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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 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](http://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	11306	11755	14350	15157
10061	11307	11760	15002	15240
10120	11308	11762	15003	15241
10121	11420	11765	15004	15271
10140	11421	12001	15005	15272
10160	11422	12002	15050	15273
10180	11423	12004	15100	15274
11000	11424	12005	15101	15275
11001	11426	12006	15110	15276
11042	11620	12007	15111	15277
11043	11621	12041	15115	15278
11044	11622	12042	15116	15574
11045	11623	12044	15120	15620
11046	11624	12045	15121	15850
11047	11626	13131	15130	15851
11055	11719	13132	15131	15852
11056	11720	13133	15135	15853
11057	11721	14040	15136	15854
11100	11730	14041	15150	15999 (IC)
11101	11732	14060	15151	17000
11200	11740	14061	15152	17003
11201	11750	14301	15155	17004
11305	11752	14302	15156	17110

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602 Payable CPT Codes (cont.)

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
27686	28090	28262	28456	28820
27687	28092	28264	28465	28825
27691	28100	28270	28470	28890 (PA)

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602 Payable CPT Codes (cont.)

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

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 (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](http://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	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
- 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

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For more information on the use of these modifiers, see [Appendix V](#) of your provider manual.

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