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](http://www.mcpapformoms.org/Toolkits/Toolkit.aspx)

- Toolkit for Pediatric Providers  
  [www.mcpapformoms.org/Toolkits/PediatricProvider.aspx](http://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/](http://www.mcpapformoms.org/).

MassHealth Website

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

For more information, see Screening for Behavioral Health Conditions on the CBHI website at [www.mass.gov/masshealth/cbhi](http://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
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)

### 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.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Increased Procedural Service</td>
</tr>
<tr>
<td>24</td>
<td>Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
</tr>
<tr>
<td>26</td>
<td>Professional component</td>
</tr>
<tr>
<td>Modifier</td>
<td>Modifier Description</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>50</td>
<td>Bilateral procedure</td>
</tr>
<tr>
<td>51</td>
<td>Multiple procedures</td>
</tr>
<tr>
<td>52</td>
<td>Reduced services</td>
</tr>
<tr>
<td>53</td>
<td>Discontinued service</td>
</tr>
<tr>
<td>54</td>
<td>Surgical care only</td>
</tr>
<tr>
<td>57</td>
<td>Decision for surgery</td>
</tr>
<tr>
<td>58</td>
<td>Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period</td>
</tr>
<tr>
<td>59</td>
<td>Distinct procedural service</td>
</tr>
<tr>
<td>62</td>
<td>Two surgeons</td>
</tr>
<tr>
<td>66</td>
<td>Surgical team</td>
</tr>
<tr>
<td>78</td>
<td>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</td>
</tr>
<tr>
<td>79</td>
<td>Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period</td>
</tr>
<tr>
<td>80</td>
<td>Assistant surgeon</td>
</tr>
<tr>
<td>82</td>
<td>Assistant surgeon (when qualified resident surgeon not available)</td>
</tr>
<tr>
<td>91</td>
<td>Repeat clinical diagnostic laboratory test</td>
</tr>
<tr>
<td>99</td>
<td>Multiple modifiers</td>
</tr>
<tr>
<td>E1</td>
<td>Upper left, eyelid</td>
</tr>
<tr>
<td>E2</td>
<td>Lower left, eyelid</td>
</tr>
<tr>
<td>E3</td>
<td>Upper right, eyelid</td>
</tr>
<tr>
<td>E4</td>
<td>Lower right eyelid</td>
</tr>
<tr>
<td>F1</td>
<td>Left hand, second digit</td>
</tr>
<tr>
<td>F2</td>
<td>Left hand, third digit</td>
</tr>
<tr>
<td>F3</td>
<td>Left hand, fourth digit</td>
</tr>
<tr>
<td>F4</td>
<td>Left hand, fifth digit</td>
</tr>
<tr>
<td>F5</td>
<td>Right hand, thumb</td>
</tr>
<tr>
<td>F6</td>
<td>Right hand, second digit</td>
</tr>
<tr>
<td>F7</td>
<td>Right hand, third digit</td>
</tr>
<tr>
<td>F8</td>
<td>Right hand, fourth digit</td>
</tr>
<tr>
<td>F9</td>
<td>Right hand, fifth digit</td>
</tr>
<tr>
<td>FA</td>
<td>Left hand, thumb</td>
</tr>
<tr>
<td>FP</td>
<td>Service provided as part of family planning program</td>
</tr>
<tr>
<td>HN</td>
<td>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.)</td>
</tr>
<tr>
<td>LC</td>
<td>Left circumflex coronary artery</td>
</tr>
<tr>
<td>LD</td>
<td>Left anterior descending coronary artery</td>
</tr>
<tr>
<td>Modifier</td>
<td>Modifier Description</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>LT</td>
<td>Left side (Used to identify procedures performed on the left side of the body.)</td>
</tr>
<tr>
<td>LM</td>
<td>Left main coronary artery</td>
</tr>
<tr>
<td>RB</td>
<td>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.)</td>
</tr>
<tr>
<td>RC</td>
<td>Right coronary artery</td>
</tr>
<tr>
<td>RI</td>
<td>Ramus intermedius coronary artery</td>
</tr>
<tr>
<td>RT</td>
<td>Right side (Used to identify procedures performed on the right side of the body.)</td>
</tr>
<tr>
<td>SA</td>
<td>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.)</td>
</tr>
<tr>
<td>SB</td>
<td>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.)</td>
</tr>
<tr>
<td>SL</td>
<td>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).)</td>
</tr>
<tr>
<td>T1</td>
<td>Left foot, second digit</td>
</tr>
<tr>
<td>T2</td>
<td>Left foot, third digit</td>
</tr>
<tr>
<td>T3</td>
<td>Left foot, fourth digit</td>
</tr>
<tr>
<td>T4</td>
<td>Left foot, fifth digit</td>
</tr>
<tr>
<td>T5</td>
<td>Right foot, great toe</td>
</tr>
<tr>
<td>T6</td>
<td>Right foot, second digit</td>
</tr>
<tr>
<td>T7</td>
<td>Right foot, third digit</td>
</tr>
<tr>
<td>T8</td>
<td>Right foot, fourth digit</td>
</tr>
<tr>
<td>T9</td>
<td>Right foot, fifth digit</td>
</tr>
<tr>
<td>TA</td>
<td>Left foot, great toe</td>
</tr>
<tr>
<td>TC</td>
<td>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.)</td>
</tr>
<tr>
<td>XE</td>
<td>Separate encounter, a service that is distinct because it occurred during a separate encounter</td>
</tr>
</tbody>
</table>
605 **Modifiers** (cont.)

