




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

**MassHealth**  
**Mental Health Center Bulletin 30**  
**June 2014**

**TO:** Mental Health Centers Participating in MassHealth  
**FROM:** Kristin L. Thorn, Medicaid Director   
**RE:** **Behavioral Health Assessment Claims for Members Under 21**

### **Overview**

For members under 21, MassHealth now pays for initial behavioral health assessments only when completed in conjunction with the Child and Adolescent Needs and Strengths (CANS) tool.

In order to ensure that providers use the CANS tool with initial behavioral health assessments, effective for dates of service on or after May 1, 2014, failure to include an "HA" modifier using CPT Service Code 90791 will result in a denial of the claim for Edit 8163 "HA" MODIFIER REQUIRED FOR CODE 90791 -NOT PRESENT for members under 21.

Providers should make billing departments and their fiscal intermediaries aware of this critical edit in order to avoid denial of claims for behavioral health assessments using CPT Service Code 90791 for members under 21.

### **Frequency Limits**

For members under 21, MassHealth will allow only two 90791 "HA" claims per member per site in a 90-day period. MassHealth will allow a new set of 90791 "HA" claims when the member experiences a lapse in service of six months or more with the original provider.

### **Questions**

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.