

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Z. EPSDT/PPHSD Screening Services Codes	Page Z-1
	Transmittal Letter ALL-249	Date 11/21/24

EPSDT/PPHSD Screening Services Codes

The following services are payable according to 130 CMR 450.146 through 450.150 in addition to the initial, periodic, or interperiodic, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) visit when they are performed and interpreted in the office of the provider who furnished the visit.

Laboratory Services

<u>Service Code</u>	<u>Service Description</u>
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
84703	Gonadotropin, chorionic (hCG); qualitative
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
86580	Skin test, tuberculosis, intradermal
87081	Culture, presumptive, pathogenic organisms, screening only
87210	Smear, primary source, with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)

Audiometric Hearing Function Tests

92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

Parent and Caregiver Depression, Developmental, or Autism Spectrum Disorder Screening

96110	Developmental screening, with scoring and documentation, per standardized instrument
-------	--

(Parent and Caregiver Depression Screening, should occur at every preventive pediatric visit from the one month visit to the twelve month visit, may be billed up to the twelve month preventive pediatric visit for the administration and scoring of a recommended postpartum depression screening tool, and must be billed with the UD modifier used together with either modifier - U1 or U2.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Z. EPSDT/PPHSD Screening Services Codes	Page Z-2
	Transmittal Letter ALL-249	Date 11/21/24

Service

Code

Service Description

Developmental Screening, should occur at the 9-, 18-, and 30-month preventive pediatric visits and at any visit in which developmental surveillance elicits a concern, may be billed up to the age 8 preventative pediatric visit for administration and scoring of an age-appropriate standardized developmental screening tool per Appendix W and must be billed with modifier -U1 or -U2.

Autism Spectrum Disorder Screening, should occur at the 18- and 24-month preventive pediatric visits, may be billed up to the age 3 preventative pediatric visit for administration and scoring of a standardized autism screening tool per Appendix W and must be billed with modifier -U3 or -U4.

If multiple screenings are performed during a single visit, it is permitted to list 96110 along with the appropriate modifier multiple times on the claim so long as different screenings are performed for each listing of 96110 and the exact modifiers do not repeat.)

Behavioral Health Assessment and Depression Screening

96127 Brief emotional/behavioral assessments, with scoring and documentation, per standardized instrument (4 to 21 years of age. From 4 to 11 years of age, to be billed for the administration of a standardized behavioral health screening tool per Appendix W. From 12 to 21 years of age, to be billed for the administration of a standardized depression screening tool per Appendix W. Must be billed with either modifier -U1 or -U2. Code 96127 is not payable when code 90791 is billed for the same date of service for the same member. For such dates of service, the provider must bill only code 90791).

Vision Tests

99173 Screening test of visual acuity, quantitative, bilateral

Service Code Modifiers and Descriptions

Modifier Modifier Description

-U1 No developmental health or behavioral health need identified. (Used with codes 96110, 96127)
-U2 Developmental health or behavioral health need identified. (Used with codes 96110, 96127)
-U3 No follow-up needed (Used with code 96110)
-U4 Follow-up needed (Used with code 96110)
-UD Administration and scoring of a standardized screening tool for parent and caregiver postpartum depression. (Used with code 96110 in combination with U1 or U2)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Z. EPSDT/PPHSD Screening Services Codes	Page Z-3
	Transmittal Letter ALL-249	Date 11/21/24

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Z. EPSDT/PPHSD Screening Services Codes	Page Z-4
	Transmittal Letter ALL-249	Date 11/21/24

This page is reserved.