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

MassHealth
Transmittal Letter POD-77
March 2023

**TO:** Podiatrists Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth [Signature of Mike Levine]

**RE:** *Podiatrist Manual* (2023 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 2023. The revised Subchapter 6 is effective for dates of service on or after January 1, 2023. Providers should refer to www.cms.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 requirements or limitations 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 316.00: *Rates for Surgery and Anesthesia Services*; 101 CMR 317.00: *Rates for Medicine Services;* 101 CMR 318.00: *Radiology Services*; 101 CMR 320.00: *Rates for Clinical Laboratory Services*; and 101 CMR 334.00: *Prostheses, Prosthetic Devices, and Orthotic Devices*.

**MassHealth Website**

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

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**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711; 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.)

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-76

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 Procedural Terminology (CPT) Professional* 2023 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 | 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 | 27626 | 28060 | 28232 | 28420 |
| 15851 | 27630 | 28062 | 28234 | 28430 |
| 15852 | 27647 | 28070 | 28238 | 28435 |
| 15853 | 27648 | 28072 | 28240 | 28436 |
| 15854 | 27680 | 28080 | 28250 | 28445 |
| 15999 (IC) | 27681 | 28086 | 28260 | 28450 |
| 17000 | 27685 | 28088 | 28261 | 28455 |
| 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 |

602 Payable CPT Codes (cont.)

| | | | | |
|---|---|---|---|---|
| 28740 | 29515 | 73592 | 87106 | 99231 |
| 28750 | 29540 | 73600 | 97597 | 99232 |
| 28755 | 29550 | 73610 | 97598 | 99238 |
| 28760 | 29580 | 73620 | 97602 | 99239 |
| 28800 | 29582 | 73630 | 97605 | 99281 |
| 28805 | 29705 | 73650 | 97606 | 99282 |
| 28810 | 29730 | 73660 | 97606 | 99283 |
| 28820 | 29750 | 76499 (IC) | 99070 (IC) | 99307 |
| 28825 | 29799 (IC) | 81000 | 99202 | 99308 |
| 28890 (PA) | 29891 | 82947 | 99203 | 99309 |
| 28899 (IC) | 29892 | 84550 | 99204 | 99341 |
| 29345 | 29893 | 85007 | 99211 | 99342 |
| 29355 | 29894 | 85014 | 99212 | 99344 |
| 29405 | 29895 | 85018 | 99213 | 99345 |
| 29425 | 29897 | 85032 | 99214 | 99347 |
| 29440 | 29898 | 85041 | 99221 | 99348 |
| 29445 | 29899 | 85048 | 99222 | 99349 |
| 29450 | 73590 | 87101 | 99223 | 99350 |
| | | 87102 | | |

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 | |

## 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 | |

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.

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