




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



MassHealth
Transmittal Letter CHC-110
June 2017

TO: Community Health Centers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: *Community Health Center Manual*: Revised Subchapter 6, Additional Behavioral Health Screening Tools and Coding for Postpartum Depression Screening

This letter transmits updates to Subchapter 6 of the *Community Health Center Manual* to conform to recent updates to MassHealth's list of approved, standardized behavioral-health screening tools for children younger than 21 years of age listed in Appendix W of all provider manuals. Transmittal Letter ALL-219, issued in March 2017, describes these updates in detail.

The revisions to Subchapter 6 are effective for dates of service on or after April 17, 2017.

Developmental and Behavioral Health Screens

MassHealth includes developmental and behavioral health (mental health and substance use disorder) screens in its list of Early Periodic Screening, Diagnosis and Treatment (EPSDT) services and Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) services, in accordance with 130 CMR 450.140 through 450.150.

The revised Appendix W (EPSDT/PPHSD Periodicity Schedule) requires providers to choose a clinically appropriate, behavioral-health screening tool from a menu of approved, standardized tools when conducting a behavioral-health screen at a periodic or interperiodic visit. MassHealth has added three more tools to its list of approved, standardized behavioral-health screening tools for children younger than age 21. These tools are the:

- Pediatric Symptom Checklist, 17-question version (PSC-17);
- Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R); and
- Edinburgh Postnatal Depression Scale (EPDS).

Instructions for Claims for Postpartum Depression Screening by an Infant's Provider

Subchapter 6 of the *Community Health Center Manual* has been updated to reflect changes to the modifiers and codes used for claiming by CHCs for postpartum depression screening performed by an infant's provider who is employed or contracted by the CHC.

Effective for dates of service on or after April 17, 2017, CHCs that submit claims for the Edinburgh Postnatal Depression Scale administered by infants' providers employed or contracted by the CHC must bill for these screenings using CPT code 96110 with the appropriate modifiers identifying the type of clinician administering the behavioral health screen and whether or not a behavioral health need is identified (U1 through U8).

Instructions for Claims for Postpartum Depression Screening (cont.)

When the provider submits a claim for 96110 for the administration of the EPDS, the provider must also include an additional, second modifier, signifying that the EPDS is the behavioral health screen administered (UD). Section 613 of Subchapter 6 has been updated to add this new modifier UD.

Effective for dates of service on or after April 17, 2017, postpartum depression screens administered to caregivers of infants younger than six (6) months by an infant's medical provider may no longer be claimed using code S3005.

For a single date of service, providers may file only one claim for CPT code 96110.

No Change for Perinatal Depression Screens by a Caregiver's Provider

There is **no change** for the code used by CHCs to bill for **perinatal** (prenatal and postpartum) depression screens administered to an infant's caregiver **by the caregiver's provider** who is employed or contracted by the CHC. For such screens, CHCs should continue to use CPT code S3005. The modifiers for S3005 applicable to screens performed by a caregiver's medical provider, U1 and U2, are not changed. Modifiers previously applicable to screens performed by an infant's medical provider (U3 and U4) are discontinued, effective for dates of service on or after April 17, 2017.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

For more information about the standardized behavioral-health screening tools, visit www.mass.gov/masshealth/cbhi and click on "Screening for Behavioral Health Conditions."

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, email 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.)

Community Health Center Manual

Pages 6-15 through 6-18

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages 6-15 through 6-18 — transmitted by Transmittal Letter CHC-109

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613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth.

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.*

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
96110	U1	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U2	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U3	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	U4	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	U5	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are nurse practitioners employed by community health centers.)
96110	U6	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are nurse practitioners employed by community health centers.)
96110	U7	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are physician assistants employed by community health centers.)

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613 Payable Behavioral Health Screening Tool Service Codes (cont.)

Code Modifier Special Requirement or Limitation

- 96110 U8 Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are physician assistants employed by community health centers.)
- 96110 UD Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale. UD must be used together with one of the above modifiers, U1–U8.

* “Behavioral health need identified” means the provider administering the screening tool, in his or her professional judgment, identifies a child with a potential behavioral health services need.

614 Payable Postpartum Depression Screening Tools

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

<u>Modifier</u>	<u>Description</u>
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.

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.

615 Payable Acupuncture Service Codes

This section lists acupuncture service codes that are payable under MassHealth.

- 97810
- 97811
- 97813
- 97814

616 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

<u>Modifier</u>	<u>Description</u>
24	Unrelated evaluation and management service by the same physician during a postoperative period

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616 Modifiers (cont.)

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
26	Professional component
50	Bilateral procedure
51	Multiple procedures
54	Surgical care only
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 (may be used only with service code 81211)
62	Two surgeons
66	Surgical team
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
82	Assistant surgeon (when qualified resident surgeon not available)
91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
LT	Left side (used to identify procedures performed on the left side of the body)
QW	CLIA waived test
RT	Right side (used to identify procedures performed on the right side of the body)
TC	Technical Component
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

The following modifiers are for Provider Preventable Conditions that are National Coverage Determinations.

<u>Modifier</u>	<u>Description</u>
PA	Surgical or other invasive procedure on wrong body part
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.

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