



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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MASSHEALTH  
TRANSMITTAL LETTER POD-54  
August 2006

**TO:** Podiatrists Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** *Podiatrist Manual* (2006 HCPCS Codes)

This letter transmits revisions to the service codes and descriptions in the *Podiatrist Manual*. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2006. Providers should refer to [www.cms.hhs.gov](http://www.cms.hhs.gov) for code descriptions.

Subchapter 6 of the *Podiatrist Manual* lists CPT and Level II codes that:

- are payable under MassHealth; and
- have special limitations or requirements, such as prior authorization or individual consideration.

In addition, pursuant to 130 CMR 450.144(A), a podiatrist may request prior authorization for any medically necessary service for a member under 21 years of age, even if it is not listed as payable in Subchapter 6 of the *Podiatrist Manual*.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at [www.mass.gov/dhcfp](http://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 the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The specific regulation title(s) are: for medicine, 114.3 CMR 17.00: Medicine; for surgery and anesthesia, 114.3 CMR 16.00: Surgery and Related Anesthesia Care; for radiology, 114.3 CMR 18.00: Radiology; and for laboratory, 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore  
State House, Room 116  
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Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

## **Effective Date**

The changes to codes listed in Subchapter 6 are effective for dates of service on or after July 6, 2006. Code changes previously identified in Podiatrist Bulletin 15 and effective on or after January 1, 2006, have been incorporated within Subchapter 6.

For claims you have already submitted for services furnished on or after these effective dates, you may request a payment adjustment. Follow the procedures in the Administrative and Billing Instructions in Subchapter 5 (Part 7) of your provider manual.

## **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](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

## NEW MATERIAL

(The pages listed here contain new or revised language.)

### Podiatrist Manual

Pages 6-1 through 6-6

## OBSOLETE MATERIAL

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

### Podiatrist Manual

Pages 6-1 through 6-6 — transmitted by Transmittal Letter POD-53

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Podiatrist Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
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601 Introduction

MassHealth pays for the services for codes listed in Sections 602 through 604 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 424.000 and 450.000.

Podiatry services require a written referral from the member's primary-care provider before the delivery of services. MassHealth pays only for podiatry services that are certified to be necessary for the life and safety of the member. The referral must be on the primary-care provider's letterhead and must certify that such services are medically necessary for the life and safety of the member. A substantiating medical explanation must also be included in the written certification.

- Section 602 lists CPT service codes that are payable under MassHealth, some of which require individual consideration or prior authorization. Refer to the Centers for Medicare and Medicaid Web site at [www.cms.gov/medicare/hcpcs](http://www.cms.gov/medicare/hcpcs) for the descriptions of the service codes listed in Section 602.
- Sections 603 and 604 list Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare and Medicaid Web site at [www.cms.gov/medicare/hcpcs](http://www.cms.gov/medicare/hcpcs) for the descriptions of the service codes listed in Section 603.
- Section 605 lists service code modifiers allowed under MassHealth.

Legend:

IC: Claim requires individual consideration. See 130 CMR 424.407 for more information.

PA: Service requires prior authorization. See 130 CMR 450.303 for more information.

602 Payable CPT Codes

MassHealth pays for services billed using the following codes.

10060	11200	11720	12044	15116
10061	11201	11721	12045	15120
10120	11305	11730	13131	15121
10121	11306	11732	13132	15130
10140	11307	11740	13133	15131
10160	11308	11750	14040	15135
10180	11420	11752	14041	15136
11000	11421	11755	14060	15150
11001	11422	11760	14061	15151
11040	11423	11762	14300	15152
11041	11424	11765	14350	15155
11042	11426	12001	15000	15156
11043	11620	12002	15001	15157
11044	11621	12004	15050	15170
11055	11622	12005	15100	15171
11056	11623	12006	15101	15175
11057	11624	12007	15110	15176
11100	11626	12041	15111	15240
11101	11719	12042	15115	15241

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602 Payable CPT Codes (cont.)

