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MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospitals Transmittal No. 328
MCO Transmittal No. 269
Community Violence Transmittal No. 3
April 7, 2026

TO: Hospitals
 Managed Care Organizations
 Community Violence Prevention Providers

FROM: Lorena de Leon, Director *Lorena de Leon*
 Office of Medical Benefits Management

RE: Billing Requirement Update for Community Violence Prevention Services

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

This transmittal updates billing requirements for community violence prevention (CVP) services, effective April 1, 2026. These changes should be read in conjunction with previous guidance in [PT 14-24 Coverage of Community Violence Prevention Services Update](#) and [PT 53-23 Community Violence Prevention Coverage for HealthChoice and Medicaid Fee-For-Service Enrollees, Effective July 1, 2023](#).

Clarification to Provider Enrollment and Eligibility

CVP providers must maintain an affiliation with at least one trauma Primary Adult Resource Center, level I or level II licensed short-term general hospital, or children's hospital in Maryland. Affiliation is a contractual relationship established through a memorandum of understanding or a memorandum of agreement, etc., which authorizes the CVP provider to deliver CVP services to beneficiaries in the hospital.

The contractual relationship must be demonstrated by a letter from the partner hospital confirming that a contractual relationship exists and that it provides sufficient authorization for provision of CVP services. This letter must be submitted as an addendum to the provider enrollment application in the provider enrollment system, currently ePREP. The contractual relationship does not require a financial relationship as long as the above requirement is met.

Updates to Reimbursement for CVP Services

The initial CVP service must be rendered in a partnering trauma hospital. Follow-up services may occur in other settings, such as non-trauma hospitals and community-based settings. CVP providers should bill both the initial and follow-up services using CPT code 99402.

CVP providers must bill the initial encounter with place of service (POS) code 19, 21, or 22, according to where service was rendered. Table 1 lists the required POS codes for initial services.

CVP providers must use the appropriate POS code for any follow-up encounters. For a list of available POS codes, see [Maryland Medicaid CMS-1500 Paper Billing Instructions](#).

Table 1. POS Codes for Initial CVP Encounters

Encounter Type	Place of Service Code and Description
Initial encounter	19 - Off-campus Outpatient Hospital 21 - Inpatient Hospital 22 - On Campus - Outpatient Hospital

Initial and follow-up CVP services may be provided through visual-audio or audio-only telehealth. CVP providers must use one of the CPT code modifiers listed below when billing for telehealth services. Providers must adhere to [Maryland Medicaid's Telehealth Billing Guidance](#) when billing telehealth services.

Table 2. CPT Telehealth Modifiers for CVP Encounters

Telehealth Type	CPT Code Modifier
Visual-audio telehealth	GT
Audio-only telehealth	UB

Please refer to [PT 53-23](#) and [PT 14-24](#) for additional CVP billing information.

For questions regarding provider enrollment, please contact mdh.providerenrollment@maryland.gov. For more information about CVP services or questions regarding this transmittal, please contact mdh.acutehospitalpolicy@maryland.gov.