



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter POD-64
February 2011

TO: Podiatrists Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director
RE: *Podiatrist Manual* (2011 HCPCS)

This letter transmits revisions to the service codes in the *Podiatrist Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2011. The revised Subchapter 6 is effective for dates of service on or after January 1, 2011.

Providers should refer to 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 (PA) or individual consideration (IC).

In addition, pursuant to 130 CMR 450.144(A), a podiatrist may request PA 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*.

A podiatrist may request prior approval 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 regulations at no cost at 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, 114.3 CMR 17.00: Medicine, 114.3 CMR 16.00: Surgery and Related Anesthesia Care, 114.3 CMR 18.00: Radiology, 114.3 CMR 20.00: Laboratory, and 114.3 CMR 34.00: Prostheses, Prosthetic Devices, and Orthotic Devices.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
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Consultation Codes

Effective January 1, 2011, the consultation codes are no longer recognized by MassHealth for payment. Providers should bill patient evaluation and management (E/M) visits with E/M codes that represent where the visit occurs, and that identify the complexity of the visit performed. In the office or other outpatient setting where a consultation is performed, Podiatrists should use the appropriate service codes (99202–99204; 99211–99214), depending on the complexity of the visit and whether the patient is a new or established patient to that podiatrist. In an inpatient hospital or nursing facility setting, all podiatrists who perform an initial consultation may bill the initial hospital care service codes (99221–99222) or nursing facility care service codes (99307–99309).

Multiple Surgery Payment and Global Surgery Periods

MassHealth is currently developing new regulations about multiple surgery payment and global surgery periods. These changes will be reflected in revised regulations to be issued within the coming months.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at 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, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Podiatrist Manual

Pages vi, vii, and 6-1 through 6-6

OBSOLETE MATERIAL

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

Podiatrist Manual

Page vi — transmitted by Transmittal Letter POD-55

Page vii — transmitted by Transmittal Letter POD-53

Pages 6-1 through 6-6 — transmitted by Transmittal Letter POD-63

Commonwealth of Massachusetts MassHealth Provider Manual Series Podiatrist Manual	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter POD-64	Date 01/01/11

6. Service Codes and Descriptions

Introduction.....	6-1
Payable CPT Codes.....	6-1
Payable HCPCS Level II Service Codes for Injectable and Infusable Drugs Administered in the Office	6-3
Payable HCPCS Level II Service Codes for Diabetic Shoes and Orthotic Services	6-4
Modifiers	6-5
Appendix A. Directory	A-1
Appendix B. Enrollment Centers.....	B-1
Appendix C. Third-Party-Liability Codes	C-1
Appendix D. (Reserved)	
Appendix E. Utilization Management Program	E-1
Appendix F. Admission Guidelines.....	F-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles	X-1
Appendix Y. EVS Codes/Messages	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes.....	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series Podiatrist Manual	Subchapter Number and Title Preface	Page vii
	Transmittal Letter POD-64	Date 01/01/11

The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, administrative and billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For podiatrists, those matters are covered in 130 CMR Chapter 424.000, reproduced as Subchapter 4 in the *Podiatrist Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

Commonwealth of Massachusetts MassHealth Provider Manual Series Podiatrist Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter POD-64	Date 01/01/11

601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2011* 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 (PA) 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 who belong to 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 PA.

Sections 603 and 604 list Level II HCPCS codes that are payable under MassHealth.

Section 605 lists service code modifiers payable under MassHealth.

Legend:

IC: Claim requires individual consideration. See 130 CMR 424.407 and 450.271 for more information.

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

602 Payable CPT Codes

10060	11200	11721	13131	15116
10061	11201	11730	13132	15120
10120	11305	11732	13133	15121
10121	11306	11740	14040	15130
10140	11307	11750	14041	15131
10160	11308	11752	14060	15135
10180	11420	11755	14061	15136
11000	11421	11760	14301	15150
11001	11422	11762	14302	15151
11042	11423	11765	14350	15152
11043	11424	12001	15002	15155
11044	11426	12002	15003	15156
11045	11620	12004	15004	15157
11046	11621	12005	15005	15170
11047	11622	12006	15050	15171
11055	11623	12007	15100	15175
11056	11624	12041	15101	15176
11057	11626	12042	15110	15240
11100	11719	12044	15111	15241
11101	11720	12045	15115	15300

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter POD-64	Date 01/01/11
Podiatrist Manual		

602 Payable CPT Codes (cont.)

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Podiatrist Manual	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter POD-64	Date 01/01/11

602 Payable CPT Codes (cont.)

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

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 for detailed descriptions when billing with Level II HCPCS codes for services provided to MassHealth members.

J0702	J1710 (IC)	J3303	Q4103	Q4108
J1020	J1720	J3490 (IC)	Q4104	Q4110
J1030	J3301	Q4101	Q4106	S0020
J1040	J3302	Q4102	Q4107	

Commonwealth of Massachusetts MassHealth Provider Manual Series Podiatrist Manual	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter POD-64	Date 01/01/11

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 424.000 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, the orthotics regulations, the prosthetics regulations, and 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. 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	L3003	L3160	L3215	L3255	L3380	L3500
A5501	L3010	L3170	L3216	L3257	L3390	L3510
A5503	L3020	L3201	L3217	L3260	L3400	L3520
A5504	L3030	L3202	L3219	L3265	L3410	L3530
A5505	L3031	L3203	L3221	L3300	L3420	L3540
A5506	L3040	L3204	L3222	L3310	L3430	L3550
A5507	L3050	L3206	L3224	L3320	L3440	L3560
A5508	L3060	L3207	L3225	L3330	L3450	L3570
A5510	L3070	L3208	L3230	L3332	L3455	L3580
A5512	L3080	L3209	L3250	L3334	L3460	L3590
A5513	L3090	L3211	L3251	L3340	L3465	L3595
L3000	L3100	L3212	L3252	L3350	L3470	
L3001	L3140	L3213	L3253	L3360	L3480	
L3002	L3150	L3214	L3254	L3370	L3485	

Commonwealth of Massachusetts MassHealth Provider Manual Series Podiatrist Manual	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter POD-64	Date 01/01/11

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Podiatrist Manual* for administrative and 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Podiatrist Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter POD-64	Date 01/01/11

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