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601 Introduction

MassHealth pays for the services for 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 refer to the [*MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool*](https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-orthotics-and-prosthetics-payment-and-coverage-guideline-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 (IC) basis, the tool can calculate the payable amount, based on information entered into certain fields on the tool.

To get to the MassHealth Orthotics and Prosthetics Payment and Coverage Guideline Tool, visit [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools).

602 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](http://www.cms.gov) for more detailed descriptions.

A5500

A5501

A5503

A5504

A5505

A5506

A5507

A5508

A5510

A5512

A5513

A6520

A6521

A6522

A6523

A6524

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A6596

A6597

A6598

A6599

A6600

A6601

A6602

A6603

A6604

A6605

A6606

A6607

A6608

A6609

A6610

A8000

A8001

A8002

A8003

A8004

A9283

A9285

K0672

L0112

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L0120

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S1040

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