



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



MassHealth
Transmittal Letter CRP-25
October 2021

TO: Chiropractors Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: *Chiropractor Manual* (2021 HCPCS)

This letter transmits revisions to the service codes in the *Chiropractor Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2021. MassHealth has updated the Service Codes and Descriptions (Subchapter 6) of the *Chiropractor Manual* to incorporate these 2021 HCPCS/Current Procedure Terminology (CPT) service codes updates. Specifically, CPT code 99201 has been deleted and replaced with CPT code 99202, and the service description for CPT code 99212 description has been updated. These revisions are effective for dates of service on or after January 1, 2021.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulations containing rate information for Chiropractor Services are 101 CMR 317.00: *Medicine* and 101 CMR 318.00: *Radiology*.

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

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (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.)

Chiropractor Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Chiropractor Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter CRP-19

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601 Chiropractor Services: Service Codes and Descriptions

Service

Code Service Description

Evaluation and Management Services

- 99202 Office or other outpatient visit for the evaluation of management of new patient, which requires one of the following:
- Medically appropriate history and/or examination, and straightforward medical decision making.
 - When using time for code selection; 15-20 minutes of total time is spent on the date of the encounter.
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which required one of the following:
- Medically appropriate history and/or examination and straight forward medical decision making.
 - When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

Chiropractic Manipulative Treatment

- 98940 Chiropractic manipulation treatment (CMT), spinal; one to two regions
- 98941 spinal, three to four regions
- 98942 spinal, five regions

Radiology Services

- 72020 Radiologic examination, single view, specify level
- 72040 cervical, two or three views
- 72070 thoracic, two views
- 72080 thoracolumbar junction, minimum of two views
- 72100 spine, lumbosacral, two or three views

602 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the [MassHealth Billing Guide for Paper Claim Submitters](#) for billing instructions on the use of modifiers.

Modifier Modifier Description

- 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
- 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

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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.