care whenever it refers a member elsewhere for concurrent or subsequent treatment.

(F) Before referring a member elsewhere, the hospital outpatient department will, with the member's consent, send a summary of or the actual record of the member to that referral provider.

410.477: Mental Health Services: Utilization Review Plan

A mental health program must have a utilization review plan that is acceptable to the MassHealth agency and that meets the following conditions.

(A) A utilization review committee will be formed, composed of the clinical director (or a designee), a psychiatrist, and one other professional staff member from each core discipline represented who meets all the qualifications for the discipline, as outlined in 130 CMR 410.475.

(B) The utilization review committee will review a representative sample of cases at least in the following circumstances:

(1) within 90 days after initial contact;
(2) when a member has required more than 50 visits every 12 months and has not required hospitalization or extensive crisis intervention during that period; and
(3) following termination.

(C) The utilization review committee will verify for a representative sample of cases that
(1) the diagnosis has been adequately documented;
(2) the treatment plan is appropriate and specifies the methods and duration of the projected treatment program;
(3) the treatment plan is being or has been carried out;
(4) the treatment plan is being or has been modified as indicated by the member's changing status;
(5) there is adequate follow-up when a member misses appointments or drops out of treatment;
(6) there is progress toward achievement of short- and long-term goals; and
(7) for members under the age of 21, the CANS has been completed at the initial behavioral-health assessment and updated at least every 90 days thereafter as part of the treatment plan review.

(D) No staff member will participate in the utilization review committee's deliberations about any member that staff member is treating directly.

(E) The program will maintain minutes that are sufficiently detailed to show the decisions of each review and the basis on which any decisions are made so that the MassHealth agency may conduct such audits as it deems necessary.

(F) Based on the utilization review, the director of clinical services or a designee will determine whether continuation, modification, or termination of treatment is necessary and promptly communicate this decision to the primary therapist.

410.478: Mental Health Services: Recordkeeping Requirements

(A) The hospital outpatient department must obtain, upon the initiation of treatment, written authorization from each member or the member's legal guardian to release information obtained by the provider to hospital staff, federal and state regulatory agencies, and, when applicable, referral providers, to the extent necessary to carry out the purposes of the program and to meet regulatory requirements, including provider audits.

(B) In addition to the information required in 130 CMR 410.409, each member's record must include the following information:
(1) the member's case number, address, telephone number, sex, age, marital status, next of kin, and school or employment status (or both);
(2) the date of initial contact and, if applicable, the referral source;
(3) a report of a physical examination performed within six months (if such an examination has not been performed in that period, one must be given within 30 days after the member's request for services or, if the member refuses to be examined, the record must document the reasons for the exam postponement);
(4) the name and address of the member's primary physician or medical clinic (a physician or medical clinic must be recommended if there is not one currently attending the member);

(5) a description of the nature of the member's condition;
(6) the relevant medical, social, educational, and vocational history;
(7) a comprehensive functional assessment of the member;
(8) the clinical impression of the member and a diagnostic formulation, including a specific diagnosis using ICD-9-CM or DSM III diagnosis codes;
(9) the member's treatment plan, updated as necessary, including long-range goals, short-term objectives, and the proposed schedule of therapeutic activities;
(10) a schedule of dates for utilization review to determine the member's progress in accomplishing goals and objectives;
(11) the name, qualifications, and discipline of the primary therapist;
(12) a written record of utilization reviews by the primary therapist;
(13) documentation of each visit, including the member's response to treatment, written and signed by the person providing the service, and including the therapist's discipline and degree;
(14) all information and correspondence regarding the member, including appropriately signed and dated consent forms;
(15) a medication-use profile;
(16) when the member is discharged, a discharge summary; and
(17) for members under the age of 21, a CANS completed during the initial behavioral-health assessment and updated at least every 90 days thereafter.

(C) A brief history is acceptable for emergency or walk-in visits when the treatment plan does not call for extended care.

410.479: Mental Health Services: Service Limitations

(A) Length and Frequency of Sessions.
(1) The MassHealth agency will pay for diagnostic and treatment services only when a professional staff member personally provides these services to the member or the member's family, or personally consults with a professional outside of the hospital outpatient department. The services must be provided to the member on an individual basis.
(2) The MassHealth agency will pay for only one session of the types of services listed in 130 CMR 410.479(C) through (H) provided to an individual member on one date of service. Return visits on the same date of service are not reimbursable.

(B) Diagnostic Services. Payment for diagnostic services provided to a member is limited to a maximum of four hours or eight units.

