



Transmittal Letter CFS-1

DATE: November 2025

TO: Correctional Facilities Participating in MassHealth

FROM: Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

RE: *Correctional Facility Services Manual (New Provider Manual)*

Effective November 7, 2025, MassHealth will cover certain correctional facility services. This letter transmits a new Correctional Facility Services provider manual.

New Provider Manual: Correctional Facility Services

The *Correctional Facility Services Manual* includes administrative and billing regulations for all providers as Subchapters 1–3. Instructions and other information relevant to all providers are reproduced in Subchapter 5 and all-provider appendices.

Provider-specific information about correctional facility services and codes are listed in Subchapter 4 and Subchapter 6.

New Regulation: 130 CMR 449.000: (Subchapter 4 of the Correctional Facility Services Manual)

[130 CMR 449.000](#): *Correctional Facility Services* is a standalone provider regulation that establishes a new correctional facility provider type. The new regulation sets forth the requirements, conditions and limitations for MassHealth-covered correctional facility services, and includes, among other things, provisions regarding the following areas:

- provider eligibility requirements to enroll as a MassHealth provider of such services;
- conditions of payment for such services;
- member eligibility requirements for the receipt of such services;
- requirements and limitations for the delivery of such services;
- administrative requirements related to the delivery of such services; and
- other requirements related to the provision of such services, including recordkeeping.

At this time, the covered services will include only the pre-release services required by federal law to be provided in the 30 days prior to release to post-adjudication eligible juveniles by Section 5121 of the Consolidated Appropriations Act (PUBL328.PS), namely Targeted Case Management (TCM) and screenings and diagnostics. The associated rates for covered services will be found in existing rate regulations.

New Subchapter 6: Correctional Facility Services

This letter transmits service codes in the *Correctional Facility Services Manual*.

The rates for correctional facility services can be found in 101 CMR 317.00: *Rates for Medicine Services*, 101 CMR 314.00: *Rates for Dental Services*; 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*; 101 CMR 318.00: *Rates for Radiology Services*; 101 CMR 320.00: *Rates for Clinical Laboratory Services*; and 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

New Material

The pages listed here contain new or revised language.

Correctional Facility Services Manual

Pages iv, 4-1 through 4-12; vi, and 6-1 through 6-10

 [MassHealth on Facebook](#)  [MassHealth on LinkedIn](#)  [MassHealth on X](#)  [MassHealth on YouTube](#)

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title Table of Contents	Page iv
	Transmittal Letter CFS-1	Date 11/07/25

4. Program Regulations

130 CMR 449.000: *Correctional Facility Services*

449.401: Introduction.....	4-1
449.402: Definitions	4-1
449.403: Qualifying Individuals	4-2
449.404: Participating Correctional Facility Eligibility.....	4-2
449.405: Participating Correctional Facility Enrollment Process.....	4-3
449.406: Services Provided Under a Contract	4-3
449.407: Reporting Requirements	4-4
449.408: Revocation of Enrollment and Sanctions	4-4
449.409: In-state Providers: Maximum Allowable Fees	4-5
449.410: Site Inspections	4-5
449.411: Covered Services	4-6
449.412: Staffing Requirements	4-7
449.413: Supervision, Training, and Other Staff Requirements.....	4-8
449.414: Recordkeeping Requirements	4-9
449.415: Administration	4-11
449.416: Service Limitations	4-11
449.417: Severability	4-11

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-4
	Transmittal Letter CFS-1	Date 11/07/25

449.401: Introduction

130 CMR 449.000 establishes the requirements for correctional facilities participating in MassHealth that provide services required for eligible individuals by the Consolidated Appropriations Act, 2023 (CAA 2023). All participating correctional facilities must also comply with MassHealth regulations including, but not limited to, 130 CMR 450.000: *Administrative and Billing Regulations*.

449.402: Definitions

The following terms used in 130 CMR 449.000 have the meanings given in 130 CMR 449.402 unless the context clearly requires a different meaning. Eligibility for reimbursement of services defined in 130 CMR 449.000 is not determined by these definitions, but by application of 130 CMR 449.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

Adjudication. The court process that determines if an individual committed the act for which they are charged.

Adverse Incident. An occurrence that represents actual or potential serious harm to the wellbeing of a member or to others under the care of a participating provider. Adverse incidents may be the result of the actions of a member served, actions of a staff member providing services, or incidents that compromise the health and safety of the member, or operations of the provider.

Clinical Laboratory. As defined in 130 CMR 401.402: Clinical Laboratory.

Consolidated Appropriations Act (CAA, 2023). The Consolidated Appropriations Act of 2023 that was signed into law by Congress on December 29th, 2022, thereby amending 42 U.S.C. 1396(a)(84), 42 U.S.C. 1396a(nn)(3), 42 U.S.C. 1396d(a), 42 U.S.C. 1397bb, 42 U.S.C. 1397jj(b).

Correctional Facility. Any building, enclosure, space or structure used for the custody, control and rehabilitation of committed offenders and of such other persons as may be placed in custody therein in accordance with law.

Former Foster Care Youth. Youth who meet the eligibility criteria for former foster care children, including individuals younger than age 26 who meet the criteria for the group upon attaining either age 18 or a higher age (up to 21).