15300	20615	28008	28175	28322
15301	20650	28010	28190	28340
15320	20670	28011	28192	28341
15321	20680	28020	28193	28344
15330	27603	28022	28200	28345
15331	27604	28024	28202	28360
15335	27605	28030	28208	28400
15336	27606	28035	28210	28405
15340	27607	28043	28220	28406
15341	27610	28045	28222	28415
15360	27612	28046	28225	28420
15361	27613	28050	28226	28430
15365	27614	28052	28230	28435
15366	27615	28054	28232	28436
15400	27618	28060	28234	28445
15401	27619	28062	28238	28455
15420	27620	28070	28240	28456
15421	27625	28072	28250	28465
15430	27626	28080	28260	28470
15431 (IC)	27630	28086	28261	28475
15574	27647	28088	28262	28476
15620	27648	28090	28264	28485
15850	27680	28092	28270	28490
15851	27681	28100	28272	28495
15852	27685	28102	28280	28496
15999 (IC)	27686	28103	28285	28505
17000	27695	28104	28286	28510
17003	27696	28106	28288	28515
17004	27704	28107	28289	28525
17110	27760	28108	28290	28530
17111	27762	28110	28292	28531
17250	27766	28111	28293	28540
17270	27808	28112	28294	28545
17271	27810	28113	28296	28546
17272	27814	28114	28297	28555
17273	27816	28116	28298	28570
17274	27818	28118	28299	28575
17276	27822	28119	28300	28576
20000	27823	28120	28302	28585
20005	27840	28122	28304	28600
20200	27842	28124	28305	28605
20205	27844	28126	28306	28606
20206	27846	28128	28307	28615
20206	27848	28130	28308	28615
20520	27860	28140	28309	28630
20525	27870	28150	28310	28635
20550	28001	28153	28312	28636
20600	28002	28155	28313	28645
20605	28003	28160	28315	28660
20612	28005	28171	28315	28665
		28173	28320	28666

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602 Payable CPT Codes (cont.)

28675	29425	73590	99070 (IC)	99253
28705	29440	73592	99202	99281
28715	29445	73600	99203	99282
28725	29450	73610	99204	99283
28730	29515	73620	99211	99307
28735	29540	73630	99212	99308
28737	29550	73650	99213	99309
28740	29580	73660	99214	99324
28750	29590	76499 (IC)	99218	99325
28755	29705	81000	99219	99326
28760	29730	82947	99221	99334
28800	29750	84550	99222	99335
28805	29799 (IC)	85007	99231	99336
28810	29891	85014	99232	99341
28820	29892	85018	99238	99342
28825	29893	85032	99239	99343
28890 (PA)	29894	85041	99241	99347
28899 (IC)	29895	85048	99242	99348
29345	29897	87101	99243	99349
29355	29898	87102	99251	
29405	29899	87106	99252	

603 Payable HCPCS Level II Service Codes for Injectable and Infusible Drugs Administered in the Office

MassHealth pays for the services for codes listed in Section 603 in effect at the time of service, subject to all conditions and limitations in Subchapter 6 and in MassHealth's regulations at 130 CMR 424.000 and 450.000.

J0702	J1720	J7341
J0704	J3301	J7342
J1020	J3302	J7343
J1030	J3303	J7344
J1040	J3490 (IC)	J7350
J1710 (IC)	J7340	S0020

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604 Payable HCPCS Level II Service Codes for Diabetic Shoes and Orthotic Services

MassHealth pays for the services represented by the codes listed in Section 604 in effect at the time of service, subject to all the conditions and limitations in Subchapter 6 and in MassHealth regulations at 130 CMR 424.000 and 450.000.

The provider may request prior authorization (PA) for orthotic services to eligible members, if additional units are medically necessary. **Please Note:** Service codes that require PA only when the number of units exceeds the limitations for the code in Section 602 are listed as requiring PA “Sometimes.”

<b>Service Code</b>	<b>Age Limitation?</b>	<b>PA Required?</b>	<b>Limitations and Requirements</b>	<b>Required Modifiers</b>	<b>Shoe Prescription Form Required?</b>
A5500	No	Sometimes	2 per 12 months	RT LT	Yes
A5501	No	Sometimes	2 per 12 months	RT LT	Yes
A5503	No	Sometimes	2 per 12 months	RT LT	Yes
A5504	No	Sometimes	2 per 12 months	RT LT	Yes
A5506	No	Sometimes	2 per 12 months	RT LT	Yes
A5507	No	Sometimes	2 per 12 months	RT LT	Yes
A5508	No	Sometimes	2 per 12 months	RT LT	Yes
A5509	No	Sometimes	12 per 12 months	RT LT	Yes
A5511	No	Sometimes	2 per 12 months	RT LT	Yes
L3000	No	Sometimes	4 per 12 months	RT LT	No
L3001	No	Sometimes	4 per 12 months	RT LT	No
L3002	No	Sometimes	4 per 12 months	RT LT	No
L3003	No	Sometimes	4 per 12 months	RT LT	No
L3010	No	Sometimes	4 per 12 months	RT LT	No
L3020	No	Sometimes	4 per 12 months	RT LT	No
L3030	No	Sometimes	4 per 12 months	RT LT	No
L3040	No	Sometimes	4 per 12 months	RT LT	No
L3050	No	Sometimes	4 per 12 months	RT LT	No
L3060	No	Sometimes	4 per 12 months	RT LT	No
L3070	No	Sometimes	4 per 12 months	RT LT	No
L3080	No	Sometimes	4 per 12 months	RT LT	No
L3090	No	Sometimes	4 per 12 months	RT LT	No
L3100	No	Sometimes	2 per 12 months	RT LT	No
L3140	Yes	Sometimes	2 per 12 months	RT LT	No
L3150	Yes	Sometimes	2 per 12 months	RT LT	No
L3160	Yes	Sometimes	2 per 12 months	RT LT	No
L3170	No	Sometimes	2 per 12 months	RT LT	No
L3201	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3202	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3203	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3204	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3206	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3207	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3208	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3209	Yes	Sometimes	4 per 12 months	RT LT	Yes
L3211	Yes	Sometimes	4 per 12 months	RT LT	Yes

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604 Payable HCPCS Level II Service Codes for Diabetic Shoes and Orthotic Services (cont.)

