




Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter AOH-37  
May 2016

**TO:** Acute Outpatient Hospitals Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth 

**RE:** *Acute Outpatient Hospital Manual* (Payment for Postpartum Depression Screening)

This letter transmits revisions to the service code and modifiers for postpartum depression screening in the *Acute Outpatient Hospital Manual*.

Effective for dates of service on or after May 16, 2016, MassHealth will pay, on an individual consideration (I.C.) basis, for the administration of standardized depression screening during pregnancy and the postpartum period (PPD screen). This is consistent with Executive Office of Health and Human Services (EOHHS) Administrative Bulletin 16-06 regarding 101 CMR 317.00: *Medicine*. The I.C. rate listed in this bulletin is applicable until EOHHS issues revised rates.

Providers who screen for perinatal depression using MassHealth-approved, perinatal depression screening tools have been voluntarily administering and reporting such screens for dates of service from October 1, 2015, through May 15, 2016.

### **Relationship to the DPH Postpartum Depression Reporting Requirement**

The Massachusetts Department of Public Health (DPH) will consider providers from whom it requires annual reporting on PPD screening pursuant to 105 CMR 271.000 and who submit reportable claims to MassHealth to be in compliance with the indirect reporting provision in said regulation.

For more information, see [www.mass.gov/eohhs/docs/dph/com-health/early-childhood/postpartum-depression-memo.pdf](http://www.mass.gov/eohhs/docs/dph/com-health/early-childhood/postpartum-depression-memo.pdf).

### **MassHealth-Approved Perinatal Depression-Screening Tools**

MassHealth adopts the DPH's approved list of perinatal depression-screening tools. Providers may claim for the administration of these MassHealth-approved screening tools, including the Edinburgh Postnatal Depression Scale; Patient Health Questionnaire-9; Postpartum Depression Screening Scale; Beck Depression Inventory; and the Center for Epidemiological Studies Depression Scale.

Please refer to the DPH's postpartum depression (PPD) screening tool grid for links and revisions to the list of MassHealth-approved screening tools:

[www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html).

## **Guidelines for Claims Submission for Perinatal Depression Screening**

### ***Perinatal Care Providers***

Providers may submit claims for one prenatal and one postpartum depression screen for a pregnant or postpartum MassHealth member in a 12-month period, using the woman's MassHealth ID number.

### ***Pediatric Providers***

Pediatric providers may claim for the administration of one postpartum depression screen in conjunction with a well-child or episodic visit for a MassHealth member aged 0-6 months, using the infant's MassHealth ID number.

## **Perinatal Depression Screening in Conjunction with Pediatric Visits Does Not Affect CBHI Screening**

Providers must continue to administer and claim for behavioral-health screening for the infant during well-child visits using the appropriate Current Procedural Terminology (CPT) code and modifier.

For a single date of service, pediatric providers may file a claim for a child's Children's Behavioral Health Initiative (CBHI) screen and separately claim for a MassHealth-approved perinatal depression-screening tool using the infant's MassHealth ID number.

## **Training and Referral Resources**

MCPAP for Moms (created by the Massachusetts Child Psychiatry Access Project) 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.

MCPAP for Moms also offers trainings and toolkits for health-care providers and their staff. Providers are encouraged to download and review the provider toolkits, using the links below.

- Toolkit for Adult Providers  
[www.mcpapformoms.org/Toolkits/Toolkit.aspx](http://www.mcpapformoms.org/Toolkits/Toolkit.aspx)
- Toolkit for Pediatric Providers  
[www.mcpapformoms.org/Toolkits/PediatricProvider.aspx](http://www.mcpapformoms.org/Toolkits/PediatricProvider.aspx)

MCPAP for Moms is free for all Massachusetts providers. Call 1-855-Mom-MCPAP (1-855-666-6272) or visit [www.mcpapformoms.org](http://www.mcpapformoms.org).

## **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

For more information, see *Screening for Behavioral Health Conditions* on the CBHI website at [www.mass.gov/masshealth/cbhi](http://www.mass.gov/masshealth/cbhi).

