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

MassHealth
Transmittal Letter POD-68
May 2013

TO: Podiatrists Participating in MassHealth

FROM: Julian J. Harris, M.D., Medicaid Director

RE: *Podiatrist Manual* (New Modifiers for National Correct Coding Initiatives)

This letter transmits updates to the modifier section of Subchapter 6 of the *Podiatrist Manual*. Subchapter 6 now includes the new modifiers that were listed in All Provider Bulletin 227 (June 2012), which introduced the modifiers allowed under the NCCI.

The revised Subchapter 6 is effective for dates of service on or after July 1, 2012.

Please Note: The 2013 updates to the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are not reflected in this revised Subchapter 6. MassHealth will issue a revised Subchapter 6 containing the 2013 service codes in a separate transmittal letter shortly.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

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(The pages listed here are no longer in effect.)

Podiarist Manual

Pages 6-1 through 6-4 — transmitted by Transmittal Letter POD-66

Pages 6-5 and 6-6 — transmitted by Transmittal Letter POD-67

601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2012* 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	11201	11732	14040	15131
10061	11305	11740	14041	15135
10120	11306	11750	14060	15136
10121	11307	11752	14061	15150
10140	11308	11755	14301	15151
10160	11420	11760	14302	15152
10180	11421	11762	14350	15155
11000	11422	11765	15002	15156
11001	11423	12001	15003	15157
11042	11424	12002	15004	15240
11043	11426	12004	15005	15241
11044	11620	12005	15050	15271
11045	11621	12006	15100	15272
11046	11622	12007	15101	15273
11047	11623	12041	15110	15274
11055	11624	12042	15111	15275
11056	11626	12044	15115	15276
11057	11719	12045	15116	15277
11100	11720	13131	15120	15278
11101	11721	13132	15121	15574
11200	11730	13133	15130	15620

602 Payable CPT Codes (cont.)

15850	27648	28086	28250	28445
15851	27680	28088	28260	28450
15852	27681	28090	28261	28455
15999 (IC)	27685	28092	28262	28456
17000	27686	28100	28264	28465
17003	27695	28102	28270	28470
17004	27696	28103	28272	28475
17110	27704	28104	28280	28476
17111	27760	28106	28285	28485
17250	27762	28107	28286	28490
17270	27766	28108	28288	28495
17271	27808	28110	28289	28496
17272	27810	28111	28290	28505
17273	27814	28112	28292	28510
17274	27816	28113	28293	28515
17276	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
20650	28005	28160	28309	28605
20670	28008	28171	28310	28606
20680	28010	28173	28312	28615
27603	28011	28175	28313	28630
27604	28020	28190	28315	28635
27605	28022	28192	28320	28636
27606	28024	28193	28322	28645
27607	28035	28200	28340	28660
27610	28043	28202	28341	28665
27612	28045	28208	28344	28666
27613	28046	28210	28345	28675
27614	28050	28220	28360	28705
27615	28052	28222	28400	28715
27618	28054	28225	28405	28725
27619	28055	28226	28406	28730
27620	28060	28230	28415	28735
27625	28062	28232	28420	28737
27626	28070	28234	28430	28740
27630	28072	28238	28435	28750
27647	28080	28240	28436	28755

602 Payable CPT Codes (cont.)

28760	29582	73630	97605	99282
28800	29590	73650	97606	99283
28805	29705	73660	99070 (IC)	99307
28810	29730	76499 (IC)	99202	99308
28820	29750	81000	99203	99309
28825	29799 (IC)	82947	99204	99324
28890 (PA)	29891	84550	99211	99325
28899 (IC)	29892	85007	99212	99326
29345	29893	85014	99213	99334
29355	29894	85018	99214	99335
29405	29895	85032	99218	99336
29425	29897	85041	99219	99341
29440	29898	85048	99221	99342
29445	29899	87101	99222	99343
29450	73590	87102	99231	99347
29515	73592	87106	99232	99348
29540	73600	97597	99238	99349
29550	73610	97598	99239	
29580	73620	97602	99281	

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	

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 Executive Office of Health and Human Services (EOHHS) has established a rate, the provider can determine the payment by reviewing the EOHHS regulations at 114.3 CMR 34.00.

The MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool also contains links to EOHHS 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	

The following service code modifiers are allowed for billing under MassHealth.

24 Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
25 Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
26 Professional component
50 Bilateral procedure
51 Multiple procedures
57 Decision for surgery
58 Staged or related procedure or service by the same physician during the postoperative period
59 Distinct procedural service
78 Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
79 Unrelated procedure or service by the same physician during the postoperative period
91 Repeat clinical diagnostic laboratory test
99 Multiple modifiers
LT Left side (used to identify procedures performed on the left side of the body)
RT Right side (used to identify procedures performed on the right side of the body)
T1 Left foot, second digit
T2 Left foot, third digit
T3 Left foot, fourth digit
T4 Left foot, fifth digit
T5 Right foot, great toe
T6 Right foot, second digit
T7 Right foot, third digit
T8 Right foot, fourth digit
T9 Right foot, fifth digit
TA Left foot, great toe
TC Technical component

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations.

PA Surgical or other invasive procedure on wrong body part
PB Surgical or other invasive procedure on wrong patient
PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

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