




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

MassHealth  
Transmittal Letter POD-57  
July 2007

**TO:** Podiatrists Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director   
**RE:** *Podiatrist Manual* (2007 HCPCS Codes)

This letter transmits revisions to the service codes and descriptions in the *Podiatrist Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2007. 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 generally 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 MassHealth Standard or CommonHealth member younger than 21 years of age.

### **How to Obtain a Fee Schedule**

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 regulation title for medicine is 114.3 CMR 17.00: Medicine. The regulation title for surgery and anesthesia is 114.3 CMR 16.00: Surgery and Related Anesthesia Care. The regulation title for radiology is 114.3 CMR 18.00: Radiology. The regulation title for laboratory is 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
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 codes listed in Subchapter 6 are effective for dates of service on or after July 1, 2007. Code changes previously identified in Transmittal Letter POD-55 and effective on or after January 1, 2007, 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.

### **Injectible Drugs Administered in the Office**

To meet compliance standards outlined in the Deficit Reduction Act (DRA) of 2005, MassHealth will begin collecting national drug codes (NDCs) and units for all claims for drugs submitted with a HCPCS Level II code. The DRA requires state Medicaid programs to ensure that providers list physician-administered drugs using the NDC codes and quantity in appropriate units (for example, milliliters or grams) for all electronic and paper claims. The purpose of this requirement is to give MassHealth the information it needs to collect drug rebates from pharmacy manufacturers. This information will be required for claims with dates of service beginning **January 1, 2008**.

If you bill electronically using the 837P transaction, the NDC and quantity can be entered in Loop 2410 LIN03 and Loop 2410 CTP04, respectively, following the instructions outlined in the 837P Implementation Guide Addendum.

If you bill on paper, you can enter the NDC and quantity in Item 35 (Remarks).

When billing Medicare for a dual-eligible individual, providers should enter the NDC and units on the CMS-1500 claim in the shaded area of Items 24A through 24G. This is applicable to claims submitted directly to MassHealth and to claims that will cross over from the coordination of benefits contractor.

MassHealth is not changing the reimbursement amount for injectable drugs. Claims for these drugs will continue to be priced according to the rate set by the Division of Health Care Finance and Policy's regulation for the Level II HCPCS code. Claims with codes that are suspended for individual consideration (I.C.) will continue to be priced using the submitted current invoice at the acquisition cost for the drug.

MassHealth is providing these instructions at this time to give providers ample time to adjust their billing systems and procedures. In the coming weeks, MassHealth will publish a billing guide for claim form no. 9 that will include these instructions. MassHealth will also update its companion guide in the coming weeks to reflect this new requirement. Although these new requirements do not take effect until January 1, 2008, MassHealth providers may begin submitting claims with the NDC information immediately if their billing systems and procedures can accommodate this request.

## **MassHealth Web Site**

This transmittal letter and attached pages are available on the MassHealth Web site at [www.mass.gov/masshealth](http://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](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-55

<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 providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) code book for the service codes and service descriptions when billing for services provided to MassHealth members. 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.

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 generally payable under MassHealth, some of which require individual consideration (IC) or prior authorization (PA).
- Sections 603 and 604 list Level II HCPCS codes that are payable under MassHealth.
- 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. Even if a code is not listed, a podiatrist may request prior authorization for any medically necessary podiatry service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

10060	11101	11626	12007	15050
10061	11200	11719	12041	15100
10120	11201	11720	12042	15101
10121	11305	11721	12044	15110
10140	11306	11730	12045	15111
10160	11307	11732	13131	15115
10180	11308	11740	13132	15116
11000	11420	11750	13133	15120
11001	11421	11752	14040	15121
11040	11422	11755	14041	15130
11041	11423	11760	14060	15131
11042	11424	11762	14061	15135
11043	11426	11765	14300	15136
11044	11620	12001	14350	15150
11055	11621	12002	15002	15151
11056	11622	12004	15003	15152
11057	11623	12005	15004	15155
11100	11624	12006	15005	15156

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602 Payable CPT Codes (cont.)

