




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



MassHealth
Transmittal Letter PRT-20
September 2007

TO: Prosthetic Providers Participating in MassHealth
FROM: Thomas Dehner, Medicaid Director 
RE: *Prosthetics Manual* (2007 HCPCS Service Codes and Modifiers)

This letter transmits revisions to service codes described in Subchapter 6 of the *Prosthetics Manual* to comply with federal coding mandates and to incorporate coding changes previously described in informational memoranda issued by the Division of Health Care Finance and Policy (DHCFP). This letter also reminds providers of certain existing MassHealth prosthetic policies and requirements. This letter also includes important information for prosthetic providers, including detailed instructions on service limitations, claims submission, prior authorization (PA), and rates for prosthetic products and services. Providers may consult the Centers for Medicare & Medicaid Services (CMS) Web site at www.cms.gov for a full description of the service codes.

The revised Subchapter 6, instructions detailed in this transmittal letter, and the new MassHealth Orthotic and Prosthetic Payment and Coverage Guidelines tool (O&P Guidelines tool) described below, are effective for dates of service on or after June 1, 2007.

New MassHealth Orthotic and Prosthetic Payment and Coverage Guidelines Tool

MassHealth has posted a new Orthotic and Prosthetic Payment and Coverage Guidelines tool on its Web site. This interactive tool is designed to help providers understand the payment requirements and service limitations for each orthotic and prosthetic service code covered by MassHealth.

The O&P Guidelines tool provides descriptions for all orthotic and prosthetic service codes covered by MassHealth, along with interpretive descriptions of each service code as written by the American Orthotic and Prosthetic Association (AOPA). It also identifies applicable modifiers, place-of-service codes, PA requirements, service limitations, and AAC mark up information. For certain services that are payable on an individual consideration (IC) basis, the O&P Guidelines tool helps providers calculate the payable amount based on information provided. To access the MassHealth O&P Guidelines tool, go to www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, Provider Library, MassHealth Payment and Coverage Guidelines Tools, and the link for the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool.

This tool also contains links to DHCFP regulations, the MassHealth Shoe Medical Necessity Form, Subchapter 4 of both the *Orthotics Manual* and *Prosthetics Manual*, as well as Part 6 of the Administrative and Billing Instructions, which lists the error codes and explanations for claims that have been denied or suspended by MassHealth.

Prescription Requirements for Services Provided to Members Residing in Nursing Facilities

A prescription from a physician on a prescription pad or physician's letterhead is no longer required when providing services to MassHealth members residing in a nursing facility. In lieu of this documentation, providers may submit a copy of the order from the member's medical record along with any treatment plan written by the facility's staff.

Revised Fee Schedule

DHCFP has promulgated new rate regulations for orthotics and prosthetics services and products. The new fees and rate methodologies are effective for dates of service on or after June 1, 2007. Providers can view the rates on the DHCFP Web site at www.mass.gov/dhcfp.

Providers must submit an invoice with each PA request or with each claim for services, as applicable, for items that are paid on an individual-consideration (IC) basis. These services are listed as "AAC + % mark-up" in the DHCFP fee schedule and on the MassHealth O&P Guidelines tool.

If you wish to obtain a paper copy of the DHCFP fee schedule, you may purchase DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. DHCFP also has the regulation available on disk. The regulation title for Prostheses, Prosthetic Devices, and Orthotic Devices is 114.3 CMR 34.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100

Billing and PA Requirements

PA for Units in Excess of Specified Allowable Maximums

For products that are listed on the MassHealth O&P Guidelines tool with a unit maximum and a designation that prior authorization is required "Sometimes," providers may directly bill up to the allowable maximum units without requesting PA. If documentation is provided to support medical necessity for the member to receive more than the maximum allowable units, providers may request a PA for coverage of the additional units only. Providers must submit the request, along with supporting medical documentation, before providing the member with the additional units.

Diagnosis Codes

MassHealth updates ICD-9-CM codes on a regular basis. Current ICD-9-CM codes are required for all claims. The ICD-9-CM codes entered on the claim must be directly related to the service billed.

