



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER POD-55
January 2007

TO: Podiatrists Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Podiatry Manual* (2007 HCPCS Coding Update)

This letter transmits revisions to Subchapter 6 (Service Codes) of the *Podiatry Manual*. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2007.

For dates of service on or after January 1, 2007, service codes that have been discontinued by CMS and deleted by the American Medical Association *Current Procedural Terminology (CPT)* for 2007 are not payable by MassHealth. Services described by these codes may be billed with replacement codes. Replacement codes are Level I and Level II HCPCS codes from any year, including 2007, that replace the 2007 deleted codes. **MassHealth will pay only for new 2007 HCPCS code additions that are replacing 2007 deleted codes.** Prior-authorization requests may be submitted to MassHealth for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

MassHealth is not adopting any other 2007 HCPCS code additions for podiatrists at this time. MassHealth will review the remainder of the 2007 HCPCS code additions and changes and will determine coverage policies and other requirements at a later date. Providers will receive another transmittal letter and updated Subchapter 6 of the *Podiatry Manual* when the final review of 2007 HCPCS code additions has been completed.

The 2007 HCPCS deleted codes and 2007 HCPCS code additions that are payable for dates of service on or after January 1, 2007, are found in Subchapter 6, Section 602 of the *Podiatry Manual*. In accordance with MassHealth regulations, payment is subject to the terms and conditions of 130 CMR 424.000 and 450.000.

Payment

Payment for most of the new 2007 codes will be determined through individual consideration (I.C.), until the Division of Health Care Finance and Policy (DHCFP) establishes specific rates and these rates are incorporated into the appropriate regulation. However, 2007 HCPCS codes that can be directly crosswalked to a deleted 2006 HCPCS code will be paid the same rate as the 2006 deleted code in accordance with the DHCFP regulation. For more information about payment, you may download the DHCFP informational bulletins at www.mass.gov/dhcfp.

Reminders About Submitting Claims for I.C. Services

Since payment for most of the new 2007 codes will be determined through I.C., we are providing the following reminders.

Claim Attachments. All claims with service codes designated in Subchapter 6 as I.C. must be submitted with documentation suitable for MassHealth to price and evaluate the claim, including, but not limited to, invoices, operative notes, and other reports. Providers submitting claims electronically will receive a Claim Attachment Form (CAF). When you receive a CAF, you must attach the necessary documentation and return the CAF to the address designated on the form.

Operative Reports. Operative reports must be submitted in their entirety and must identify all procedures performed, including technical procedures, the name of the member, the date of the procedures, the preoperative diagnosis, the postoperative diagnosis, and the names of the surgeon and assistants. For procedures performed in settings that do not issue formal operative reports, the accompanying documentation must be legible and contain the same information required on an operative report.

Drugs Administered in an Office. For drugs administered in an office, a supplier's invoice must be submitted for each drug billed. Providers must indicate the name, strength, dose, units administered, and NDC (National Drug Code) for the drug. When more than one drug is listed on an invoice, providers must indicate which drug is being billed. This information must be submitted as a separate attachment in addition to the invoice.

Legibility and Completeness. If the documentation is illegible or incomplete, or if no report has been submitted, MassHealth will deny the claim with the applicable error code.

The revisions to Subchapter 6 are effective for dates of service on or after January 1, 2007.

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.)

Podiatry Manual

Pages vi and 6-1 through 6-6

OBSOLETE MATERIAL

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

Podiatry Manual

Page vi — transmitted by Transmittal Letter POD-51

Pages 6-1 through 6-6 — transmitted by Transmittal Letter POD-54

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601 Introduction

MassHealth pays for the services represented by the 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. Prior-authorization requests may be submitted to MassHealth for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