## **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto: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 6-13 through 6-16

## **OBSOLETE MATERIAL**

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

### **Acute Outpatient Hospital Manual**

Pages 6-13 through 6-16 — transmitted by Transmittal Letter AOH-35

|  |  |                         |
|--|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-13     |
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604 Modifiers

The following service code modifiers are allowed for billing under the MassHealth *Acute Outpatient Hospital Manual* for payable services.

| <u>Modifier</u> | <u>Description</u>   |
|-----------------|--|
| 22              | Increased procedural services  |
| 24              | Unrelated evaluation and management service by the same physician during a postoperative period  |
| 25              | Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service             |
| 27              | Multiple outpatient hospital E/M encounters on the same date   |
| 50              | Bilateral procedure  |
| 51              | Multiple procedures  |
| 52              | Reduced services   |
| 53              | Discontinued procedure   |
| 57              | Decision for surgery   |
| 58              | Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period   |
| 59              | Distinct procedural service  |
| 63              | Procedure performed on infants less than 4 kg  |
| 73              | Discontinued outpatient procedure prior to anesthesia administration   |
| 74              | Discontinued outpatient procedure after anesthesia administration  |
| 76              | Repeat procedure or service by same physician or other qualified health care professional  |
| 77              | Repeat procedure or service by another physician or other qualified health care professional   |
| 78              | Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period |
| 79              | Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period   |
| 80              | Assistant surgeon  |
| 90              | Reference (outside) laboratory   |
| 91              | Repeat clinical diagnostic laboratory test   |
| 99              | Multiple modifiers   |
| BL              | Special acquisition of blood and blood products  |
| CA              | Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission  |
| CR              | Catastrophe/disaster related   |
| E1              | Upper left, eyelid   |
| E2              | Lower left, eyelid   |
| E3              | Upper right, eyelid  |
| E4              | Lower right, eyelid  |
| F1              | Left hand, second digit  |
| F2              | Left hand, third digit   |
| F3              | Left hand, fourth digit  |
| F4              | Left hand, fifth digit   |
| F5              | Right hand, thumb  |

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| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-14    |
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604 Modifiers (cont.)

| <u>Modifier</u> | <u>Description</u>   |
|-----------------|--|
| F6              | Right hand, second digit   |
| F7              | Right hand, third digit  |
| F8              | Right hand, fourth digit   |
| F9              | Right hand, fifth digit  |
| FA              | Left hand, thumb   |
| FB              | Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples) |
| GA              | Waiver of liability statement issued as required by payer policy, individual case.   |
| GG              | Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day  |
| GH              | Diagnostic mammogram converted from screening mammogram on the same day  |
| LC              | Left circumflex, coronary artery   |
| LD              | Left anterior descending coronary artery   |
| LT              | Left side (used to identify procedures performed on the left side of the body)   |
| Q1              | Routine clinical service provided in a clinical research study that is in an approved clinical research study  |
| QM              | Ambulance service provided under arrangement by a provider of services   |
| QN              | Ambulance service furnished directly by a provider of services   |
| RC              | Right coronary artery  |
| RT              | Right side (used to identify procedures performed on the right side of the body)   |
| T1              | Left foot, second digit  |
| T2              | Left foot, third digit   |
| T3              | Left foot, fourth digit  |
| T4              | Left foot, fifth digit   |
| T5              | Right foot, great digit  |
| T6              | Right foot, second digit   |
| T7              | Right foot, third digit  |
| T8              | Right foot, fourth digit   |
| T9              | Right foot, fifth digit  |
| TA              | Left foot, great toe   |
| U5              | Medicaid level of care 5, as defined by each state   |
| U6              | Medicaid level of care 6, as defined by each state   |
| U7              | Medicaid level of care 7, as defined by each state   |
| U8              | Medicaid level of care 8, as defined by each state   |
| U9              | Medicaid level of care 9, as defined by each state   |
| XE              | Separate Encounter: a service that is distinct because it occurred during a separate encounter   |
| XP              | Separate Practitioner: a service that is distinct because it was performed by a different practitioner   |
| XS              | Separate Structure: a service that is distinct because it was performed on a separate organ/structure  |
| XU              | Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service  |

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604 Modifiers (cont.)

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 MassHealth 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 judgment, identified a child with a potential behavioral health services need.

- 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 MassHealth 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 MassHealth provider manual and behavioral health need identified.

Modifiers for Postpartum Depression Screening Tools

Service Code S3005 is used for the performance measurement and evaluation of patient self-assessment and depression. Service Code S3005 must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

Modifier Modifier Description

- U1 Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.
- U2 Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.
- U3 Pediatric Provider – Positive Screen: completed postpartum depression screening during well-child or infant episodic visit and behavioral health need identified.
- U4 Pediatric Provider – Negative Screen: completed postpartum depression screening during well-child or infant episodic visit with no behavioral health need identified.

Please refer to the Massachusetts Department of Public Health’s (DPH) postpartum depression (PPD) screening tool grid for any revisions to the list of MassHealth-approved screening tools:  
[www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html).

Modifier for Child and Adolescent Needs and Strengths (CANS)

- HA Service Code 90801 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths is included in the assessment

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604 Modifiers (cont.)

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.

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

Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

PA        Surgical or other invasive procedure on wrong body  
PB        Surgical or other invasive procedure on wrong patient  
PC        Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS are defined in the *Current Procedural Terminology (CPT)* codebook.