Inmate. A committed offender or such other person as is placed in custody in a correctional facility in accordance with law.

Inmate of a Participating Correctional Facility. A committed offender or such other person as is placed in custody in a participating correctional facility in accordance with law.

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-2
	Transmittal Letter CFS-1	Date 11/07/25

ORP Provider. A provider who orders, refers, or prescribes a covered service to a MassHealth member.

Participating Correctional Facility (Facility). Any correctional facility that is enrolled as a MassHealth provider, that is not an institution of mental diseases as defined in 42 CFR 435.1010: *Definitions relating to institutional status*, and that is either

- (1) a Department of Corrections state prison, or
- (2) a county jail or house of correction, or
- (3) a Department of Youth Services hardware-secure or staff-secure track 1 facility or unit.

Post-adjudication. The time period following adjudication.

Rendering Provider. A Massachusetts licensed practitioner providing covered services to MassHealth members.

Warm Hand-off. A continuity of care tool to transition case management activities from a pre-release case management to a post-release case manager. Warm hand-offs should include a meeting between the individual, and both the pre-release and post-release case manager. It should also include a review of the person-centered care plan and the next steps to ensure continuity of case management and follow-up as the individual transitions into the community.

449.403: Qualifying Individuals

(A) In order to qualify to receive covered services (further defined in 449.414), the individual must meet each of the following criteria:

- (1) meet the definition of an inmate of a participating correctional facility;
- (2) be eligible for MassHealth;
- (3) be held post-adjudication; and
- (4) be an individual younger than 21 years old or a former foster care youth from 18 up to, but not including, 26 years old.

(B) For information on member eligibility and coverage types, *see* 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

449.404: Participating Correctional Facility Eligibility

(A) A correctional facility is eligible to enroll as a participating correctional facility only if the correctional facility meets all provider participation requirements in 130 CMR 449.000 and 450.000: *Administrative and Billing Regulations*.

(B) Clinical Laboratory Services by Eligible Facility. In addition to meeting the requirements in 130 CMR 449.404(A), a participating facility or partnering contractor that operates a clinical laboratory must be certified as a clinical laboratory by the Centers for Medicare & Medicaid Services, based on the criteria set forth in 130 CMR 401.404(A)(2). 42 CFR Part 493: *Laboratory Requirements* sets forth the conditions of the Clinical Laboratory Improvement Amendments of

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-3
	Transmittal Letter CFS-1	Date 11/07/25

1988 (CLIA). A participating facility that conducts CLIA-waived testing only must obtain a

CLIA Certificate of Waiver by meeting the exemption conditions under 42 CFR Part 493 Subpart B: *Certificate of Waiver* and submitting an application for a Certificate of Waiver. Participating facilities that conduct laboratory testing that is not CLIA waived must be in compliance with the Certificate of Waiver, Certificate of Compliance, Certificate for PPM procedures, or Certificate of Accreditation applicable to the category of examinations or procedures performed by the laboratory.

(C) Radiology Services by Eligible Facility. In addition to meeting the requirements in 130 CMR 449.404(A) and (B), a participating facility or partnering contractor that provides radiologic services must meet the conditions under 42 CFR 482.26: *Condition of participation: Radiologic services* and under 42 CFR 483.50: *Laboratory, radiology, and other diagnostic services*.

449.405: Participating Correctional Facility Enrollment Process

(A) The applicant must submit the appropriate provider enrollment application to the MassHealth agency. The MassHealth agency may request additional information or perform a site inspection to evaluate the applicant's compliance with the regulations in 130 CMR 449.000.

(1) Based on the information in the enrollment application, information known to the MassHealth agency about the applicant, and the findings from any site inspection deemed necessary, the MassHealth agency will determine whether the applicant is eligible for enrollment.

(2) The MassHealth agency will notify the applicant of the determination in writing within 60 days of the MassHealth agency receiving a completed application. An application will not be considered complete until the applicant has responded to all MassHealth requests for additional information, and MassHealth has completed any required site inspection.

(B) If the MassHealth agency determines that the applicant is not eligible for enrollment, the notice will contain a statement of the reasons for that determination, including but not limited to incomplete application materials and recommendations for corrective action, if appropriate, so that the applicant may reapply for enrollment once corrective action has been completed.

(C) Enrollment is valid only for the facility or facilities described in the application and is not transferable. Any additional facility established by the applicant at another location must apply for enrollment and be enrolled with the MassHealth agency to receive payment.

449.406: Services Provided Under a Contract

(A) Introduction. A participating facility may provide covered services directly or through contractual arrangements made by the participating facility. If a participating facility provides services via contractual arrangements, the contractor must also meet the requirements outlined in 130 CMR 449.000. Whether the services are provided directly or through contracts, the participating facility is responsible for submitting claims for services and for meeting the requirements in 130 CMR 449.000 and all other applicable state and federal requirements. A participating facility may provide services through contracts in the following situations:

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-4
	Transmittal Letter CFS-1	Date 11/07/25

- (1) when a participating facility, in order to be approved to participate in MassHealth, makes arrangements with another agency or organization to provide some or all of the covered services that it does not provide directly; or
- (2) when a participating facility that is already approved for participation in MassHealth makes arrangements with others to provide services it does not provide.

