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

MassHealth
Transmittal Letter ORT-23
September 2012

TO: Orthotic Providers Participating in MassHealth

FROM: Julian J. Harris, M.D., Medicaid Director

RE: *Orthotics Manual* (2012 HCPCS)

This letter transmits revisions to the service codes in the *Orthotics Manual* to comply with federal coding mandates, to incorporate coding and rate changes previously described in informational bulletins issued by the Division of Health Care Finance and Policy (DHCFP), and to 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) codes for 2012. The revised Subchapter 6 is effective for dates of service on or after January 1, 2012.

Providers may consult the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov 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 website.

Revised Rates

DHCFP has established new ORT service code rates for the above service codes, effective for dates of service beginning January 1, 2012. The DHCFP fee schedule and informational bulletins can be viewed on the DHCFP website at www.mass.gov/dhcfp.

Fee Schedule

The DHCFP fee schedule and informational bulletins can be viewed at www.mass.gov/dhcfp. You may also purchase a paper copy of Division of Health Care Finance and Policy 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	Division of Health Care Finance and Policy
State House, Room 116	Two Boylston Street
Boston, MA 02133	Boston, MA 02116
Telephone: 617-727-2834	Telephone: 617-988-3100
www.mass.gov/sec/spr	www.mass.gov/dhcfp

Deleted ORT Service Codes

The following service codes have been **deleted** from Subchapter 6 of the *Orthotic Manual* and the MassHealth *Orthotics and Prosthetics Payment and Coverage Guidelines Tool* without replacement.

L1500   L1510   L1520   L4380

Diagnosis Codes

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

Prior Authorization Requests for ORT Units in Excess of the Maximum Allowable Units

MassHealth requires PA for any ORT service codes if the number of units requested exceeds the maximum allowable units specified in the *MassHealth Orthotic and Prosthetic Payment and Coverage Guidelines Tool.*

When requesting PA to exceed the maximum allowable units, the provider must

- submit to MassHealth, in addition to the PA request that was submitted for units up to the maximum allowable, a separate PA request to MassHealth for the number of units being requested that exceed the maximum allowed; and

- include clinical documentation that supports the medical necessity of the additional units.

Modifiers LT (Left Side) and RT (Right Side)

MassHealth has updated the *Orthotics and Prosthetics Payment and Coverage Guidelines Tool* to include modifiers LT and RT.

If bilateral items are provided as a "purchase," and the unit of service described in the service code description is "each," bill for both items on the same line using the LT/RT modifiers and two units of service. If a single item is provided as a "purchase" for either the left or right side, bill on one claim line using the appropriate modifier (LT or RT) and one unit of service.

Medical Necessity Criteria

All orthoses covered by MassHealth must meet the medical necessity requirements as set forth in 130 CMR 442.000, 130 CMR 450.204, and any medical necessity guidelines for specific orthotics published on the MassHealth website. If MassHealth has not published product-specific medical necessity guidelines, providers of orthotics should refer to the current local coverage determination (LCD) policy developed by the Centers for Medicare & Medicaid Services (CMS).

Orthotic providers **must** review and refer to the new link on the *MassHealth Orthotic and Prosthetic Payment and Coverage Tool* for any medically necessary coverage guidelines that are product-specific (by HCPCS service codes) that pertain to ankle-foot orthoses (AFO), knee-ankle-foot orthoses (KAFO), thoracic-lumbar-sacral orthoses (TLSO), lumbar orthoses (LO), and lumbar-sacral orthoses (LSO).

Shoe Form Signature Requirements-Correction

MassHealth is making a correction to signature requirements of the Shoe Form, also known as the MassHealth Orthotic and Prosthetic Prescription and Medical Necessity Review Form for Therapeutic Shoes, Inserts, and Modifications (**diabetic**).

Currently, the Shoe Form states that it must be signed by either a doctor of medicine (MD), nurse practitioner (NP), doctor of osteopathic medicine (DO), doctor of podiatric medicine (DPM), or a physician's assistant (PA). This is incorrect. MassHealth is updating the Shoe Form to reflect the federal requirement that the form **must** be signed only by a doctor of medicine (MD) or osteopathic medicine (DO).

The *MassHealth Orthotic and Prosthetic Prescription and Medical Necessity 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), nurse practitioner (NP), physician's assistant (PA), or podiatrist (DPM).

MassHealth Website

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

Questions

If you have any questions about 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 vi, and 6-1 through 6-4

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

    Orthotics Manual

        Pages vi — transmitted by Transmittal Letter ORT-21

        Pages 6-1 through 6-4 — transmitted by Transmittal Letter ORT-22

6. Service Codes

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. In addition, a provider may request prior authorization (PA) for any medically necessary orthotic devices. Providers should consult Transmittal Letter ORT- 23 for the specific effective dates of service for the service codes.

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 a link to DHCFP regulations .Error codes are available on the website at www.mass.gov/masshealthpubs. Click on Provider Library, then on List of Explanation of Benefits Codes Appearing on the Remittance Advice.