(C) Individual Therapy. Payment for individual therapy is limited to a maximum of one hour per session per day.

(J) Home Visits.

(1) The MassHealth agency will pay for intermittent home visits. Payment will also be made for home visits made for diagnostic purposes.

(2) Home visits are reimbursable on the same basis as comparable services provided at the hospital outpatient department. Travel time to and from the member's home is not reimbursable.

(3) A report of the home visit must be entered into the member's record.

(K) Multiple Therapies. The MassHealth agency will pay for more than one mode of therapy used for a member during one week only if clinically justified; that is, when any single approach has been shown to be necessary but insufficient. The need for additional modes of treatment should be documented in the member's record.

(L) Outreach Services Provided in Nursing Facilities. The MassHealth agency will pay for diagnostic and treatment services provided in a nursing facility to a member who resides in that nursing facility only in the following circumstances:

(1) the nursing facility specifically requests treatment and the member's record at the nursing facility documents this request;

(2) the treatment provided does not duplicate services usually provided in the nursing facility;

(3) such services are generally available through the hospital outpatient department to members not residing in that nursing facility; and

(4) the member either cannot leave the nursing facility or is sufficiently mentally or physically incapacitated to be unable to come to the hospital outpatient department alone.

410.480: Mental Health Services: Child and Adolescent Needs and Strengths (CANS) Data Reporting

For each Child and Adolescent Needs and Strengths (CANS) conducted, the hospital must report data collected during the assessment to the MassHealth agency, in the manner and format specified by the MassHealth agency.

410.481: Vision Care Services: General Requirements

(A) Introduction.

(1) The regulations in 130 CMR 410.481 through 410.489 establish the requirements and procedures for vision care services provided by hospital outpatient departments. Vision care services are the professional care of the eyes for purposes of diagnosing and correcting refractive errors, analyzing muscular anomalies, and determining pathological conditions. They include eye examinations, vision training, and the prescription and dispensing of ophthalmic materials. Professional and technical services will be provided in accordance with the established standards of quality and health care necessity recognized by the vision care industry and licensing agencies in Massachusetts.

(2) MassHealth covers the following services only when provided to eligible MassHealth members under age 21: ophthalmic materials, specifically including, but not limited to, complete eyeglasses or eyeglass parts; the dispensing of ophthalmic materials; contact lenses; and other visual aids, except that this age limitation does not apply to visual magnifying aids for use by members who are both diabetic and legally blind. Visual magnifying aids do not include eyeglasses or contact lenses.

(B) Definitions. The following terms used in 130 CMR 410.481 through 410.489 will have the meanings given in 130 CMR 410.481 unless the context clearly requires a different meaning.

(1) Dispensing Practitioner – any optician, optometrist, ophthalmologist, or other participating provider authorized by the MassHealth agency to dispense eyeglass frames, lenses, and other vision care materials to members.

(2) Optical Supplier – the optical laboratory contracted by the MassHealth agency to supply the following ophthalmic materials and services:

(a) eyeglass frames;
(b) eyeglass lenses;
(c) frame cases;
(d) tints, coatings, ground-on prisms, and prisms by decentration; and
(e) repair parts.

(3) Order – the process by which a dispensing practitioner requests ophthalmic materials (completed eyeglasses, repair parts, and other services) from the optical supplier.

(4) Order Form – the form used by the dispensing practitioner to request ophthalmic materials (completed eyeglasses, repair parts, and other services) from the optical supplier. The required form is specified in the billing instructions in Subchapter 5 of the *Outpatient Hospital Manual*.

(5) Prescriber – any optometrist, ophthalmologist, or other practitioner licensed and authorized to write prescriptions for eyeglass frames, lenses, and other vision care services.

(C) Nonreimbursable Circumstances. Vision care services are not reimbursable to a vision care provider when the services were furnished in a state institution, in an inpatient hospital, or in a hospital-affiliated teaching institution, and when the services are among those for which the provider is compensated by the state or institution.

(D) Prior Authorization.

(1) For certain vision care services specified in 130 CMR 410.484 through 410.487, the MassHealth agency requires the provider to obtain prior authorization as a prerequisite to payment.

(2) All prior authorization requests must be submitted in accordance with the instructions in Subchapter 5 of the *Outpatient Hospital Manual*.

601 Introduction

MassHealth providers must refer to the official list of HCPCS codes and descriptions as posted on the Centers for Medicare and Medicaid Services Web site at www.cms.gov/medicare/hcpcs when billing for services provided to MassHealth members.

