|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts MassHealth**  **Provider Manual Series**  Nursing Facility Manual | **Subchapter Number and Title**  Table of Contents | **Page**  vi |
| **Transmittal Letter**  NF-56 | **Date**  04/01/10 |

|  |  |  |
| --- | --- | --- |
| Appendix A. | Directory................................................................................................................... | A-1 |
| Appendix B. | Enrollment Centers................................................................................................... | B-1 |
| Appendix C. | Third-Party-Liability Codes ..................................................................................... | C-1 |
| Appendix D. | Specifications for Electronic Submission of MMQ ................................................. | D-1 |
| Appendix E. | Instructions for Completing MMQ........................................................................... | E-1 |
| Appendix F. | Unit-Dose-Drugs ...................................................................................................... | F-1 |
| Appendix G. | Supplemental Instructions for TPL Exceptions........................................................ | G-1 |
| Appendix W. | EPSDT Services: Medical and Dental Protocols and Periodicity Schedules .......... | W-1 |
| Appendix X. | Family Assistance Copayments and Deductibles ..................................................... | X-1 |
| Appendix Y. | EVS Codes/Messages ............................................................................................... | Y-1 |
| Appendix Z. | EPSDT/PPHSD Screening Services Codes .............................................................. | Z-1 |