



Transmittal Letter PHY-175

DATE: April 2026

TO: Physicians Participating in MassHealth

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

RE: *Physician Manual: Updates to Subchapter 6*

Revisions to Service Codes and Descriptions

This letter transmits revisions to the service codes in the Physician Manual. The Centers for Medicare & Medicaid Services (CMS) has revised the Current Procedure Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for 2026. MassHealth has also updated Subchapter 6 to reflect changes to special requirements or limitations for applicable codes.

Subchapter 6 of the Physician Manual also lists the CPT codes that are non-payable, as well as Level II HCPCS codes that are payable by MassHealth for this provider type. Subchapter 6 also contains any special requirements or limitations that are applicable to those codes, such as prior authorization (PA) or individual consideration (IC).

For dates of service on or after January 1, 2026, you must use the new codes in order to obtain reimbursement.

The rate regulations for physician services are 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*, 101 CMR 317.00: *Rates for Medicine Services*, and 101 CMR 318.00: *Rates for Radiology Services*.

MassHealth Website

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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.

Physician Manual

Pages 6-1 through 6-48

Obsolete Material

The pages listed here are no longer in effect.

Physician Manual

Pages 6-1 through 6-28—transmitted by Transmittal Letter PHY-173

Please note: Transmittal Letters no longer include pages for updated regulations, Subchapter 6, or appendix pages. These updated documents are on our [MassHealth Provider Manuals](#) page.