




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



MassHealth
Transmittal Letter PHY-148
May 2016

TO: Physicians Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth 
RE: *Physician Manual* (Payment for Postpartum Depression Screening)

This letter transmits revisions to the service code and modifiers for perinatal depression screening in the *Physician 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 DPH's 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 <http://www.mass.gov/eohhs/docs/dph/com-health/early-childhood/postpartum-depression-memo.pdf>.

MassHealth-Approved Perinatal Depression-Screening Tools

MassHealth adopts 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 DPH's postpartum depression (PPD) screening tool grid for links and revisions to the list of MassHealth-approved screening tools.
<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
- Toolkit for Pediatric Providers
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/.

MassHealth Website

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

For more information, see *Screening for Behavioral Health Conditions* on the CBHI website at 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, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Physician Manual

Pages 6-23 through 6-28

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Physician Manual

Pages 6-23 through 6-28 — transmitted by Transmittal Letter PHY-147

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-23
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Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm (IC)
Q4164	Helicoll, per sq cm (IC)
Q4165	Keramatrix, per sq cm (IC)
Q5101	Injection, filgrastim (G-CSF), biosimilar, 1 microgram
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
Q9980	Hyaluronan or derivative, for intra-articular injection, 1 mg (PA)
S0020	Injection, bupivacaine HCl, 30 ml
S0021	Injection, cefoperazone sodium, 1 g (IC)
S0023	Injection, cimetidine HCl, 300 mg
S0077	Injection, clindamycin phosphate, 300 mg
S0190	Mifepristone, oral, 200 mg (IC)
S0191	Misoprostol, oral, 200 mcg (IC)
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)
S2260	Induced abortion, 17 to 24 weeks (CPA-2)
S3005	Performance measurement, evaluation of patient self-assessment, depression (IC)
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)
S4993	Contraceptive pills for birth control
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
V2600	Hand held low vision aids and other nonspectacle mounted aids (PA) (IC)
V2610	Single lens spectacle mounted low-vision aids (PA) (IC)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system (PA) (IC)
V2799	Vision item or service, miscellaneous (PA) (IC)

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the [MassHealth Billing Guide for Paper Claim Submitters](#) for billing instructions on the use of modifiers.

<u>Modifier</u>	<u>Modifier Description</u>
22	Increased Procedural Service
24	Unrelated evaluation and management service by the same physician or other qualified health care professional 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
26	Professional component

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
50	Bilateral procedure
51	Multiple procedures
52	Reduced services
53	Discontinued service
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
80	Assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
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
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program
HN	Bachelor's degree level (Use to indicate physician assistant.) (This modifier is to be applied to codes for services billed by a physician that were performed by a physician assistant employed by the physician or group practice.)
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
LT	Left side (Used to identify procedures performed on the left side of the body.)
LM	Left main coronary artery
RB	Replacement of a DME, orthotic, or prosthetic item furnished as part of a repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (Used to identify procedures performed on the right side of the body.)
SA	Nurse practitioner rendering service in collaboration with a physician (This modifier is to be applied to codes for services billed by a physician that were performed by a nonindependent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)
SB	Nurse midwife (This modifier is to be applied to codes for services billed by a physician that were performed by a nonindependent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)
SL	State supplied vaccine (This modifier should only be applied to codes 90460, 90461, 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and younger, including those administered under the Vaccine for Children Program (VFC).)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
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
TC	Technical component (The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately, the addition of modifier TC to the service code will let the technical component allowable fee contained in 101 CMR 317.04 be paid.)
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter

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605 Modifiers (cont.)

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

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.

<u>Modifier</u>	<u>Modifier Description</u>
HQ	Group counseling, at least 60–90 minutes in duration, provided by a physician
TD	Individual counseling provided by a registered nurse (RN)
TF	Individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician
U1	Individual counseling services provided by a tobacco-cessation counselor
U2	Individual intake/assessment counseling, at least 45 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, registered nurse, or a tobacco-cessation counselor, under the supervision of a physician
U3	Group counseling, at least 60-90 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

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605 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 provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. **Service Code 96110** or **96127** 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 his or her professional judgment, identified a child with a potential behavioral health services need.

<u>Modifier</u>	<u>Modifier Description</u>
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” when administered by a physician, independent nurse midwife, or independent nurse practitioner.
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 a behavioral health need was identified when administered by a physician, independent nurse midwife, or independent nurse practitioner.
U3	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” when administered by a nurse midwife employed by a physician.
U4	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 a behavioral health need was identified when administered by a nurse midwife employed by a physician.
U5	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” when administered by a nurse practitioner employed by a physician.
U6	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 a behavioral health need was identified when administered by a nurse practitioner employed by a physician.
U7	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” when administered by a physician assistant employed by a physician.
U8	Completed a 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 a behavioral health need was identified when administered by a physician assistant employed by a physician.

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605 Modifiers (cont.)

Modifiers for Administration of MassHealth-Approved Screening Tools

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

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

Modifier for Child and Adolescent Needs and Strengths (CANS)

<u>Modifier</u>	<u>Modifier Description</u>
HA	Service Code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination. This modifier may be billed only by psychiatrists.

**Modifiers for Provider Preventable Conditions
That Are National Coverage Determinations**

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

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.