



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



MassHealth
Transmittal Letter POD-76
April 2022

TO: Podiatrists Participating in MassHealth
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth
RE: *Podiatrist Manual* (2022 HCPCS Updates to Subchapter 6 Codes)

This letter transmits revisions to the service codes in Subchapter 6 of the *Podiatrist Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2022. The revised Subchapter 6 is effective for dates of service on or after January 1, 2022. Providers should refer to www.cms.hhs.gov for service descriptions.

Subchapter 6 of the *Podiatrist Manual* lists CPT and Level II HCPCS codes that are payable by MassHealth for this provider type and also any special limitations or requirements that are applicable to those codes, such as prior authorization (PA) or individual consideration (IC).

A podiatrist may request PA for any medically necessary service reimbursable under the federal Medicaid Act, in accordance with 130 CMR 450.144 and 42 U.S.C. 1396d(a) and 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*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html>. The specific regulation titles are 101 CMR 317.00: *Rates for Medicine Services*; 101 CMR 318.00: *Radiology Services*; 101 CMR 320.00: *Clinical Laboratory Services*; 101 CMR 334.00: *Prostheses, Prosthetic Devices, and Orthotic Devices*; and 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*.

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 this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, email 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.)

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Pages 6-1 through 6-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

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Page 6-1 through 6-6 — transmitted by Transmittal Letter POD-75

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601 Introduction

This Subchapter 6 includes Level I (numeric) and Level II (alpha) HCPCS codes. When billing for services provided to MassHealth members, MassHealth providers must refer to the American Medical Association's *Current Professional Procedural Terminology (CPT) 2017* codebook for the service descriptions of Level I HCPCS codes and to the Centers for Medicare & Medicaid Services website at www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html for the descriptions of Level II HCPCS codes. 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 and 42 U.S.C. 1396d(a) and 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 Primary Care Clinician (PCC) Plan, podiatry services continue to require a referral from the member's PCC before the delivery of services.

- Section 602 lists CPT codes for services 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 for services that are payable under MassHealth.
- Section 605 lists service code modifiers allowed for billing 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	11305	11750	14061	15151
10061	11306	11752	14301	15152
10120	11307	11755	14302	15155
10121	11308	11760	14350	15156
10140	11420	11762	15002	15157
10160	11421	11765	15003	15240
10180	11422	12001	15004	15241
11000	11423	12002	15005	15271
11001	11424	12004	15050	15272
11042	11426	12005	15100	15273
11043	11620	12006	15101	15274
11044	11621	12007	15110	15275
11045	11622	12041	15111	15276
11046	11623	12042	15115	15277
11047	11624	12044	15116	15278
11055	11626	12045	15120	15574
11056	11719	13131	15121	15620
11057	11720	13132	15130	15850
11100	11721	13133	15131	15851
11101	11730	14040	15135	15852
11200	11732	14041	15136	15999 (IC)
11201	11740	14060	15150	17000

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602 Payable CPT Codes (cont.)

17003	27686	28090	28262	28456
17004	27687	28092	28264	28465
17110	27691	28100	28270	28470
17111	27695	28102	28272	28475
17250	27696	28103	28280	28476
17270	27702	28104	28285	28485
17271	27704	28106	28286	28490
17272	27760	28107	28288	28495
17273	27762	28108	28289	28496
17274	27766	28110	28290	28505
17276	27808	28111	28291	28510
20005	27810	28112	28292	28515
20200	27814	28113	28294	28525
20205	27816	28114	28295	28530
20206	27818	28116	28296	28531
20520	27822	28118	28297	28540
20525	27823	28119	28298	28545
20550	27840	28120	28299	28546
20600	27842	28122	28300	28555
20604	27846	28124	28302	28570
20605	27848	28126	28304	28575
20606	27860	28130	28305	28576
20612	27870	28140	28306	28585
20615	28001	28150	28307	28600
20650	28002	28153	28308	28605
20670	28003	28160	28309	28606
20680	28005	28171	28310	28615
27603	28008	28173	28312	28630
27604	28010	28175	28313	28635
27605	28011	28190	28315	28636
27606	28020	28192	28320	28645
27607	28022	28193	28322	28660
27610	28024	28200	28340	28665
27612	28035	28202	28341	28666
27613	28043	28208	28344	28675
27614	28045	28210	28345	28705
27615	28046	28220	28360	28715
27618	28050	28222	28400	28725
27619	28052	28225	28405	28730
27620	28054	28226	28406	28735
27625	28055	28230	28415	28737
27626	28060	28232	28420	28740
27630	28062	28234	28430	28750
27647	28070	28238	28435	28755
27648	28072	28240	28436	28760
27680	28080	28250	28445	28800
27681	28086	28260	28450	28805
27685	28088	28261	28455	28810

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602 Payable CPT Codes (cont.)

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

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

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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 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 101 CMR 334.00.

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, there is a date above the words Program Link. Providers should make sure that the dates are the same if they download a printed copy. 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 Provider Library, and then MassHealth Payment and Coverage Guideline Tools.

If you want a paper copy of the tool, you can print it from the website or request a copy from the MassHealth Customer Service Center. See Appendix A of your provider manual for applicable contact information.

A5500	L3050	L3213	L3300	L3465
A5501	L3060	L3214	L3310	L3470
A5503	L3070	L3215	L3320	L3480
A5504	L3080	L3216	L3330	L3485
A5505	L3090	L3217	L3332	L3500
A5506	L3100	L3219	L3334	L3510
A5507	L3140	L3221	L3340	L3520
A5508	L3150	L3222	L3350	L3530
A5510	L3160	L3224	L3360	L3540
A5512	L3170	L3225	L3370	L3550
A5513	L3201	L3230	L3380	L3560
L3000	L3202	L3250	L3390	L3570
L3001	L3203	L3251	L3400	L3580
L3002	L3204	L3252	L3410	L3590
L3003	L3206	L3253	L3420	L3595
L3010	L3207	L3254	L3430	
L3020	L3208	L3255	L3440	
L3030	L3209	L3257	L3450	
L3031	L3211	L3260	L3455	
L3040	L3212	L3265	L3460	

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605 Modifiers

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 or other qualified health care professional 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 or other qualified health care professional 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
- XE Separate encounter: a service that is distinct because it occurred during a separate encounter
- XP Separate practitioner: a service that is distinct because it was performed by a different practitioner
- XS Separate structure: a service that is distinct because it was performed on a separate organ/structure
- XU Unusual nonoverlapping service: the use of a service that is distinct because it does not overlap usual components of the main service

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.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the *Current Professional Procedural Terminology (CPT)* codebook.

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