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**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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MassHealth  
Transmittal Letter POD-61  
February 2009

**TO:** Podiatrists Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director  
**RE:** *Podiatrist Manual* (2009 HCPCS)

This letter transmits revisions to the service in the *Podiatrist Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2009. 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 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 the *Podiatrist Manual*.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). You may also purchase a paper copy of DHCFP 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 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  
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 changes to codes listed in Subchapter 6 are effective for dates of service on or after January 1, 2009.

## **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-60

<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. In addition, a podiatrist 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 *Podiatrist Manual*.

For members enrolled in the PCC Plan, podiatry services continue to require a referral from the member’s primary-care clinician (PCC) before the delivery of services.

Section 602 lists CPT 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 and 130 CMR 450.271 for more information.

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

602 Payable CPT Codes

10060	11201	11730	13132	15121
10061	11305	11732	13133	15130
10120	11306	11740	14040	15131
10121	11307	11750	14041	15135
10140	11308	11752	14060	15136
10160	11420	11755	14061	15150
10180	11421	11760	14300	15151
11000	11422	11762	14350	15152
11001	11423	11765	15002	15155
11040	11424	12001	15003	15156
11041	11426	12002	15004	15157
11042	11620	12004	15005	15170
11043	11621	12005	15050	15171
11044	11622	12006	15100	15175
11055	11623	12007	15101	15176
11056	11624	12041	15110	15240
11057	11626	12042	15111	15241
11100	11719	12044	15115	15300
11101	11720	12045	15116	15301
11200	11721	13131	15120	15320

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602 Payable CPT Codes (cont.)

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
20200	27823	28118	28297	28531
20205	27840	28119	28298	28540
20206	27842	28120	28299	28545
20520	27846	28122	28300	28546
20525	27848	28124	28302	28555
20550	27860	28126	28304	28570
20600	27870	28130	28305	28575
20605	28001	28140	28306	28576
20612	28002	28150	28307	28585
20615	28003	28153	28308	28600

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602 Payable CPT Codes (cont.)

28605	28810	29893	85048	99251
28606	28820	29894	87101	99252
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	

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	J1710 (IC)	J3490 (IC)	Q4106 (IC)	S0020
J0704	J1720	Q4101 (IC)	Q4107 (IC)	
J1020	J3301	Q4102 (IC)	Q4108 (IC)	
J1030	J3302	Q4103 (IC)	Q4109 (IC)	
J1040	J3303	Q4104 (IC)	Q4110 (IC)	

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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 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 the orthotics regulations, the prosthetic 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 that if they download a printed copy, 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.

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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