***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services Office of Medicaid***

[*www.mass.gov/masshealth*](http://www.mass.gov/masshealth)

MassHealth

Transmittal Letter ALL-236 March 2022

**TO:** All Providers Participating in MassHealth and the Children’s Medical Security Plan

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth [Signature of Amanda Cassel Kraft]

**RE:** *All Provider Manuals: Revised Appendix T:* Children’s Medical Security Plan (CMSP)

 2021 HCPCS Code Updates

This letter transmits revisions to the service codes in *Appendix T* of all provider manuals. The Centers for Medicare & Medicaid Services (CMS) revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2021. MassHealth has updated the attached Appendix T to reflect the 2021 HCPCS/CPT services code updates for codes covered in the Children’s Medical Security Plan (CMSP) benefit package. Providers must use the new 2021 codes to obtain reimbursement for dates of service on or after January 1, 2021.

The CMSP provides primary and preventive medical, behavioral health, and dental coverage to uninsured children younger than 19 years of age who do not qualify for any MassHealth coverage types (other than MassHealth Limited). CMSP program regulations can be found at 130 CMR 522.004.

**Eligible Providers and Services**

The following provider types are eligible to provide services to CMSP members:

* Acute Outpatient Hospital
* Audiologist
* Certified Nurse Midwife
* Certified Nurse Practitioner
* Certified Registered Nurse Anesthetist
* Chronic Disease and Rehabilitation Outpatient Hospital
* Clinical Nurse Specialist
* Community Health Center
* Dentist (including those with oral surgery specialty)
* Durable Medical Equipment Provider
* Family Planning Agency
* Freestanding Ambulatory Surgery Center
* Hospital Licensed Health Center
* Independent Clinical Laboratory
* Limited Service Clinic
* Mental Health Center
* Optometrist
* Pharmacy (including those with DME specialty)
* Physician
* Physician Assistant
* Podiatrist
* Psychiatric Clinical Nurse Specialist
* Psychologist
* Substance Use Disorder (outpatient services only)

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**MassHealth Website**

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

[Sign up](https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, email 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.)

All Provider Manuals

Pages T-1 through T-16

OBSOLETE MATERIAL

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

All Provider Manuals

Pages T-1 through T-16 — transmitted by Transmittal Letter ALL-229

Introduction and Explanation of Abbreviations

The following services are payable for children who are eligible for the Children’s Medical Security Plan (CMSP), subject to all conditions and limitations in the MassHealth regulations applicable for the provider rendering service and in 130 CMR 450.000: *Administrative and Billing Regulations*.

For complete descriptions of the service codes listed in Appendix T, MassHealth providers may refer to the American Medical Association’s latest *Current Procedural Terminology (CPT)* codebook, the *HCPCS Level II* codebook (or the Centers for Medicare & Medicaid Services website at www.cms.gov), and the American Dental Association’s *Current Dental Terminology (CDT)* codebook, as applicable.

The following abbreviations are used in Appendix T.

1. PA indicates that service-specific prior authorization is required. See 130 CMR 450.303 and applicable provider-type program regulations for more information.
2. IC indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim. See 130 CMR 450.271.
3. HF indicates substance abuse program.
4. SL indicates state-supplied vaccine or antibodies

**Note:** Rates paid by MassHealth for covered codes under this Appendix T for drugs, vaccines, and immune globulins administered in a provider’s office are as specified in 101 CMR 317.00: *Rates for* *Medicine Services*. Subject to any other applicable provision in 101 CMR 317.00, the payment rates for these MassHealth-covered codes for drugs, vaccines, and immune globulins administered in the provider’s office are equal to the fees listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File (see 101 CMR 317.03(1)(c)2 and 317.04(1)(a)). For applicable codes for drugs, vaccines, and immune globulins administered in a provider’s office that are listed in the Vaccine Services or Drugs and Contraceptive Supplies Section below, with “IC,” payment set by IC will apply until such time as the code is listed and a rate is set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

Service Codes

# Anesthesia Services

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# Surgical Services

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**Radiology Services**

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76881

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76999 (IC)

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77299 (IC)

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77307

77316

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77318

77321

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77332

77333

77334

77387 (IC)

77399 (IC)

77431

77432

77470

77499 (IC)

77600

77605

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77750

77761

77762

77763

77778

77789

77799 (IC)

78012

78013

78014

78015

78016

78020

78070

78075

78099 (IC)

78140

78185

78191

78195

78199 (IC)

78201

78202

78215

78216

78230

78231

78232

78258

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78282

78290

78291

78299 (IC)

78305

78306

78315

78399 (IC)

78414

78428

78445

78451

78452

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78466

78468

78469

78491

78492

78496

78499 (IC)

78580

78599 (IC)

78608

78609

78610

78630

78635

78645

78650

78660

78699 (IC)

78700

78701

78707

78708

78709

78725

78730

78740

78761

78799 (IC)

78802

78803

78999 (IC)

79200

79300

79403

79440

79999 (IC)

**Laboratory Services**

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80420

80422

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81000

81001

81002

81003

81005

81007

81015

81020

81025

81050

81099 (IC)

82009

82010

82013

82016

82017

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82274

82286

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82308

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83701

83704

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83719

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83775

83785

83789

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84999 (IC)

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86849 (IC)

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87850

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87912

87999 (IC; PA)

88130

88140

88142

88143

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88148

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88166

88174

88175

88371

88372

88399 (IC)

88720

88740

88741

89050

89051

89055

89060

89125

89160

89190

89240 (IC)

G0480

G0481

G0482

G0483

# Vaccine Services

Vaccines are provided free of charge by the Massachusetts Department of Public Health (DPH) for individuals aged 18 years and younger, including those administered under the Vaccine for Children Program (VFC). Apply Modifier SL to 90460, 90461, 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by the Massachusetts DPH.

