

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



MassHealth Transmittal Letter ORT-22 July 2011

TO: Orthotics Providers Participating in MassHealth

JAP

- **FROM:** Terence G. Dougherty, Medicaid Director
 - RE: Orthotics Manual (2011 HCPCS)

This letter transmits revisions to the service codes in Subchapter 6 of the *Orthotics Manual* to comply with federal coding mandates, incorporate coding and rate changes previously described in informational bulletins issued by the Division of Health Care Finance and Policy (DHCFP), and remind providers of certain existing orthotic (ORT) policies and requirements. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2011, and providers may consult the CMS Web site at <u>www.cms.gov</u> for a full description of the service codes. Prior-authorization (PA) requirements, service limits, and place-of-service codes now appear in an updated version of the interactive MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool that has been posted on the MassHealth Web site.

Orthotics Service Code Additions and Deletions Effective for Dates of Service Beginning January 1, 2011

The additions and deletions to the MassHealth service codes and descriptions included in this section are effective for dates of service on or after January 1, 2011. Claims for dates of service on or after January 1, 2011, submitted with deleted codes identified in this section will be denied. Claims denied for deleted codes may be resubmitted with the appropriate new codes.

The following codes have been added to Subchapter 6 of the *Orthotics Manual* and the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool.

K0672 L3674 L4631

The following codes have been deleted from Subchapter 6 of the *Orthotics Manual* and the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool.

L3672 L3673

Diagnosis Codes

Providers are reminded that ICD-9-CM diagnosis codes are required on all claims. The ICD-9-CM diagnosis codes must be directly related to the service billed on the claim.

MassHealth Transmittal Letter ORT-22 July 2011 Page 2

Claims with Multiple Modifiers

MMIS can now accept claims with multiple modifiers. Providers can now use one line instead of two. In MassHealth's previous system, providers were required to put HCPCS service codes with different modifiers on two different lines on a claim, as follows.

Claim Line 1—A5513 RT 1 unit Claim Line 2—A5513 LT 1 unit

MMIS can now accept multiple modifiers, so claims should now be billed on one claim line as follows.

A5513 RT LT 2 units

Signatures

MassHealth has changed the requirements for who is required to sign the MassHealth Orthotic and Prosthetic Prescription and Medical Necessity Review Form for Therapeutic Shoes, Inserts and Modifications (for diabetics) (ORT-D) (08/10). The form must be signed by a doctor of medicine (MD), nurse practitioner (NP), doctor of osteopathic medicine (DO), doctor of podiatric medicine (DPM), or a physician's assistant (PA). The MassHealth Orthotic and Prosthetic Prescription and Medical Neccessity Review Form for Foot Orthoses, Footwear, and Modifications (non-diabetic)(ORT-ND)(08/10) must be signed by a doctor of medicine (MD), doctor of osteopathic medicine (DO), or podiatrist (DPM).

Invoices

Service codes priced at AAC+ (adjusted acquisition cost plus markup) require current invoices. MassHealth will not accept a Web-printed invoice or order form from a manufacturer's Web site. The invoice must clearly identify which products are applicable to the services. Providers must circle the product on the invoice and annotate the applicable service code for the item to identify what is being billed. For minor part replacements and repairs that do not have invoices, if the total cost of the repair is less than \$35.00, invoices are not required. However, the provider must include a work order with a summary of the description of parts repaired or replaced with a claim or a PA.

Revised Rates

DHCFP has established new rates for the new orthotics service codes effective for dates of service beginning January 1, 2011. The DHCFP fee schedule and informational bulletins can be viewed on the DHCFP Web site at <u>www.mass.gov/dhcfp</u>.

MassHealth Transmittal Letter ORT-22 July 2011 Page 3

If you wish to obtain a fee schedule, you may download DHCFP regulations at no cost at <u>www.mass.gov/dhcfp</u>. If you wish to obtain a paper copy of the fee schedule, you may purchase DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The regulation title for Prostheses, Prosthetic Devices, and Orthotic Devices is 114.3 CMR 34.00.

Massachusetts State Bookstore State House, Room 116 Boston, MA 02133 Telephone: 617-727-2834 www.mass.goc/sec/spr Division of Health Care Finance and Policy Two Boylston Street Boston, MA 02116 Telephone: 617-988-3100 www.mass.gov/dhcfp

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at <u>www.mass.gov/masshealth</u>.

Questions

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

Orthotics Manual

Pages 6-1 through 6-4

OBSOLETE MATERIAL

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

Orthotics Manual

Pages 6-1 through 6-4 — transmitted by Transmittal Letter ORT-21

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-1
Orthotics Manual	Transmittal Letter ORT-22	Date 01/01/11

601 Introduction

MassHealth pays for the services represented by the codes listed in Section 602 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 442.000 and 450.000. An orthotics provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Orthotics Manual*.

Providers should refer to the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool for service descriptions, applicable modifiers, place-of-service codes, PA requirements, service limits, and pricing and markup information. For certain services that are payable on an individual-consideration (I.C.) basis, the tool will calculate the payable amount, based on information entered into certain fields on the tool. For service codes for which the Division of Health Care Finance and Policy (DHCFP) has established a rate, the provider can determine the payment by reviewing the DHCFP regulations at 114.3 CMR 34.00.

The MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool also contains links to <u>DHCFP regulations</u> and Part 6 of the administrative and billing instructions, which lists the <u>error codes and</u> <u>explanations</u> for claims that have been denied or suspended by MassHealth.