CPT Codes

MassHealth pays for services billed using all medicine, radiology, laboratory, surgery, and anesthesia CPT codes in effect at the time of service, except for those codes listed in Section 602 of this subchapter, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 410.000 and 450.000, and in the most current Acute Hospital Request for Application.

Level II HCPCS Codes

MassHealth pays for services billed using only those Level II HCPCS codes listed in Section 603 of this subchapter that are in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 410.000 and 450.000, and in the most current Acute Hospital Request for Application.

For a list of billable revenue codes and HCPCS billing combinations, please refer to Appendix F of the *Acute Outpatient Hospital Manual*. The list in Appendix F is to be used ***only*** as a guide.

EPSDT

An acute outpatient hospital provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C.1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Acute Outpatient Hospital Manual*.

602 Nonpayable Services - CPT

MassHealth does not ordinarily pay for services billed under the following codes and code ranges.

0001F	0031T	0060T	0078T	0098T
0005F	0032T	0061T	0079T	0099T
0012F	0041T	0062T	0080T	0100T
4002F	0042T	0063T	0081T	0101T
4006F	0043T	0066T	0084T	0102T
4009F	0046T	0067T	0085T	0103T
4011F	0047T	0068T	0086T	0104T
0016T	0048T	0069T	0087T	0105T
0017T	0049T	0070T	0088T	0106T
0019T	0050T	0071T	0089T	0107T
0026T	0051T	0072T	0090T	0108T
0027T	0052T	0073T	0092T	0109T
0028T	0053T	0075T	0093T	0110T
0029T	0058T	0076T	0095T	0111T
0030T	0059T	0077T	0096T	0123T

602 Nonpayable Services - CPT (cont.)

0124T	10040	21248	47140	65767
0126T	11922	21249	47141	65771
0130T	11950	22526	47142	65780
0137T	11951	22527	47143	65781
0140T	11952	22841	47144	65782
0141T	11954	32491	47145	69090
0142T	15781	32850	47146	71552
0143T	15782	32851	47147	72159
0144T	15783	32852	48160	72198
0145T	15786	32853	48551	73225
0146T	15787	32854	48552	76140
0147T	15788	32855	48554	76150
0148T	15789	32856	48556	76350
0149T	15792	33930	50320	76496
0150T	15793	33933	50323	76497
0151T	15819	33935	50325	76498
0155T	15824	33940	50327	77399
0156T	15825	33944	50328	78267
0157T	15826	33945	50329	78268
0158T	15828	34803	50340	78351
0159T	15829	36415	50360	80502
0160T	15847	36416	50365	82075
0161T	15876	36468	50370	82962
0162T	15877	36469	50380	86079
0163T	15878	36591	51701	86890
0164T	15879	36592	51702	86891
0165T	17340	36598	58750	86910
0166T	17360	37765	58752	86911
0167T	17380	37766	58760	86927
0168T	19316	41870	58956	86930
0169T	19324	41872	58970	86931
0170T	19325	43644	58974	86932
0171T	19355	43645	58976	86960
0172T	19396	43752	59070	86985
0173T	20930	43842	59072	87903
0174T	20936	43843	59412	87904
0175T	20985	43845	59897	88000
0176T	20986	44132	61630	88005
0177T	20987	44133	61635	88007
0178T	21120	44135	61640	88012
0179T	21121	44136	61641	88014
0180T	21122	44137	61642	88016
0181T	21123	44720	62287	88020
0182T	21125	44721	63043	88025
0183T	21127	47133	63044	88027
00100	21245	47135	65760	88028
01999	21246	47136	65765	88029

