



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



MassHealth
Transmittal Letter CHC-105
May 2016

TO: Community Health Centers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Community Health Center Manual (Payment for Postpartum Depression Screening)

This letter transmits revisions to the service code and modifiers for postpartum depression screening in the *Community Health Center 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 (MDPH) 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 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 Children's Behavioral Health Initiative (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.)

Comumunity Health Center Manual

Pages vi and 6-15 through 6-18

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Comumunity Health Center Manual

Pages vi and 6-15 through 6-18 — transmitted by Transmittal Letter CHC-104

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612 Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes

This section lists medical nutrition therapy and diabetes self-management training service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* codebook and to the HCPCS Level II codebook (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

G0108
G0109
G0270
G0271
97802
97803
97804

613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* codebook (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

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

<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.)

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

Service

Code Modifier Special Requirement or Limitation

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 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.
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.

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615 Payable Acupuncture Service Codes

This section lists acupuncture service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* codebook (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

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 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
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.
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
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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616 Modifiers (cont.)

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)* codebook.