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 (I.C.) or prior authorization. Refer to the Centers for Medicare and Medicaid Web site at 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 (CMS) Web site at www.cms.gov/medicare/hcpcs for the descriptions of the service codes listed in Sections 603 and 604.
- 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	11101	11626	12007	15101
10061	11200	11719	12041	15110
10120	11201	11720	12042	15111
10121	11305	11721	12044	15115
10140	11306	11730	12045	15116
10160	11307	11732	13131	15120
10180	11308	11740	13132	15121
11000	11420	11750	13133	15130
11001	11421	11752	14040	15131
11040	11422	11755	14041	15135
11041	11423	11760	14060	15136
11042	11424	11762	14061	15150
11043	11426	11765	14300	15151
11044	11620	12001	14350	15152
11055	11621	12002	15002 (IC)	15155
11056	11622	12004	15003 (IC)	15156
11057	11623	12005	15050	15157
11100	11624	12006	15100	15170

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602 Payable CPT Codes (cont.)

15171	20525	27870	28150	28309
15175	20550	28001	28153	28310
15176	20600	28002	28160	28312
15240	20605	28003	28171	28313
15241	20612	28005	28173	28315
15300	20615	28008	28175	28320
15301	20650	28010	28190	28322
15320	20670	28011	28192	28340
15321	20680	28020	28193	28341
15330	27603	28022	28200	28344
15331	27604	28024	28202	28345
15335	27605	28035	28208	28360
15336	27606	28043	28210	28400
15340	27607	28045	28220	28405
15341	27610	28046	28222	28406
15360	27612	28050	28225	28415
15361	27613	28052	28226	28420
15365	27614	28054	28230	28430
15366	27615	28055	28232	28435
15400	27618	28060	28234	28436
15401	27619	28062	28238	28445
15420	27620	28070	28240	28450
15421	27625	28072	28250	28455
15430	27626	28080	28260	28456
15431 (IC)	27630	28086	28261	28465
15574	27647	28088	28262	28470
15620	27648	28090	28264	28475
15850	27680	28092	28270	28476
15851	27681	28100	28272	28485
15852	27685	28102	28280	28490
15999 (IC)	27686	28103	28285	28495
17000	27695	28104	28286	28496
17003	27696	28106	28288	28505
17004	27704	28107	28289	28510
17110	27760	28108	28290	28515
17111	27762	28110	28292	28525
17250	27766	28111	28293	28530
17270	27808	28112	28294	28531
17271	27810	28113	28296	28540
17272	27814	28114	28297	28545
17273	27816	28116	28298	28546
17274	27818	28118	28299	28555
17276	27822	28119	28300	28570
20000	27823	28120	28302	28575
20005	27840	28122	28304	28576
20200	27842	28124	28305	28585
20205	27846	28126	28306	28600
20206	27848	28130	28307	28605
20520	27860	28140	28308	28606

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28615	28825	29895	87102	99253
28630	28890 (PA)	29897	87106	99281
28635	28899 (IC)	29898	99070 (IC)	99282
28636	29345	29899	99202	99283
28645	29355	73590	99203	99307
28660	29405	73592	99204	99308
28665	29425	73600	99211	99309
28666	29440	73610	99212	99324
28675	29445	73620	99213	99325
28705	29450	73630	99214	99326
28715	29515	73650	99218	99334
28725	29540	73660	99219	99335
28730	29550	76499 (IC)	99221	99336
28735	29580	81000	99222	99341
28737	29590	82947	99231	99342
28740	29705	84550	99232	99343
28750	29730	85007	99238	99347
28755	29750	85014	99239	99348
28760	29799 (IC)	85018	99241	99349
28800	29891	85032	99242	
28805	29892	85041	99243	
28810	29893	85048	99251	
28820	29894	87101	99252	

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

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

J0702	J1720	J7341
J0704	J3301	J7342
J1020	J3302	J7343
J1030	J3303	J7344
J1040	J3490 (IC)	J7346 (IC)
J1710 (IC)	J7340	S0020

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 for 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 described in Section 604 are listed as requiring PA “Sometimes.”

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

Service Code	Age Limitation?	PA Required?	Limitations and Requirements	Required Modifiers	Shoe Prescription Form Required?
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
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

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

Service Code	Age Limitation?	PA Required?	Limitations and Requirements	Required Modifiers	Shoe Prescription Form Required?
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
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

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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