(B) Contract Requirements.

- (1) If the participating facility contracts with another provider participating in MassHealth (e.g., hospital, independent clinical laboratory, independent diagnostic testing facility, or pharmacy), a written contract must document the services to be provided and the corresponding financial arrangements.
- (2) If the participating facility contracts with a provider that does not participate in MassHealth, the written contract must include
 - (a) a description of the services to be provided;
 - (b) the duration of the agreement and how frequently it is to be reviewed;
 - (c) a description of how personnel are supervised;
 - (d) a statement that the contracting organization will provide its services in accordance with any plan of care established for the member with the correctional facility's staff;
 - (e) a description of the contracting organization's standards for personnel, including qualifications, functions, supervision, and in-service training;
 - (f) a description of the method of determining reasonable costs and payments by the participating facility for the specific services to be provided by the contracting organization; and
 - (g) an assurance that the contracting organization will comply with Title VI of the Civil Rights Act and all relevant MassHealth provider requirements.

449.407: Reporting Requirements

Each participating facility must comply with the reporting requirements that pertain to the practice, facility, policies or staffing of the participating facility as directed by the MassHealth agency, and in compliance with 130 CMR 450.000: *Administrative and Billing Regulations* and 130 CMR 449.000.

449.408: Revocation of Enrollment and Sanctions

- (A) The MassHealth agency has the right to review a participating facility's continued compliance with the conditions for enrollment referred to in 130 CMR 449.404 and the reporting requirements in 130 CMR 449.408 upon reasonable notice and at any reasonable time during the participating facility's hours of operation. The MassHealth agency has the right to revoke the enrollment, subject to any applicable provisions of 130 CMR 450.000: *Administrative and Billing Regulations*, if such review reveals that the participating facility has failed to or ceased to meet such conditions.

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-5
	Transmittal Letter CFS-1	Date 11/07/25

(B) If the MassHealth agency determines that there exists good cause for the imposition of a lesser sanction than revocation of enrollment, it may withhold payment, temporarily suspend the participating facility from participation in MassHealth, or impose some other lesser sanction as the MassHealth agency sees fit, pursuant to the processes set forth in 130 CMR 450.000, as applicable.

449.409: In-state Providers: Maximum Allowable Fees

(A) The Executive Office of Health and Human Services (EOHHS) determines the payment rate for covered services in accordance with 101 CMR 317.00: *Rates for Medicine Services*, 101 CMR 314.00: *Rates for Dental Services*; 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*; 101 CMR 318.00: *Rates for Radiology Services*; 101 CMR 320.00: *Rates for Clinical Laboratory Services*; and 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*. Payment is subject to the conditions, exclusions, and limitations set forth in 130 CMR 449.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

(B) Administrative Operations. Payment by the MassHealth agency for covered services includes payment for administrative operations and for all aspects of service delivery not explicitly included in 130 CMR 449.000, such as, but not limited to

- (1) staff supervision or consultation with another staff member;
- (2) providing information for the coordination of referrals; and
- (3) recordkeeping.

449.410: Site Inspections

(A) The MassHealth agency, and their agents and designated contractors may, at any time, conduct announced or unannounced site inspections of any and all participating facility locations to determine compliance with applicable regulations, which can include auditing activities in accordance with 130 CMR 450.000: *Administrative and Billing Regulations*. Such site inspections need not pertain to any actual or suspected deficiency in compliance with the regulations.

(B) After any site inspection where deficiencies are observed, the MassHealth agency will prepare a written site inspection report. The site inspection report will include the deficiencies found, and the period within which the deficiency must be corrected. The participating facility must submit a corrective action plan, within the timeframe set forth by the MassHealth agency, for each of the deficiencies cited in the report, including the specific corrective steps to be taken, a timetable for these steps, and the date by which full compliance will be achieved. The MassHealth agency will review the corrective action plan and will accept the corrective action plan only if it conforms to these requirements.

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-6
	Transmittal Letter CFS-1	Date 11/07/25

449.411: Covered Services

(A) Participating facilities that provide covered services must meet the staff requirements outlined in 130 CMR 449.415 and as more fully described in provider bulletins and other guidance that may be issued by the MassHealth agency.

(B) Legal Basis.

(1) In accordance with federal law, and notwithstanding any limitations implied or expressed elsewhere in MassHealth regulations or other publications, the MassHealth agency has established the correctional facility provider type to deliver the services required for eligible individuals by CAA 2023.

(2) Any participating facility may provide covered services; however, in delivering covered services, providers must follow the requirements of 130 CMR 449.414(C).

(C) Covered services include:

(1) Targeted Case Management (TCM).

(a) The TCM service must be provided during the 30 days prior to the individual's release.

(b) The TCM service must include the following elements:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services, including:

- a. taking client history;
- b. identifying the individual's needs and completing related documentation; and
- c. gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

2. Development (and periodic revision) of a specific person-centered care plan based on the information collected through the assessment that

- a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- c. identifies a course of action to respond to the assessed needs of the eligible individual.

3. Referral and related activities, including but not limited to referrals to appropriate care and services available in the geographic region of the home or residence of the eligible individual, (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan.