90460 (SL)

90461 (SL)

90471 (SL)

90472 (SL)

90473 (SL)

90474 (SL)

90476 (IC)

90477 (IC)

90581 (IC)

90585

90620 (IC)

90621 (IC)

90625 (IC)

90630 (IC)

90632 (IC)

90633 (IC)

90636

90650

90651 (IC)

90654 (IC)

90656

90658 (IC)

90660 (IC)

90661 (IC)

90662

90664 (IC)

90666 (IC)

90667 (IC)

90668 (IC)

90670

90673

90674

90675

90676 (IC)

90682

90686

90688

90690 (IC)

90691

90696 (IC)

90707

90710 (IC)

90713 (IC)

90714

90715

90716 (IC)

90717 (IC)

90732

90733 (IC)

90734 (IC)

90736 (IC; PA)

90738 (IC)

90739 (IC)

90747

90750 (IC; PA)

90756

**Behavioral Health Services**

90791

90792

90832

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90849

90853

90882 (HF)

97810 (HF)

97811 (HF)

H0004

H0005

H2011

T1006

# Gastroenterology Services

91010

91013

91020

91022

91030

91110 (PA)

91111 (PA)

91133

91299 (IC)

# Ophthalmology Services

92002

92004

92012

92014

92015

92020

92025

92060

92065 (PA)

92081

92082

92083

92100

92132

92133

92134

92136

92229

92230

92235

92240

92242

92250 (PA)

92260

92265

92270

92283

92284

92285

92286

92287

92499 (IC)

# Otorhinolaryngology Services

92502

92504

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# Audiology Services

92550

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92558 (IC)

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92572

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92577

92579

92582 (IC)

92583 (IC)

92584 (IC)

92587

92588

92650

92651

92652

92653

92700 (IC)

#

# Cardiovascular Services

92950

93000

93005

93010

93015

93016

93017

93018

93024

93025

93040

93041

93042

93224

93225

93226

93227

93268

93270

93271

93278

93303

93304

93306

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93314

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93320

93321

93325

93350

93505

93561

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93571

93572

93600

93602

93603

93612

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93616

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93620

93621

93622

93623

93624

93640

93641

93642

93662

93799 (IC)

93880

93882

93886

93888

93922

93923

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93931

93970

93971

93975

93976

93978

93979

93980

93981

93990

# Pulmonary Services

94010

94014

94016

94060

94070

94150

94200

94375

94450

94618

94621

94640

94642

94664

94667

94668

94760

94761

94762

94772 (IC)

94799 (IC)

# Allergy Services

95004

95024

95027

95028

95044

95056

95060

95065

95070

95076

95079

95115

95117

95144

95145

95146

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95148

95149

95165

95170

95180

95199 (IC)

**Neurology Services**

95812

95813

95816

95819

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95851

95852

95857

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95958

**Psychological Testing Services**

96130

96131

 96132

96133

96136

96137

# Community Health Center Visits

T1015

99050

**Evaluation and Management Visits**

99188

99202

99203

99204

99205

99211

99212

99213

99214

99215

99381

99382

99383

99384

99385

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99397

99401

99402

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99404

**Drugs and Contraceptive Supplies**

A4261 (IC)

A4266

A4267

A4268

A4269

J0131 (IC)

J0215 (IC; PA)

J0295

J0348

J0456

J0561

J0690

J0696

J0702

J0780

J0834

J1050

J1100

J1320 (IC)

J1460

J1561 (PA)

J1569 (PA)

J1710 (IC)

J1720

J1740 (PA)

J1743 (IC)

J1750

J1885

J1890 (IC)

J2248

J2270

J2405

J2430

J3010

J3243

J3411

J3486

J7297 (IC)

J7298 (IC)

J7300

J7301

J7303

J7307 (IC)

J7620

J7644

J9035

J9218 (PA)

J9250

J9370

S4989 (IC)

S4993

**Durable Medical Equipment**

E0100

E0105

E0110

E0111

E0112

E0113

E0114

E0116

E0117

**Dental Services**

D0120

D0140

D0145

D0150

D0160

D0210

D0220

D0230

D0270

D0272

D0273

D0274

D0330

D0340

D1110

D1120

D1206

D1208

D1351

D1516

D1517

D1520

D1526

D1527

D1550

D1551

D1552

D1553

D2140

D2150

D2160

D2161

D2330

D2331

D2332

D2335

D2390

D2391

D2392

D2393

D2394

D2710

D2740

D2750

D2751

D2752

D2790

D2910

D2920

D2930

D2931

D2932

D2934

D2951

D2954

D2980

D2999 (IC; PA)

D3220

D3310

D3320

D3330

D3346

D3347

D3348

D3410

D3421

D3425

D3426

D4210 (PA)

D4211 (PA)

D4341 (PA)

D4342 (PA)

D5110

D5120

D5130

D5140

D5211

D5212

D5213

D5214

D5225

D5226

D5511

D5512

D5520

D5611

D5612

D5621

D5622

D5630

D5640

D5650

D5660

D5710

D5711

D5720

D5721

D5730

D5731

D5740

D5741

D5750

D5751

D5760

**Dental Services (cont.)**

D5761

D6241

D6751

D6930

D6980

D6999 (IC; PA)

D7111

D7140

D7210

D7220

D7230

D7240 (PA)

D7250

D7280

D7283

D7310

D7311

D7320

D7321

D7340 (PA)

D7350 (PA)

D7410

D7411

D7450

D7451

D7460

D7461

D7471 (PA)

D7960

D7963

D7970

D7999 (PA)

D9110

D9222

D9223

D9230

D9239

D9243

D9248

D9410

D9920 (PA)

D9930

D9941

D9945

D9999 (IC; PA)

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