To get to the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool, go to www.mass.gov/masshealth. 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 website, or request a copy from MassHealth Customer Service. See Appendix A of your MassHealth provider manual for applicable contact information.

602 Modifiers

Modifiers LT (left side) and RT (right side) have been added to certain service codes. Please refer to the Orthotics and Prosthetics Payment and Coverage Guidelines Tool.

603 Service Codes

This section lists codes for services that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid website at www.cms.gov for more detailed descriptions.

A5500	A5510	A6535	A6549	L0112	L0172	L0452
A5501	A5512	A6536	A8000	L0113	L0174	L0454
A5503	A5513	A6537	A8001	L0120	L0180	L0456
A5504	A6530	A6538	A8002	L0130	L0190	L0458
A5505	A6531	A6539	A8003	L0140	L0200	L0460
A5506	A6532	A6540	A8004	L0150	L0220	L0462
A5507	A6533	A6541	A9283	L0160	L0430	L0464
A5508	A6534	A6544	K0672	L0170	L0450	L0466

603 Service Codes (cont.)

L0468	L1000	L1810	L2080	L2405	L3020	L3330
L0470	L1001	L1820	L2090	L2415	L3030	L3332
L0472	L1005	L1830	L2106	L2425	L3031	L3334
L0480	L1010	L1831	L2108	L2430	L3040	L3340
L0482	L1020	L1832	L2112	L2492	L3050	L3350
L0484	L1025	L1834	L2114	L2500	L3060	L3360
L0486	L1030	L1836	L2116	L2510	L3070	L3370
L0488	L1040	L1840	L2126	L2520	L3080	L3380
L0490	L1050	L1843	L2128	L2525	L3090	L3390
L0491	L1060	L1844	L2132	L2526	L3100	L3400
L0492	L1070	L1845	L2134	L2530	L3140	L3410
L0621	L1080	L1846	L2136	L2540	L3150	L3420
L0622	L1085	L1847	L2180	L2550	L3160	L3430
L0623	L1090	L1850	L2182	L2570	L3170	L3440
L0624	L1100	L1860	L2184	L2580	L3201	L3450
L0625	L1110	L1900	L2186	L2600	L3202	L3455
L0626	L1120	L1902	L2188	L2610	L3203	L3460
L0627	L1200	L1904	L2190	L2620	L3204	L3465
L0628	L1210	L1906	L2192	L2622	L3206	L3470
L0629	L1220	L1907	L2200	L2624	L3207	L3480
L0630	L1230	L1910	L2210	L2627	L3208	L3485
L0631	L1240	L1920	L2220	L2628	L3209	L3500
L0632	L1250	L1930	L2230	L2630	L3211	L3510
L0633	L1260	L1932	L2232	L2640	L3212	L3520
L0634	L1270	L1940	L2240	L2650	L3213	L3530
L0635	L1280	L1945	L2250	L2660	L3214	L3540
L0636	L1290	L1950	L2260	L2670	L3215	L3550
L0637	L1300	L1951	L2265	L2680	L3216	L3560
L0638	L1310	L1960	L2270	L2750	L3217	L3570
L0639	L1499	L1970	L2275	L2755	L3219	L3580
L0640	L1600	L1971	L2280	L2760	L3221	L3590
L0700	L1610	L1980	L2300	L2768	L3222	L3595
L0710	L1620	L1990	L2310	L2780	L3224	L3600
L0810	L1630	L2000	L2320	L2785	L3225	L3610
L0820	L1640	L2005	L2330	L2795	L3230	L3620
L0830	L1650	L2010	L2335	L2800	L3250	L3630
L0859	L1652	L2020	L2340	L2810	L3251	L3640
L0861	L1660	L2030	L2350	L2820	L3252	L3649
L0970	L1680	L2034	L2360	L2830	L3253	L3650
L0972	L1685	L2035	L2370	L2840	L3254	L3660
L0974	L1686	L2036	L2375	L2850	L3255	L3670
L0976	L1690	L2037	L2380	L2999	L3257	L3671
L0978	L1700	L2038	L2385	L3000	L3260	L3674
L0980	L1710	L2040	L2387	L3001	L3265	L3675
L0982	L1720	L2050	L2390	L3002	L3300	L3677
L0984	L1730	L2060	L2395	L3003	L3310	L3702
L0999	L1755	L2070	L2397	L3010	L3320	L3710

603 Service Codes (cont.)

L3720	L3808	L3919	L3961	L3984	L4055	L4360
L3730	L3900	L3921	L3962	L3995	L4060	L4370
L3740	L3901	L3923	L3967	L3999	L4070	L4386
L3760	L3904	L3925	L3971	L4000	L4080	L4392
L3762	L3905	L3927	L3973	L4002	L4090	L4394
L3763	L3906	L3929	L3975	L4010	L4100	L4396
L3764	L3908	L3931	L3976	L4020	L4110	L4398
L3765	L3912	L3933	L3977	L4030	L4130	L4631
L3766	L3913	L3935	L3978	L4040	L4205	S1040
L3806	L3915	L3956	L3980	L4045	L4210	
L3807	L3917	L3960	L3982	L4050	L4350	

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