4. A warm hand-off to a post-release case manager to transition case management and support continuity of care of needed services that are documented in the person-centered care plan.

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-7
	Transmittal Letter CFS-1	Date 11/07/25

(2) Screening and Diagnostics.

(a) Screenings and diagnostics must be provided in the 30 days before the individual's release, as follows:

(b) Screenings for individuals younger than 21 years of age must include

1. services indicated as medically necessary in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements in 130 CMR 450.140; and
2. any additional screenings required by EOHHS as announced in sub-regulatory guidance, including but not limited to a behavioral health screening.

(c) Screenings for Former Foster Care Youth ages 21 through 25 must include the screenings required by EOHHS as announced in sub-regulatory guidance, including but not limited to a behavioral health screening.

(d) Diagnostics must include any diagnostics indicated as medically necessary based upon the required screenings that are feasible for the participating facility to provide.

449.412: Staffing Requirements

(A) Rendering providers working within participating facilities may provide covered services.

(B) Rendering providers must

- (1) be licensed, registered, certified, or otherwise appropriately credentialed or recognized practitioners under Massachusetts state scope of practice statutes; and
- (2) have the necessary experience and receive appropriate training, as applicable to a given carceral facility.

(C) ORP providers must be enrolled in MassHealth, pursuant to 130 CMR 450.000 and regulations governing the ORP provider's provider type. ORP providers may enroll in MassHealth as a non-billing provider as described in 130 CMR 450.212(E) or as a billing provider.

(1) The following types of providers are ORP providers: certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, dentist, licensed independent clinical social worker, optometrist, pharmacist (if authorized to prescribe), physician, physician assistant, podiatrist, psychiatric clinical nurse specialist, or psychologist.

(2) Claims for services listed in 130 CMR 449.415(C)(2) require an order, referral, or prescription from a MassHealth-enrolled ORP provider. Claims for the following services listed in 130 CMR 449.415(C)(2)(a) through (q) that do not have an order, referral, or prescription from a MassHealth-enrolled ORP provider will be denied.

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-8
	Transmittal Letter CFS-1	Date 11/07/25

- (a) any service that requires a Primary Care Clinician referral (*see* 130 CMR 450.118(J));
- (b) any service that requires a Primary Care ACO Participating Primary Care Provider referral (*see* 130 CMR 450.119(I));
- (c) Adult Day Health;
- (d) Adult Foster Care;
- (e) Continuous Skilled Nursing;
- (f) Durable Medical Equipment;
- (g) Eyeglasses;
- (h) Group Adult Foster Care;
- (i) Home Health;
- (j) Independent Nurse;
- (k) Labs and Diagnostic Tests;
- (l) Medications;
- (m) Orthotics;
- (n) Oxygen/Respiratory Equipment;
- (o) Prosthetics;
- (p) Psychological Testing;
- (q) Therapy (Physical, Occupational, or Speech and Language).

(D) Case Manager Qualifications. The case manager must have, or work under the supervision of an individual with, at minimum, a bachelor's degree in a related field or two years of professional or paraprofessional experience in human services, criminal justice, social work, social casework, guidance, vocational counseling, employment counseling, educational counseling or correctional facility work.

449.413: Supervision, Training, and Other Staff Requirements

(A) Staff Supervision Requirements. Each staff member must receive supervision appropriate to the staff member's skills and level of professional development. Supervision must occur in accordance with the program's policies and procedures and must include review of specific member issues, as well as a review of general principles and practices related to mental health, substance use disorder, and medical conditions.

(B) Staff Training. The participating facility must ensure that staff receive training to enhance and broaden their skills. Recommended training topics include but are not limited to:

- (1) common diagnoses across medical and behavioral healthcare;
- (2) engagement and outreach skills and strategies;
- (3) service coordination skills and strategies;
- (4) behavioral health and medical services, community resources, and natural supports;
- (5) principles of recovery and wellness;
- (6) cultural competence;
- (7) managing professional relationships with members including but not limited to boundaries, confidentiality, and peers as CSP workers;

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-9
	Transmittal Letter CFS-1	Date 11/07/25

- (8) service termination;
- (9) motivational interviewing;
- (10) accessibility and accommodations;
- (11) trauma-informed care;
- (12) traumatic brain injuries; and
- (13) safety protocols.

(C) Staff Professional Standards. Any staff, of any discipline, operating in the participating facility must comport with the standards and scope of practice delineated in their professional licensure and be in good standing with their board of professional licensure, as applicable. Each participating facility must notify the MassHealth agency of any staff who are sanctioned by the Department of Public Health or sanctioned by their board of licensure, as applicable.

(D) Staffing Plan. The participating facility must maintain a staffing plan that includes policies and procedures to ensure all staffing and supervision requirements pursuant to 130 CMR 449.000 are met. The staffing plan must include a safety protocol outlining how adverse incidents are documented and addressed.

(E) Conflict of Interest. The participating facility must ensure appropriate protections against conflicts of interest in the service planning and delivery of covered services.

449.414: Recordkeeping Requirements

(A) Release of Information. Each participating facility must obtain written authorization from each member or the member's legal guardian to release information obtained by the participating facility, to other community-based providers, federal and state regulatory agencies, and, when applicable, referral providers or other relevant parties to the extent necessary to carry out the purposes of the program and to meet regulatory requirements. All such information must be released on a confidential basis and in accordance with all applicable requirements.