15157	20200	27823	28118	28297
15170	20205	27840	28119	28298
15171	20206	27842	28120	28299
15175	20520	27846	28122	28300
15176	20525	27848	28124	28302
15240	20550	27860	28126	28304
15241	20600	27870	28130	28305
15300	20605	28001	28140	28306
15301	20612	28002	28150	28307
15320	20615	28003	28153	28308
15321	20650	28005	28160	28309
15330	20670	28008	28171	28310
15331	20680	28010	28173	28312
15335	27603	28011	28175	28313
15336	27604	28020	28190	28315
15340	27605	28022	28192	28320
15341	27606	28024	28193	28322
15360	27607	28035	28200	28340
15361	27610	28043	28202	28341
15365	27612	28045	28208	28344
15366	27613	28046	28210	28345
15400	27614	28050	28220	28360
15401	27615	28052	28222	28400
15420	27618	28054	28225	28405
15421	27619	28055	28226	28406
15430	27620	28060	28230	28415
15431 (IC)	27625	28062	28232	28420
15574	27626	28070	28234	28430
15620	27630	28072	28238	28435
15850	27647	28080	28240	28436
15851	27648	28086	28250	28445
15852	27680	28088	28260	28450
15999 (IC)	27681	28090	28261	28455
17000	27685	28092	28262	28456
17003	27686	28100	28264	28465
17004	27695	28102	28270	28470
17110	27696	28103	28272	28475
17111	27704	28104	28280	28476
17250	27760	28106	28285	28485
17270	27762	28107	28286	28490
17271	27766	28108	28288	28495
17272	27808	28110	28289	28496
17273	27810	28111	28290	28505
17274	27814	28112	28292	28510
17276	27816	28113	28293	28515
20000	27818	28114	28294	28525
20005	27822	28116	28296	28530

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602 Payable CPT Codes (cont.)

28531	28735	29705	85014	99242
28540	28737	29730	85018	99243
28545	28740	29750	85032	99251
28546	28750	29799 (IC)	85041	99252
28555	28755	29891	85048	99253
28570	28760	29892	87101	99281
28575	28800	29893	87102	99282
28576	28805	29894	87106	99283
28585	28810	29895	99070 (IC)	99307
28600	28820	29897	99202	99308
28605	28825	29898	99203	99309
28606	28890 (PA)	29899	99204	99324
28615	28899 (IC)	73590	99211	99325
28630	29345	73592	99212	99326
28635	29355	73600	99213	99334
28636	29405	73610	99214	99335
28645	29425	73620	99218	99336
28660	29440	73630	99219	99341
28665	29445	73650	99221	99342
28666	29450	73660	99222	99343
28675	29515	76499 (IC)	99231	99347
28705	29540	81000	99232	99348
28715	29550	82947	99238	99349
28725	29580	84550	99239	
28730	29590	85007	99241	

603 Payable HCPCS Level II Service Codes for Injectable 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. Refer to the Centers for Medicare & Medicaid Services Web site at [www.cms.gov/medicare/hcpcs](http://www.cms.gov/medicare/hcpcs) for detailed descriptions when billing with Level II HCPCS codes for services provided to MassHealth members.

J0702	J1040	J3302	J7341	J7345
J0704	J1710 (IC)	J3303	J7342	J7346
J1020	J1720	J3490 (IC)	J7343	S0020
J1030	J3301	J7340	J7344	

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

MassHealth pays for the services for codes listed in Section 604 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 PA for any medically necessary orthotic services.

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, American Orthotic and Prosthetic Association (AOPA) interpretive language (if applicable), pricing and markup information, and MassHealth Shoe Prescription Form requirement. 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 DHCFP regulations, the MassHealth Shoe Prescription Form, Subchapter 4 of the orthotics regulations, Subchapter 4 of the prosthetics regulations, and Part 6 of the administrative and billing instructions, which lists the error codes and explanations for claims that have been denied or suspended by MassHealth. Providers should note that in the upper left corner of the Payment and Coverage Guidelines tool, above the words Program Link, there is a date. Providers should make sure if they download a printed copy that the dates are the same. This will ensure that the providers use the current tool.

To get to the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool, go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Regulations and Other Publications, then Provider Library, and then MassHealth Payment and Coverage Guidelines 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 provider manual for applicable contact information.

Service Codes

A5500	L3010	L3170	L3216	L3257	L3400	L3520
A5501	L3020	L3201	L3217	L3260	L3410	L3530
A5503	L3030	L3202	L3219	L3265	L3420	L3540
A5504	L3031	L3203	L3221	L3300	L3430	L3550
A5505	L3040	L3204	L3222	L3310	L3440	L3560
A5506	L3050	L3206	L3224	L3320	L3450	L3570
A5507	L3060	L3207	L3225	L3330	L3455	L3580
A5508	L3070	L3208	L3230	L3332	L3460	L3590
A5512	L3080	L3209	L3250	L3334	L3465	L3595
A5513	L3090	L3211	L3251	L3350	L3470	
L3000	L3100	L3212	L3252	L3360	L3480	
L3001	L3140	L3213	L3253	L3370	L3485	
L3002	L3150	L3214	L3254	L3380	L3500	
L3003	L3160	L3215	L3255	L3390	L3510	

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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



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