Repairs

PA is required for all repairs (combined parts and labor) totaling over \$1000 per repair in all settings. All PAs and claims submitted for repairs must be supported by an itemized work order indicating parts and labor. Payment for repairs will be a lump-sum payment and may not exceed the purchase price.

PAs submitted for repairs must be billed in 15-minute increments, and must be supported by the following information:

- a description of the problem;
- the reason the repair is needed;
- an itemization of parts and labor; and
- invoices for all parts and products used that do not have an assigned HCPCS service code.

Claims for Custom-Made Products Provided to Members Who Become Ineligible for MassHealth

As stated in 130 CMR 450.231(B), the date of the service is the date on which a medical service is furnished or delivered to a member. If a provider delivers a product to a member that has been ordered, fitted, or altered for the member, and the member ceases to be eligible for such MassHealth services on a date before the final delivery of the products, MassHealth will pay the provider for the products.

Providers must submit a paper claim for these services to the following address, with all applicable documentation outlined in 130 CMR 450.231(B).

MassHealth
Claims Operations
ATTN: After Cancel Unit
600 Washington Street
Boston, MA 02111

Billing for Members with Other Insurance

When a member has other insurance, providers must bill MassHealth with the same HCPCS codes that were billed to the primary insurer.

Medical Necessity Documentation

Medical necessity determinations are based on specific clinical information and documentation that supports appropriate medical use of the services being requested. Providers must include all documentation of medical necessity as required in 130 CMR 428.000 when submitting requests for PA to MassHealth or its designee.

MassHealth Automated Prior Authorization System (APAS)

MassHealth's Automated Prior Authorization System (APAS) enables providers to submit PA requests and receive responses electronically. APAS also allows providers to attach additional documentation to their requests electronically when the attachments are needed to determine medical necessity. Providers may contact ACM at 1-866-378-3789 to request access to APAS. Providers are strongly encouraged to explore and utilize this new automated business solution.

Case Management for Complex-Care Members

MassHealth members under the age of 22 who are authorized to receive Continuous Nursing Services (CNS) are enrolled in Community Case Management (CCM). Some members aged 22 and older may also be enrolled in CCM. This program is administered for MassHealth by the University of Massachusetts Medical School. Each CCM enrollee is assigned a nurse case manager who performs a comprehensive needs assessment and authorizes all medically necessary home health and other community services, including prosthetics. The Recipient Eligibility Verification System (REVS) identifies members enrolled in CCM. Providers should consult Appendix A of the *Prosthetics Manual* on the MassHealth Web site at www.mass.gov/masshealth to determine where to send prior authorization requests for all members, including CCM members.

If you have any questions about the information in this transmittal letter please 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.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Prosthetics Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

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

Prosthetic Manual

Pages 6-1 through 6-10 — transmitted by Transmittal Letter PRT-18

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601 Introduction

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 442.000 and 450.000. A prosthetics provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 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 *Prosthetics Manual*.

Providers should refer to the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines tool (O&P Guidelines) for service descriptions, applicable modifiers, place-of-service codes, PA requirements, service limits, American Orthotic and Prosthetic Association (AOPA) interpretive language (if applicable), and AAC markup information. For certain services that are payable on an individual-consideration (I.C.) basis, the tool will calculate the payable amount, based on the information provided. For service codes for which the Division of Health Care Finance and Policy (DHCFFP) has established a rate, the provider can determine the payment by reviewing the DHCFFP regulations at 114.3 CMR 34.00.

The MassHealth Orthotic and Prosthetic Payment and Coverage tool also contains links to [DHCFFP regulations](#), MassHealth [Shoe Prescription Form](#), [Subchapter 4 of the Orthotics Manual](#), [Subchapter 4 of the Prosthetics Manual](#), and Part 6 of the Administrative and Billing Instructions, which lists the [error codes and explanations](#) for claims that have been denied or suspended by MassHealth. Please note that the online O & P Guidelines tool is updated frequently. To ensure that you are using the most updated version, check the date in the upper-left corner above the word Program Link.