(B) Member Records.

- (1) Participating facilities must maintain member records in accordance with 130 CMR 450.000: *Administrative and Billing Regulations*. When a member is referred to any other provider, the program must maintain the original member record and forward a copy of the information in 130 CMR 449.414(C) and (D) to the other provider.
- (2) Member records must be complete, accurate, and properly organized.

(C) Participating facilities must maintain case records that document for all individuals receiving TCM the following:

- (1) the name of the individual;
- (2) the dates of the case management services;
- (3) the name of the provider agency (if relevant) and the person providing the case management service;

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-10
	Transmittal Letter CFS-1	Date 11/07/25

- (4) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
- (5) whether the individual has declined services in the care plan;
- (6) the need for, and occurrences of, coordination with other case managers;
- (7) a timeline for obtaining needed services; and
- (8) a timeline for reevaluation of the plan.

(D) The member's record must include at least the following information:

- (1) the member's name and case number, MassHealth identification number, gender identity, date of birth, marital status, next of kin, and date of initial contact;
- (2) the place of service;
- (3) the member's description of the problem, and any additional information from other sources, including the referral source, if any;
- (4) written documentation that the member receiving services meets the clinical standards published by the MassHealth agency;
- (5) the relevant medical, psychosocial, educational, and vocational history;
- (6) a needs assessment of the member;
- (7) short- and long-range goals that are realistic and obtainable and a time frame for their achievement;
- (8) the member's service plan, updates, and related participating facility service planning meetings, including a schedule of activities and services necessary to achieve the member's goals, signed by both the participating facility staff person and the member;
- (9) written record of all services provided, including face-to-face, virtual, and collateral contacts, with progress notes;
- (10) a written record of the reassessments that includes recommendations for revision of the service plan, when indicated, and the names of the reviewers;
- (11) the name(s) of the participating facility staff person(s) responsible for providing services to the member;
- (12) reports on all collateral consultations and collaborations with family, friends, and outside professionals, including probation, parole or correctional institution staff, who are involved in the member's treatment;
- (13) all information and correspondence to and from other involved agencies, including appropriately signed and dated consent forms;
- (14) when discharged, a discharge summary, including a summary of the member's services, a brief summary of the member's condition and response to services on discharge, achievement of goals, and recommendations for appropriate services that should be provided in subsequent programs by the same or other agencies to accomplish the member's long-range goals, and the program's future responsibility for the member's care; and
- (15) if the member fails to keep appointments or to adequately participate in the service plan, participating facility staff must make every effort to encourage the member to do so, and these follow-up efforts must be documented in the member's record.
- (16) if the member is receiving TCM, all of the documentation listed in 130 CMR 449.417(C).

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-11
	Transmittal Letter CFS-1	Date 11/07/25

(E) Program Records. The participating facility must retain documentation reflecting compliance with the requirements of 130 CMR 449.000, including 130 CMR 449.403.

(F) Other Records and Reports as Directed by EOHHS. The participating facility must maintain other records and reports as directed by EOHHS.

(G) Availability of Records. Any and all health records must be made available to the MassHealth agency upon request.

449.415: Administration

(A) Organization. The participating facility must maintain an organizational chart showing major operating programs of the organization, the personnel in charge of each program, and the lines of authority,

(B) Staff Development and Supervision. Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision must be documented and must occur within the context of a formalized relationship that provides frequent and regularly scheduled individual or group personal contact with the supervisor.

449.416: Service Limitations

Funding Availability. Reimbursement for MassHealth services is subject to limitations based on the availability of full federal financial participation, and any other applicable federal statute, regulation, or payment limit.

449.417: Severability

The provisions of 130 CMR 449.000 are severable. If any provision of 130 CMR 449.000 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 130 CMR 449.000 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

130 CMR 449.000: M.G.L. c. 118E, §§ 7 and 12.

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 449.000)	Page 4-12
	Transmittal Letter CFS-1	Date 11/07/25

This page is reserved.

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page vi
	Transmittal Letter CFS-1	Date 11/07/25

Subchapter 6: Correctional Facility Services Manual

Table of Contents

6. Service Codes and Descriptions

601: Introduction and Explanation of Abbreviations	6-1
602: Payable Radiology Services	6-1
603: Payable Laboratory Services	6-2
604: Payable Physical Health Services.....	6-7
605: Modifiers	6-9
Appendix A. Directory	A-1
Appendix C. Third-Party Liability Codes	C-1
Appendix T. CMSP Covered Codes	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-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 and Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter CFS-1	Date 11/07/25

601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 449.000: *Correctional Facility Services* and [130 CMR 450.000](#): *Administrative and Billing Regulations*, as applicable.

For complete descriptions of the service codes listed in this Subchapter 6, MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT)* codebook, the *Healthcare Common Procedure Coding System (HCPCS) Level II*, or the Centers for Medicare & Medicaid Services website at www.cms.gov.

The following abbreviations are used in Subchapter 6.

