



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 CHC-97  
May 2013

**TO:** Community Health Centers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director  
**RE:** *Community Health Center Manual* (New Modifiers for National Correct Coding Initiatives)

This letter transmits updates to Subchapter 6 in the *Community Health Center Manual*. MassHealth has also expanded the list of allowable modifiers for use with MassHealth-covered service codes, as described in [All Provider Bulletin 227](#) (June 2012).

The revised Subchapter 6 is effective for dates of service on or after July 1, 2012.

### MassHealth Website

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

### Questions

If you have any questions about this transmittal letter, please contact MassHealth Customer Service 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.)

#### Community Health Center Manual

Pages 6-15 and 6-16

### OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

#### Community Health Center Manual

Pages 6-15 and 6-16 — transmitted by Transmittal Letter 95

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-15
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613 Payable Behavioral Health Screening Tool Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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.)
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.)

\* “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 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 post operative 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.
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.
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.

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614 Modifiers (cont.)

Modifier    Description

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).
RT	Right side (used to identify procedures performed on the right side of the body).
TC	Technical Component

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

Modifier    Description

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.

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.