To get to the MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines tool, go to www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, Provider Library, and MassHealth Payment and Coverage Guideline Tools, and Orthotics and Prosthetics Payment and Coverage Guidelines tool. If you want a paper copy of the tool, you can print it from the Web site, or request a copy from MassHealth Customer Service. See Appendix A of your provider manual for applicable contact information.

602 Service Codes

This section lists codes for services that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid Web site at www.cms.gov for more detailed descriptions.

L5000	L5230	L5430	L5580	L5620	L5638	L5651
L5010	L5250	L5450	L5585	L5622	L5639	L5652
L5020	L5270	L5460	L5590	L5624	L5640	L5653
L5050	L5280	L5500	L5595	L5626	L5642	L5654
L5060	L5301	L5505	L5600	L5628	L5643	L5655
L5100	L5311	L5510	L5610	L5629	L5644	L5656
L5105	L5321	L5520	L5611	L5630	L5645	L5658
L5150	L5331	L5530	L5613	L5631	L5646	L5661
L5160	L5341	L5535	L5614	L5632	L5647	L5665
L5200	L5400	L5540	L5616	L5634	L5648	L5666
L5210	L5410	L5560	L5617	L5636	L5649	L5668
L5220	L5420	L5570	L5618	L5637	L5650	L5670

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602 Service Codes (cont.)

L5671	L5790	L5986	L6610	L6695	L7190	L8460
L5672	L5795	L5987	L6611	L6696	L7191	L8465
L5673	L5810	L5988	L6615	L6697	L7260	L8470
L5676	L5811	L5990	L6616	L6698	L7261	L8480
L5677	L5812	L5993	L6620	L6703	L7266	L8485
L5678	L5814	L5994	L6621	L6704	L7272	L8499
L5679	L5816	L5995	L6623	L6706	L7274	S1040
L5680	L5818	L5999	L6624	L6707	L7360	
L5681	L5822	L6000	L6625	L6708	L7362	
L5682	L5824	L6010	L6628	L6709	L7364	
L5683	L5826	L6020	L6629	L6805	L7366	
L5684	L5828	L6025	L6630	L6810	L7367	
L5685	L5830	L6050	L6632	L6881	L7368	
L5686	L5840	L6055	L6635	L6882	L7400	
L5688	L5845	L6100	L6637	L6883	L7401	
L5690	L5848	L6110	L6638	L6884	L7402	
L5692	L5850	L6120	L6639	L6885	L7403	
L5694	L5855	L6130	L6640	L6890	L7404	
L5695	L5856	L6200	L6641	L6895	L7405	
L5696	L5857	L6205	L6642	L6900	L7499	
L5697	L5858	L6250	L6645	L6905	L7500	
L5698	L5910	L6300	L6646	L6910	L7510	
L5699	L5920	L6310	L6647	L6915	L7520	
L5700	L5925	L6320	L6648	L6920	L7600	
L5701	L5930	L6350	L6650	L6925	L8000	
L5702	L5940	L6360	L6655	L6930	L8001	
L5703	L5950	L6370	L6660	L6935	L8002	
L5704	L5960	L6380	L6665	L6940	L8010	
L5705	L5962	L6382	L6670	L6945	L8015	
L5706	L5964	L6384	L6672	L6950	L8020	
L5707	L5966	L6386	L6675	L6955	L8030	
L5710	L5968	L6388	L6676	L6960	L8035	
L5711	L5970	L6400	L6677	L6965	L8039	
L5712	L5971	L6450	L6680	L6970	L8300	
L5714	L5972	L6500	L6682	L6975	L8310	
L5716	L5974	L6550	L6684	L7007	L8320	
L5718	L5975	L6570	L6686	L7008	L8330	
L5722	L5976	L6580	L6687	L7009	L8400	
L5724	L5978	L6582	L6688	L7040	L8410	
L5726	L5979	L6584	L6689	L7045	L8415	
L5728	L5980	L6586	L6690	L7170	L8417	
L5780	L5981	L6588	L6691	L7180	L8420	
L5781	L5982	L6590	L6692	L7181	L8430	
L5782	L5984	L6600	L6693	L7185	L8435	
L5785	L5985	L6605	L6694	L7186	L8440	