- **IC:** the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim. See 130 CMR 449.000: *Correctional Facility Services*.
- **PA:** the service requires specific prior authorization. See 130 CMR 450.303 for more information.

Note: Rates paid by MassHealth for covered codes under this Subchapter 6 for drugs and vaccines administered in a Correctional Facility 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 and vaccines in the correctional facility, 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 vaccines and drugs listed in Section 604 below with "IC," payment will apply until the code is listed and a rate set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

Consolidated Appropriations Act (CAA) 5121 eligible individuals are required to receive screening and diagnostic services as detailed in the [CAA clinical guidance document](#), with relevant screenings summarized in the [CAA screening table](#). Any medically necessary care delivered as a result of, or in conjunction with, screening and diagnostic services remains the responsibility of the correctional facility in compliance with current health regulations followed by the correctional facility, without direction from MassHealth. In the 30-days pre-release, MassHealth covers select screening and diagnostics assessments, exams, laboratory, and radiology services, as detailed in CFS Subchapter 6.

602 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth. MassHealth does not require correctional facilities to provide all covered radiology services on site.

70030	70150	70250	70350	71047
70100	70160	70260	70355	71048
70110	70190	70300	70360	71100
70120	70200	70310	70370	71101
70130	70210	70320	70380	71110
70134	70220	70328	71045	71111
70140	70240	70330	71046	71120

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter CFS-1	Date 11/07/25

602 Payable Laboratory Services (cont.)

71130	73000	73551	76604	76818
72020	73010	73552	76641	76820
72040	73020	73560	76642	76821
72050	73030	73562	76700	76825
72070	73050	73564	76705	76826
72072	73060	73565	76706	76827
72074	73070	73590	76770	76828
72080	73080	73600	76775	76830
72081	73090	73610	76776	76831
72082	73092	73620	76800	76856
72083	73100	73630	76801	76857
72084	73110	73650	76802	76870
72100	73120	73660	76805	76872
72110	73130	74018	76810	76873
72114	73140	74019	76811	76881
72120	73501	74021	76812	76882
72170	73502	74022	76813	76999 (IC)
72190	73503	76010	76814	
72200	73521	76080	76815	
72202	73522	76499 (IC)	76816	
72220	73523	76536	76817	

603 Payable Laboratory Service Codes

This section lists CPT codes and HCPCS Level II codes that are payable under MassHealth. MassHealth does not require correctional facilities to provide all covered laboratory services on site.

G0480	80155	80180	80230	81099 (IC)
G0481	80156	80183	80235	81420 (PA)
G0482	80157	80184	80280	81513
G0483	80158	80185	80285	82009
U0002	80159	80186	80299	82010
80047	80162	80187	80305	82013
80048	80163	80188	80306	82016
80050	80164	80190	80307	82017
80051	80165	80192	81000	82024
80053	80168	80194	81001	82030
80055	80169	80195	81002	82040
80061	80170	80197	81003	82042
80069	80171	80198	81005	82043
80074	80173	80199	81007	82044
80076	80175	80200	81015	82045
80081	80176	80201	81020	82085
80145	80177	80202	81025	82088
80150	80178	80203	81050	82103

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter CFS-1	Date 11/07/25

603 Payable Laboratory Service Codes cont.

82104	82360	82608	82820	83065
82105	82365	82610	82930	83068
82106	82370	82615	82938	83069
82107	82373	82626	82941	83070
82108	82374	82627	82943	83080
82120	82375	82633	82945	83088
82127	82376	82634	82946	83090
82128	82378	82638	82947	83150
82131	82379	82642	82948	83491
82135	82380	82652	82950	83497
82136	82382	82656	82951	83498
82139	82383	82657	82952	83500
82140	82384	82658	82953	83505
82143	82387	82664	82955	83516
82150	82390	82668	82960	83518
82154	82397	82670	82963	83519
82157	82415	82671	82965	83520
82160	82435	82672	82975	83525
82163	82436	82677	82977	83527
82164	82438	82679	82978	83528
82166	82441	82693	82979	83540
82172	82465	82696	82985	83550
82175	82480	82705	83001	83570
82180	82482	82710	83002	83582
82190	82485	82715	83003	83586
82232	82495	82725	83006	83593
82239	82507	82726	83008	83605
82240	82523	82728	83009	83615
82247	82525	82731	83010	83625
82248	82528	82735	83012	83630
82252	82530	82746	83013	83631
82261	82533	82747	83014	83632
82270	82540	82757	83015	83633
82271	82542	82759	83018	83655
82272	82550	82760	83020	83661
82274	82552	82775	83021	83662
82286	82553	82776	83026	83663
82300	82554	82777	83030	83664
82306	82565	82784	83033	83670
82308	82570	82785	83036	83690
82310	82575	82787	83037	83695
82330	82585	82800	83045	83698
82331	82595	82803	83050	83700
82340	82600	82805	83051	83701
82355	82607	82810	83060	83704