To get to the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool, go to <u>www.mass.gov/masshealth</u>. Click on MassHealth Regulations and other Publications, click on Provider Library, and then select MassHealth Payment and Coverage Guideline Tools.

If you want a paper copy of the tool, you can print it from the Web site, or request a copy from MassHealth Customer Service. See Appendix A of your MassHealth provider manual for applicable contact information.

602 Service Codes

This section lists codes for services that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid Web site at <u>www.cms.gov</u> for more detailed descriptions.

A5500	A6536	L0120	L0458	L0622	L0639	L0999
A5501	A6537	L0130	L0460	L0623	L0640	L1000
A5503	A6538	L0140	L0462	L0624	L0700	L1001
A5504	A6539	L0150	L0464	L0625	L0710	L1005
A5505	A6540	L0160	L0466	L0626	L0810	L1010
A5506	A6541	L0170	L0468	L0627	L0820	L1020
A5507	A6544	L0172	L0470	L0628	L0830	L1025
A5508	A6549	L0174	L0472	L0629	L0859	L1030
A5510	A8000	L0180	L0480	L0630	L0861	L1040
A5512	A8001	L0190	L0482	L0631	L0970	L1050
A5513	A8002	L0200	L0484	L0632	L0972	L1060
A6530	A8003	L0220	L0486	L0633	L0974	L1070
A6531	A8004	L0430	L0488	L0634	L0976	L1080
A6532	A9283	L0450	L0490	L0635	L0978	L1085
A6533	K0672	L0452	L0491	L0636	L0980	L1090
A6534	L0112	L0454	L0492	L0637	L0982	L1100
A6535	L0113	L0456	L0621	L0638	L0984	L1110

Commonwealth of Massachusetts MassHealth Provider Manual Series Orthotics Manual		Subchapter Number and Title 6. Service Codes Transmittal Letter			Page 6-2	
					Date	
502 <u>Service</u>	Codes (cont.)					
L1120	L1850	L2182	L2570	L3170	L3440	L390
L1200	L1860	L2184	L2580	L3201	L3450	L3904
L1210	L1900	L2186	L2600	L3202	L3455	L390
L1220	L1902	L2188	L2610	L3203	L3460	L390
L1230	L1904	L2190	L2620	L3204	L3465	L390
_1240	L1906	L2192	L2622	L3206	L3470	L391
L1250	L1907	L2200	L2624	L3207	L3480	L391
L1260	L1910	L2210	L2627	L3208	L3485	L391
L1270	L1920	L2220	L2628	L3209	L3500	L391
L1280	L1930	L2230	L2630	L3211	L3510	L391
L1290	L1932	L2232	L2640	L3212	L3520	L392
L1300	L1940	L2240	L2650	L3213	L3530	L392
L1310	L1945	L2250	L2660	L3214	L3540	L392
_1499	L1950	L2260	L2670	L3215	L3550	L392
L1500	L1951	L2265	L2680	L3216	L3560	L392
L1510	L1960	L2270	L2750	L3217	L3570	L393
L1520	L1970	L2275	L2755	L3219	L3580	L393
L1600	L1971	L2280	L2760	L321)	L3590	L393
L1610	L1980	L2300	L2768	L3222	L3595	L395
L1620	L1990	L2300	L2780	L3222	L3500	L395 L396
L1630	L2000	L2310	L2785	L3224 L3225	L3610	L396
L1640	L2000	L2320 L2330	L2785 L2795	L3223	L3620	L390 L396
L1650	L2005	L2330 L2335	L2793 L2800	L3250	L3630	L390 L396
L1652	L2010 L2020	L2333 L2340	L2800 L2810	L3250 L3251	L3640	L390 L397
L1652					L3640 L3649	
	L2030	L2350	L2820	L3252		L397
L1680	L2034	L2360	L2830	L3253	L3650	L397
_1685	L2035	L2370	L2840	L3254	L3660	L397
_1686	L2036	L2375	L2850	L3255	L3670	L397
L1690	L2037	L2380	L2999	L3257	L3671	L397
L1700	L2038	L2385	L3000	L3260	L3674	L398
L1710	L2040	L2387	L3001	L3265	L3675	L398
_1720	L2050	L2390	L3002	L3300	L3677	L398
L1730	L2060	L2395	L3003	L3310	L3702	L399
L1755	L2070	L2397	L3010	L3320	L3710	L399
L1810	L2080	L2405	L3020	L3330	L3720	L400
_1820	L2090	L2415	L3030	L3332	L3730	L400
_1830	L2106	L2425	L3031	L3334	L3740	L401
_1831	L2108	L2430	L3040	L3340	L3760	L402
L1832	L2112	L2492	L3050	L3350	L3762	L403
_1834	L2114	L2500	L3060	L3360	L3763	L404
L1836	L2116	L2510	L3070	L3370	L3764	L404
L1840	L2126	L2520	L3080	L3380	L3765	L405
L1843	L2128	L2525	L3090	L3390	L3766	L405
L1844	L2132	L2526	L3100	L3400	L3806	L406
L1845	L2132	L2530	L3140	L3410	L3807	L407
L1846	L2134	L2540	L3150	L3420	L3808	L407 L408
L1840	L2130	L2550	L3160	L3430	L3900	L400 L409

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
Orthotics Manual	Transmittal Letter ORT-22	Date 01/01/11
02 Service Codes (cont.)		

L4100	L4205	L4360	L4386	L4396	S1040
L4110	L4210	L4370	L4392	L4398	
L4130	L4350	L4380	L4394	L4631	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
Orthotics Manual	Transmittal Letter ORT-22	Date 01/01/11

This page is reserved.