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

Transmittal Letter POD-78

DATE: May 2025

TO: Podiatrists Participating in MassHealth

FROM: Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

RE: ***Podiatrist Manual*: Updates to Subchapter 6 Codes (2025 HCPCS)**

This letter transmits revisions to the service codes in the *Podiatrist Manual*. 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). The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2025. For dates of service on or after January 1, 2025, you must use the new codes in order to obtain reimbursement. Also effective January 1, 2025, telehealth modifiers 93, 95, FR, GQ, and GT have been added to Subchapter 6 of the Podiatrist Manual.

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, even if it is not designated as covered or payable in Subchapter 6 of the Podiatrist Manual.

The rate regulations for podiatry services are 101 CMR 316.00: Rates for Surgery and Anesthesia Services; 101 CMR 317.00: *Rates for Medicine Services*; 101 CMR 318.00: *Rates for Radiology Services*; 101 CMR 320.00: *Rates for Clinical Laboratory Services*; and 101 CMR 334.00: *Rates for Prostheses, Prosthetic Devices, and Orthotic Devices*.

MassHealth Website

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Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

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The pages listed here are no longer in effect.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-77

6. Service Codes

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* 2025 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	15853
11201	11740	14060	15150	15854

602 Payable CPT Codes (cont.)

15999 (IC)	27680	28072	28238	28430
17000	27681	28080	28240	28435
17003	27685	28086	28250	28436
17004	27686	28088	28260	28445
17110	27687	28090	28261	28450
17111	27691	28092	28262	28455
17250	27695	28100	28264	28456
17270	27696	28102	28270	28465
17271	27702	28103	28272	28470
17272	27704	28104	28280	28475
17273	27760	28106	28285	28476
17274	27762	28107	28286	28485
17276	27766	28108	28288	28490
20005	27808	28110	28289	28495
20200	27810	28111	28290	28496
20205	27814	28112	28291	28505
20206	27816	28113	28292	28510
20520	27818	28114	28294	28515
20525	27822	28116	28295	28525
20550	27823	28118	28296	28530
20600	27840	28119	28297	28531
20604	27842	28120	28298	28540
20605	27846	28122	28299	28545
20606	27848	28124	28300	28546
20612	27860	28126	28302	28555
20615	27870	28130	28304	28570
20650	28001	28140	28305	28575
20670	28002	28150	28306	28576
20680	28003	28153	28307	28585
27603	28005	28160	28308	28600
27604	28008	28171	28309	28605
27605	28010	28173	28310	28606
27606	28011	28175	28312	28615
27607	28020	28190	28313	28630
27610	28022	28192	28315	28635
27612	28024	28193	28320	28636
27613	28035	28200	28322	28645
27614	28043	28202	28340	28660
27615	28045	28208	28341	28665
27618	28046	28210	28344	28666
27619	28050	28220	28345	28675
27620	28052	28222	28360	28705
27625	28054	28225	28400	28715
27626	28055	28226	28405	28725
27630	28060	28230	28406	28730
27647	28062	28232	28415	28735
27648	28070	28234	28420	28737

602 Payable CPT Codes (cont.)

28740	29582	81000	98004	99222
28750	29705	82947	98005	99223
28755	29730	84550	98006	99231
28760	29750	85007	98007	99232
28800	29799 (IC)	85014	98008	99238
28805	29891	85018	98009	99239
28810	29892	85032	98010	99281
28820	29893	85041	98011	99282
28825	29894	85048	98012	99283
28890 (PA)	29895	87101	98013	99307
28899 (IC)	29897	87102	98014	99308
29345	29898	87106	98015	99309
29355	29899	97597	98016	99341
29405	73590	97598	99070 (IC)	99342
29425	73592	97602	99202	99344
29440	73600	97605	99203	99345
29445	73610	97606	99204	99347
29450	73620	97607	99211	99348
29515	73630	98000	99212	99349
29540	73650	98001	99213	99350
29550	73660	98002	99214	
29580	76499 (IC)	98003	99221	

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

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
93 Service rendered via audio-only telehealth
95 Counseling and therapy services rendered via audio-video telecommunications
99 Multiple modifiersFR Supervising practitioner was present through a real-time two-way, audio and video communication technology
GQ Service rendered via asynchronous telehealth
GT Service rendered via interactive video and telecommunications system
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.