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter CFS-1	Date 11/07/25

603 Payable Laboratory Service Codes cont.

83718	84087	84270	84540	85220
83719	84100	84275	84545	85230
83721	84105	84285	84550	85240
83722	84106	84295	84560	85244
83727	84110	84300	84577	85245
83735	84112	84302	84578	85246
83775	84119	84305	84580	85247
83785	84120	84307	84583	85250
83789	84132	84311	84585	85260
83825	84133	84315	84586	85270
83835	84134	84375	84588	85280
83857	84135	84376	84590	85290
83861	84138	84377	84591	85291
83864	84140	84378	84597	85292
83872	84143	84379	84620	85293
83873	84144	84392	84630	85300
83874	84146	84402	84681	85301
83876	84150	84403	84702	85302
83880	84152	84425	84703	85303
83883	84153	84430	84704	85305
83885	84154	84432	84999	85306
83915	84155	84436	85002	85307
83916	84156	84437	85004	85335
83918	84157	84439	85007	85337
83919	84160	84442	85008	85345
83921	84163	84443	85009	85347
83930	84165	84445	85013	85348
83935	84166	84446	85014	85360
83937	84181	84449	85018	85362
83945	84182	84450	85025	85366
83950	84202	84460	85027	85370
83951	84203	84466	85032	85378
83970	84206	84478	85041	85379
83986	84207	84479	85044	85380
83992	84210	84480	85045	85384
83993	84220	84481	85046	85385
84030	84228	84482	85048	85390
84035	84233	84484	85049	85396
84060	84234	84485	85055	85397
84066	84235	84488	85060	85400
84075	84238	84490	85097	85410
84078	84244	84510	85130	85415
84080	84252	84512	85170	85420
84081	84255	84520	85175	85421
84085	84260	84525	85210	85441

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter CFS-1	Date 11/07/25

603 Payable Laboratory Service Codes cont.

85445	86063	86341	86631	86723
85460	86140	86343	86632	86727
85461	86141	86344	86635	86732
85475	86146	86352	86638	86735
85520	86147	86353	86641	86738
85525	86148	86355	86644	86741
85530	86152	86356	86645	86744
85536	86153	86357	86648	86747
85540	86155	86359	86651	86750
85547	86156	86360	86652	86753
85549	86157	86361	86653	86756
85555	86160	86366	86654	86757
85557	86161	86367	86658	86759
85576	86162	86376	86663	86762
85597	86171	86382	86664	86765
85598	86200	86384	86665	86768
85610	86215	86386	86666	86769
85611	86225	86403	86668	86771
85612	86226	86406	86671	86774
85613	86235	86408	86674	86777
85635	86255	86409	86677	86778
85651	86256	86413	86682	86780
85652	86277	86430	86684	86784
85660	86280	86431	86687	86787
85670	86294	86480	86688	86788
85675	86300	86481	86689	86789
85705	86301	86485	86692	86790
85730	86304	86486	86694	86793
85732	86308	86510	86695	86800
85810	86309	86590	86696	86803
85999 (IC)	86310	86592	86698	86804
86000	86316	86593	86701	87015
86001	86317	86602	86702	87040
86003	86318	86603	86703	87045
86005	86320	86606	86704	87046
86008	86325	86609	86705	87070
86021	86328	86611	86706	87071
86022	86329	86612	86707	87073
86023	86331	86615	86708	87075
86038	86332	86617	86709	87076
86039	86334	86618	86710	87077
86041	86335	86619	86711	87081
86042	86336	86622	86713	87084
86043	86337	86625	86717	87086
86060	86340	86628	86720	87088

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter CFS-1	Date 11/07/25

603 Payable Laboratory Service Codes cont.

87101	87269	87449	87535	87799
87102	87270	87451	87536	87800
87103	87271	87471	87537	87801
87106	87272	87472	87538	87802
87107	87273	87475	87539	87803
87109	87274	87476	87540	87804
87110	87275	87480	87541	87806
87116	87276	87481	87542	87807
87118	87278	87482	87550	87808
87140	87279	87483	87551	87809
87143	87280	87485	87552	87810
87147	87281	87486	87555	87811
87149	87283	87487	87556	87850
87152	87285	87490	87557	87880
87158	87290	87491	87560	87899
87164	87299	87492	87561	87900
87166	87300	87495	87562	87901
87168	87301	87496	87563	87902
87169	87305	87497	87580	87903
87172	87320	87498	87581	87904
87176	87324	87500	87582	87905
87177	87327	87501	87590	87906
87181	87328	87502	87591	87910
87184	87329	87503	87592	87912
87185	87332	87505	87623	87999 (PA)(IC)
87186	87335	87506	87624	88104
87187	87336	87507	87625	88106
87188	87337	87510	87631	88108
87190	87338	87511	87632	88112
87197	87339	87512	87633	88120
87205	87340	87516	87634	88121
87206	87341	87517	87635	88130
87207	87350	87520	87636	88140
87209	87380	87521	87637	88141
87210	87385	87522	87640	88142
87220	87389	87525	87641	88143
87230	87390	87526	87650	88147
87250	87391	87527	87651	88148
87252	87400	87528	87652	88150
87253	87420	87529	87653	88152
87254	87425	87530	87660	88153
87255	87426	87531	87661	88155
87260	87427	87532	87662	88160
87265	87428	87533	87797	88161
87267	87430	87534	87798	88162

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-7
	Transmittal Letter CFS-1	Date 11/07/25

603 Payable Laboratory Service Codes cont.

88164	88187	89060	93016	93228
88165	88188	89125	93017	93229
88166	88189	89160	93018	93268
88172	88199 (IC)	89190	93024	93278
88173	88720	89220	93040	93724
88174	88740	89230	93041	93799 (IC)
88175	88741	89240 (IC)	93042	96372
88177	89049	93000	93224	
88182	89050	93005	93225	
88184	89051	93010	93226	
88185	89055	93015	93227	

604 Payable Physical Health Service Codes

This section lists visit (physical, behavioral, and dental health), procedural, and vaccine service codes that are payable under MassHealth.