602 Nonpayable Services - CPT (cont.)

88036	90384	90865	94777	98962
88037	90386	90875	95052	98966
88040	90389	90876	95120	98967
88045	90396	90880	95125	98968
88099	90586	90885	95130	98969
88125	90633	90889	95131	99000
88333	90634	90901	95132	99001
88334	90636	90911	95133	99002
89250	90645	90940	95134	99024
89251	90646	90989	95824	99026
89253	90647	90993	95965	99027
89254	90648	90997	95966	99050
89255	90665	90999	95967	99051
89257	90669	91132	96000	99053
89258	90680	91133	96001	99056
89259	90698	92314	96002	99058
89260	90700	92315	96003	99060
89261	90701	92316	96004	99071
89264	90702	92317	96150	99075
89268	90708	92325	96151	99078
89272	90710	92352	96152	99080
89280	90712	92353	96153	99082
89281	90715	92354	96154	99090
89290	90716	92355	96155	99091
89291	90718	92358	96567	99100
89300	90720	92371	96902	99116
89310	90721	92531	96904	99135
89320	90723	92532	97005	99140
89321	90732	92533	97006	99143
89322	90744	92534	97537	99144
89325	90748	92548	97545	99148
89329	90769	92559	97546	99149
89330	90770	92560	97597	99150
89331	90771	92561	97598	99172
89335	90776	92562	97602	99190
89342	90816	92564	97605	99191
89343	90817	92630	97606	99192
89344	90818	92633	97755	99199
89346	90819	93660	97810	99251
89352	90821	93760	97811	99252
89353	90822	93762	97813	99253
89354	90823	93770	97814	99254
89356	90824	93786	98940	99255
90281	90826	94005	98941	99288
90283	90827	94015	98942	99289
90284	90828	94774	98943	99290
90287	90829	94775	98960	99293
90379	90845	94776	98961	99294

602 Nonpayable Services - CPT (cont.)

99295	99326	99350	99404	99502
99296	99327	99354	99406	99503
99298	99328	99355	99408	99504
99299	99334	99356	99409	99505
99300	99335	99357	99411	99506
99304	99336	99358	99412	99507
99305	99337	99359	99420	99509
99306	99339	99360	99429	99510
99307	99340	99374	99441	99511
99308	99341	99375	99442	99512
99309	99342	99377	99443	99600
99310	99343	99378	99444	99601
99315	99344	99379	99450	99602
99316	99345	99380	99455	99605
99318	99347	99401	99456	99606
99324	99348	99402	99500	99607
99325	99349	99403	99501	

603 Payable Services - Level II HCPCS

The following Level II HCPCS describe services that are covered by MassHealth for AOHs and hospital-licensed health centers (HLHCs).

A4641	J1562	J7321	J9000	J9110
A9500	J1566	J7322	J9001	J9120
A9502	J1569	J7323	J9015	J9130
A9503	J1571	J7324	J9020	J9140
A9505	J1620	J7340	J9031	J9150
A9512	J1626	J7341	J9035	J9151
A9537	J1740	J7342	J9040	J9160
G0105	J1742	J7343	J9041	J9165
G0108	J1745	J7344	J9045	J9170
G0109	J1825	J7346	J9050	J9181
G0121	J1830	J7347	J9055	J9182
G0270	J1950	J7348	J9060	J9185
G0271	J2175	J7349	J9062	J9190
J0128	J2260	J7501	J9065	J9200
J0129	J2270	J7504	J9070	J9202
J0135	J2323	J7505	J9080	J9206
J0207	J2357	J7525	J9090	J9208
J0348	J2430	J8510	J9091	J9209
J0475	J2469	J8520	J9092	J9211
J0640	J2550	J8521	J9093	J9213
J0740	J2770	J8530	J9094	J9214
J1094	J2778	J8560	J9095	J9215
J1325	J3110	J8600	J9096	J9216
J1327	J3243	J8610	J9097	J9217
J1561	J3396	J8700	J9100	J9218

603 Payable Services - Level II HCPCS (cont.)

J9219	J9270	J9350	J9600	L8690
J9230	J9280	J9355	J9999	L8691
J9245	J9290	J9357	L8614	S0023
J9250	J9291	J9360	L8615	S0028
J9261	J9293	J9370	L8616	S0077
J9265	J9305	J9375	L8617	S0162
J9266	J9320	J9380	L8618	S2083
J9268	J9340	J9390	L8619	

604 Modifiers

Modifiers for Behavioral-Health Screening

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed below to indicate whether a behavioral-health need was identified. “Behavioral-health need identified” means the provider administering the screening tool, in her or his professional judgement, identified a child with a potential behavioral health services need.

Modifier-Modifier Description

U1 Completed behavioral-health screening using a standardized behavioral-health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with **no** behavioral health need identified.

U2 Completed behavioral-health screening using a standardized behavioral-health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and behavioral-health need identified.

Modifier for Child and Adolescent Needs and Strengths (CANS)

The following modifier is used in combination with service code 90801 to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the assessment.

Modifier-Modifier Description

HA Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination

Modifiers for Tobacco-Cessation Services

The following modifiers are used in combination with Service Code 99407 to report tobacco-cessation counseling. Service Code 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes) may also be billed without a modifier to report an individual smoking and tobacco use cessation counseling visit of at least 30 minutes.

Modifier-Modifier Description

HQ Group counseling, at least 60-90 minutes
TF Intermediate level of care, at least 45 minutes