



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Podiatrist Bulletin 15
December 2005

TO: Podiatrists Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: **2006 Healthcare Common Procedure Coding System (HCPCS) Coding Update**

Introduction

The federal government has revised the Healthcare Common Procedure Coding System (HCPCS) that is used for MassHealth billing.

For dates of service on or after January 1, 2006, service codes that have been discontinued by the Centers for Medicare and Medicaid Services (CMS) and deleted by the American Medical Association *Current Procedural Terminology (CPT)* for 2006 are not payable by MassHealth. Services described by these codes may be billed with replacement codes. Replacement codes are Level I and Level II HCPCS codes from any year, including 2006, that replace the 2006 "deleted" codes. MassHealth will pay only for new 2006 HCPCS code additions that are replacing the 2006 deleted codes.

MassHealth is not adopting any other 2006 HCPCS code additions at this time. MassHealth will review the rest of the 2006 HCPCS code additions and changes and will determine coverage policies and other requirements at a later date. Providers will receive a transmittal letter and updated Subchapter 6 of the *Podiatrist Manual* when the final review of 2006 HCPCS code additions has been completed.

The 2006 deleted codes and HCPCS additions that are payable for dates of service on or after January 1, 2006, are attached to this bulletin.

Payment

The 2006 HCPCS code additions attached to this bulletin are payable services in addition to the list of services described in Subchapter 6 of the *Podiatrist Manual*. In accordance with MassHealth regulations, payment is subject to the terms and conditions of 130 CMR 424.000 and 450.000.

(continued on back)

**Payment
Requirements**

Individual Consideration

Payment for these new codes will be determined through individual consideration (I.C.) until the Division of Health Care Finance and Policy (DHCFP) establishes specific rates and these rates are incorporated into the appropriate regulation.

Claim Form Attachment

All claims using the service codes listed in this bulletin may be submitted with a report. Providers submitting claims electronically will receive a Claim Attachment Form (CAF). Providers must ensure that all information required to price and evaluate the claim including, but not limited to, invoices, operative notes, and reports, is submitted with the CAF.

Operative Report

An operative report must accompany the podiatrist's claim for procedures designated I.C. The operative report must be submitted in its entirety and must identify all procedures performed, including technical procedures, the name of the member, the date of the procedures, the preoperative diagnosis, the postoperative diagnosis, and the names of the surgeon and assistants. For procedures performed in settings that do not issue formal operative reports, the accompanying documentation must be legible and contain the same information required on an operative report.

Drugs Administered in an Office

For drugs administered in an office, an invoice must be submitted for each drug billed. Providers must indicate the name, strength and dose, units administered, and NDC number for every drug. When more than one drug is listed on an invoice, providers must indicate which drug is being billed. This information must be submitted as a separate attachment in addition to the invoice.

Legibility and Completeness of Documentation

If the documentation is illegible or incomplete, or if no report has been submitted, MassHealth will deny the claim with the applicable error code.

Questions

If you have any questions about the information in this bulletin, 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.

Updates to the List of MassHealth-Payable Service Codes for Podiatrists

Listed below are the service codes that replace HCPCS codes that have been deleted for 2006 and are payable by MassHealth for dates of service on or after January 1, 2006. These service codes are covered under individual consideration until the Division of Health Care Finance and Policy (DHCFP) establishes specific rates and these rates are incorporated into the appropriate regulation. Providers should refer to www.cms.hhs.gov for service descriptions.

15300	15335	99325
15301	15336	99326
15320	99307	99334
15321	99308	99335
15330	99309	99336
15331	99324	

Discontinued Service Codes for Podiatrists

The following service codes have been deleted for 2006 and are not payable by MassHealth for dates of service on or after January 1, 2006. Providers should refer to www.cms.hhs.gov for service descriptions.

15350	99311	99331
15351	99312	99332
99261	99321	
99262	99322	