

## Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid



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MassHealth All Provider Bulletin 211 May 2011

TO: All Providers Participating in MassHealth

**FROM:** Terence G. Dougherty, Medicaid Director

RE: Critical Edit for Required Behavioral Health Screen Modifier

### Background

Effective for dates of service on or after July 1, 2011, MassHealth will deny claims that do not include a U modifier (U1 through U8) with a claim for Service Code 96110. Since December 31, 2007, MassHealth has required all primary-care providers serving MassHealth members under the age of 21 (except MassHealth Limited) to offer to use one of several standardized behavioral health screening tools when performing that component of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Pediatric Preventive Health-care Screening and Diagnosis (PPHSD) visit. The EPSDT Medical and Dental Periodicity Schedule (Appendix W) of your MassHealth provider manual contains the menu of approved, clinically appropriate, standardized screening tools from which to choose.

MassHealth pays for the administration and scoring of the standardized behavioral health screening tool, separately from the office visit, when using Service Code 96110 *and* the appropriate "U" modifier.

MassHealth provided detailed information about these requirements in <u>Transmittal Letter ALL-155</u>, which communicated updates to the EPSDT/PPHSD regulations (130 CMR 450.140 through 450.150), Appendix W, and Appendix Z. Click on the hyperlink to see a copy of the transmittal letter and relevant documents.

# Critical Edit of Modifier Requirement

Effective for dates of service on or after July 1, 2011, MassHealth will deny claims that do not include a U modifier (U1 through U8) with a claim for Service Code 96110. The claim will deny for Edit 8156 "U" Modifier required for code 96110 – not present.

As noted in the following chart, the specific billing modifier to use depends on the type of provider conducting the screen and the disposition of the screen. The clinician must exercise his or her professional judgment as to whether or not the screen identifies a potential behavioral health need.

Modifiers for Use with Service Code 96110		
Servicing Provider	Modifier for Use When No Behavioral Health Need Is Identified	Modifier for Use When Behavioral Health Need Is Identified
Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD)	U1	U2
Nurse Midwife employed by Physician or CHC	U3	U4
Nurse Practitioner employed by Physician or CHC	U5	U6
Physician Assistant employed by Physician or CHC	U7	U8

A provider must use one or more of the following four sources to develop a clinical impression or form a judgment as to whether there is a risk of a potential behavioral health need:

- 1. the behavioral health screen;
- 2. the patient's (or parent's) statement of concern about behavioral or emotional issues;
- 3. the patient's history; and
- 4. observation and examination of the patient.

Providers must ensure that billing departments and fiscal intermediaries are aware of the implementation of and requirements for this critical edit in order to avoid denial of claims for a behavioral health screen using Service Code 96110.

### Web Page

For more information on the Children's Behavioral Health Initiative, refer to the Web site at <a href="https://www.mass.gov/masshealth/childbehavioralhealth">www.mass.gov/masshealth/childbehavioralhealth</a>. This resource is maintained by MassHealth to help providers

- understand the modifier requirement for Service Code 96110;
- gain familiarity with the approved standardized behavioral-health screening tools;
- implement the use of behavioral-health screening tools in their practices; and
- know what to do when a potential behavioral health need is identified.

### **Questions**

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to <a href="mailto:providersupport@mahealth.net">providersupport@mahealth.net</a>, or fax your inquiry to 617-988-8974.