When claiming payment for visits or vaccines, a Correctional Facility must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 449.000: *Correctional Facility Services* for other requirements.)

(A) Payable Immunization /Immunization Administration Codes

90378 (PA)(IC)	90623 (IC)	90666* (IC)	90710* (IC)	90759
90389 (IC)	90630* (IC)	90667* (IC)	90713* (IC)	91304
90393 (PA)(IC)	90632*	90670*	90714*	91312 (IC)
90396 (IC)	90633* (IC)	90671*	90715*	91313 (IC)
90399 (IC)	90636* (IC)	90672*	90716* (IC)	91318
90460	90651* (IC)	90673*	90732*	91319
90461	90653	90674*	90733* (IC)	91320
90471	90654*	90677	90734* (IC)	91321
90472	90656* (IC)	90678 (IC)	90736* (PA)(IC)	91322
90473	90658* (IC)	90682*	90739*	
90474	90660* (IC)	90686*	90746*	
90480	90661* (IC)	90688*	90749* (IC)	
90620 (IC)	90662* (IC)	90694	90750* (PA)(IC)	
90621 (IC)	90664* (IC)	90707* (IC)	90756*	

***Indicates free of charge through the Massachusetts Immunization Program (MIP) for children younger than 19 years of age. For vaccines received via DPH through MIP, modifier SL must be applied.**

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-8
	Transmittal Letter CFS-1	Date 11/07/25

604 Payable Physical Health Service Codes cont.

(B) Payable Social/Emotional/Interdisciplinary Codes

90887	96127	96160
-------	-------	-------

(C) Payable Exams/Procedures Codes

11104	92551	93000	99173
57454	92552	93005	99459
57455	92587	94760	

(D) Payable Evaluation and Management/Preventative Medicine/EPSTD Well-Child/Remote Codes

99202	99212	99359	99394	99452
99203	99213	99384	99395	
99204	99214	99385	99396	
99205	99215	99386	99397	
99211	99358	99387	99417	

(E) Payable Health Screening Codes

99408	99409
-------	-------

(F) Payable Behavioral Health/Medication Assisted Treatment Codes

90791	96132	99202	99214	99359
90792	96133	99203	99215	99417
90887	96136	99204	99242	99452
96116	96137	99205	99243	
96121	96138	99211	99244	
96130	96139	99212	99245	
96131	96160*	99213	99358	

(G) Payable Dental Codes (CAA only)

D0120	D0150
-------	-------

(H) Payable Case Management Code

T2023*

***Modifier U1 should be used to indicate pre-release case management.**

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-9
	Transmittal Letter CFS-1	Date 11/07/25

605 Modifiers

<u>Modifier</u>	<u>Description</u>
25	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
26	Professional component
50	Bilateral procedure
51	Multiple procedures
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
91	Repeat clinical diagnostic laboratory test
93	Service rendered via audio-only telehealth
95	Counseling and therapy services rendered via audio-video telecommunications
99	Multiple modifiers
CG	Policy Criteria Applied
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program
FR	Supervising practitioner was present through a real-time two-way, audio and video communication technology
GQ	Service rendered via asynchronous telehealth
GT	Service rendered via interactive video and telecommunications system
LT	Left side (used to identify procedures performed on the left side of the body)
LT	Left side (used to identify procedures performed on the left side of the body)
QK	Medical direction by a physician of two, three, or four concurrent anesthesia procedures. (Use to indicate physician medical direction of multiple certified registered nurse anesthetists (CRNAs).) This allows payment of 50% of the total anesthesia fee for the physician's services.)
QW	CLIA waived test
RT	Right side (used to identify procedures performed on the right side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)
SL	State supplied vaccine (This modifier is to be applied to the vaccine code to identify the 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).

Commonwealth of Massachusetts MassHealth Provider Manual Series Correctional Facility Services Manual	Subchapter Number and Title 6. Service Codes	Page 6-10
	Transmittal Letter CFS-1	Date 11/07/25

T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
U1	Medicaid level of care 1, as defined by each state
U2	Medicaid level of care 2, as defined by each state
XE	Separate Encounter: a service that is distinct because it occurred during a separate encounter
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

Modifiers for Developmental and Behavioral Health Screening

The administration and scoring of standardized developmental or behavioral health-screening tools, as detailed in Appendix W of your provider manual, is covered for members (except MassHealth Limited) from birth to 21 years of age. Service codes 96110 and 96127 must be billed with modifiers in accordance with Appendix Z of your provider manual.

Modifier for Child and Adolescent Needs and Strengths (CANS)

<u>Modifier</u>	<u>Modifier Description</u>
HA	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 or psychiatric clinical nurse specialists.