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XP</td>
<td>Separate practitioner, a service that is distinct because it was performed by a different practitioner</td>
</tr>
<tr>
<td>XS</td>
<td>Separate structure, a service that is distinct because it was performed on a separate organ/structure</td>
</tr>
<tr>
<td>XU</td>
<td>Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQ</td>
<td>Group counseling, at least 60–90 minutes in duration, provided by a physician</td>
</tr>
<tr>
<td>TD</td>
<td>Individual counseling provided by a registered nurse (RN)</td>
</tr>
<tr>
<td>TF</td>
<td>Individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician</td>
</tr>
<tr>
<td>U1</td>
<td>Individual counseling services provided by a tobacco-cessation counselor</td>
</tr>
<tr>
<td>U2</td>
<td>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</td>
</tr>
<tr>
<td>U3</td>
<td>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</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td>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.</td>
</tr>
<tr>
<td>U2</td>
<td>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.</td>
</tr>
<tr>
<td>U3</td>
<td>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.</td>
</tr>
<tr>
<td>U4</td>
<td>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.</td>
</tr>
<tr>
<td>U5</td>
<td>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.</td>
</tr>
<tr>
<td>U6</td>
<td>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.</td>
</tr>
<tr>
<td>U7</td>
<td>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.</td>
</tr>
<tr>
<td>U8</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td>Perinatal Care Provider - Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.</td>
</tr>
<tr>
<td>U2</td>
<td>Perinatal Care Provider - Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.</td>
</tr>
<tr>
<td>U3</td>
<td>Pediatric Provider - Positive Screen: completed postpartum depression screening during well-child or infant episodic visit and behavioral health need identified.</td>
</tr>
<tr>
<td>U4</td>
<td>Pediatric Provider - Negative Screen: completed postpartum depression screening during well-child or infant episodic visit with no behavioral health need identified.</td>
</tr>
</tbody>
</table>

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](http://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)

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HA</td>
<td>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.</td>
</tr>
</tbody>
</table>

Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Modifier Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>Surgical or other invasive procedure on wrong body part</td>
</tr>
<tr>
<td>PB</td>
<td>Surgical or other invasive procedure on wrong patient</td>
</tr>
<tr>
<td>PC</td>
<td>Wrong surgery or other invasive procedure on patient</td>
</tr>
</tbody>
</table>

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.