<b>Service Code</b>	<b>Age Limitation?</b>	<b>PA Required?</b>	<b>Limitations and Requirements</b>	<b>Required Modifiers</b>	<b>Shoe Prescription Form Required?</b>
L3212	Yes	Sometimes	2 per 12 months	RT LT	Yes
L3213	Yes	Sometimes	2 per 12 months	RT LT	Yes
L3214	Yes	Sometimes	2 per 12 months	RT LT	Yes
L3215	No	Yes	2 per 12 months	RT LT	Yes
L3216	No	Yes	2 per 12 months	RT LT	Yes
L3217	No	Yes	2 per 12 months	RT LT	Yes
L3219	No	Yes	2 per 12 months	RT LT	Yes
L3221	No	Yes	2 per 12 months	RT LT	Yes
L3222	No	Yes	2 per 12 months	RT LT	Yes
L3224	No	Yes	4 per 12 months	RT LT	Yes
L3225	No	Yes	4 per 12 months	RT LT	Yes
L3230	No	Yes	4 per 12 months	RT LT	Yes
L3250	No	Yes	4 per 12 months	RT LT	Yes
L3251	No	Yes	4 per 12 months	RT LT	Yes
L3252	No	Yes	4 per 12 months	RT LT	Yes
L3253	No	Yes	4 per 12 months	RT LT	Yes
L3524	No	Yes	2 per 12 months	RT LT	Yes
L3255	No	Yes	2 per 12 months	RT LT	Yes
L3257	No	Yes	2 per 12 months	RT LT	Yes
L3260	No	Yes	4 per 12 months	RT LT	Yes
L3265	No	Yes	4 per 12 months	RT LT	Yes
L3300	No	Yes	4 per 12 months	RT LT	Yes
L3310	No	Yes	4 per 12 months	RT LT	Yes
L3320	No	Yes	4 per 12 months	RT LT	Yes
L3332	No	Yes	2 per 12 months	RT LT	Yes
L3334	No	Yes	4 per 12 months	RT LT	Yes
L3350	No	Yes	4 per 12 months	RT LT	Yes
L3360	No	Yes	4 per 12 months	RT LT	Yes
L3370	No	Yes	4 per 12 months	RT LT	Yes
L3390	No	Yes	4 per 12 months	RT LT	Yes
L3400	No	Yes	4 per 12 months	RT LT	Yes
L3420	No	Yes	4 per 12 months	RT LT	Yes
L3450	No	Yes	4 per 12 months	RT LT	No
L3455	No	Yes	4 per 12 months	RT LT	No
L3460	No	Sometimes	4 per 12 months	RT LT	No
L3465	No	Sometimes	4 per 12 months	RT LT	No
L3470	No	Sometimes	4 per 12 months	RT LT	No
L3480	No	Sometimes	4 per 12 months	RT LT	No
L3485	No	Sometimes	4 per 12 months	RT LT	No
L3500	No	Sometimes	4 per 12 months	RT LT	No
L3510	No	Sometimes	4 per 12 months	RT LT	No
L3530	No	Sometimes	4 per 12 months	RT LT	No
L3530	No	Sometimes	4 per 12 months	RT LT	No
L3540	No	Sometimes	4 per 12 months	RT LT	No
L3570	No	Sometimes	4 per 12 months	RT LT	Yes

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604 Payable HCPCS Level II Service Codes for Diabetic Shoes and Orthotic Services (cont.)

<b>Service Code</b>	<b>Age Limitation?</b>	<b>PA Required?</b>	<b>Limitations and Requirements</b>	<b>Required Modifiers</b>	<b>Shoe Prescription Form Required?</b>
L3580	No	Sometimes	4 per 12 months	RT LT	No
L3590	No	Sometimes	4 per 12 months	RT LT	No
L3595	No	Sometimes	4 per 12 months	RT LT	No
T2003	No	Sometimes	--	--	No

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Podiatrist Manual* for billing instructions related to the use of modifiers.

- 26 Professional component
- 50 Bilateral procedure
- 51 Multiple procedures
- 99 Multiple modifiers
- LT Left side (for orthotic shoes only)
- RT Right side (for orthotic shoes only)
- TC Technical component