



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter PRT-21  
June 2010

**TO:** Prosthetic Providers Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director  
**RE:** *Prosthetics Manual* (2010 HCPCS)

This letter transmits revisions to the service codes described in Subchapter 6 of the MassHealth *Prosthetics Manual* to comply with federal coding mandates, incorporates coding and rate changes previously described in informational bulletins issued by the Division of Health Care Finance and Policy (DHCFP); and remind providers of certain existing prosthetic policies and requirements. Providers may consult the Centers for Medicare & Medicaid Services (CMS) Web site at [www.cms.gov](http://www.cms.gov) for a full description of the service codes. Prior-authorization (PA) requirements, service limits, and place-of-service codes now appear in an updated version of the interactive *MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool* that has been posted on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Regulations and other Publications, then on Provider Library, and then select MassHealth Payment and Coverage Guideline Tools.

### **Prosthetics Service Code Additions Effective for Dates of Service Beginning January 1, 2010**

The following service codes have been added to Subchapter 6 of the *Prosthetics Manual* and the *MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool* and are effective for dates of service on or after January 1, 2010.

L5973      L7520      L8031      L8032

### **Prosthetic Service Code Deletions Effective for Dates of Service Beginning January 1, 2010**

The following codes have been deleted from Subchapter 6 of the *Prosthetics Manual* and the *MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool*, effective for dates of service beginning January 1, 2010.

Claims for dates of service on or after January 1, 2010, submitted with deleted codes identified in this section will be denied. Claims denied for deleted codes can be resubmitted with the appropriate new codes.

L5993	L5994	L5995	L6639	L7612	L7613
L7614	L7621	L7622			

### Diagnosis Codes

Providers must submit the appropriate ICD-9-CM diagnosis codes on all claims. The ICD-9-CM diagnosis codes must be directly related to the service billed on the claim.

### Claims with Multiple Modifiers

As of the implementation of NewMMIS, MassHealth can accept claims with two modifiers on a single claim line. When billing a service code that has more than one modifier, providers must submit both modifiers on a single claim line. Prior to implementation of NewMMIS, MassHealth required providers to submit the claim with the code and each modifier on a separate claim line.

#### Claims submission example using legacy MMIS:

Claim Line 1)	L5215 RT	1 unit
Claim Line 2)	L5215 LT	1 unit

#### Claims submission example using NewMMIS:

Claim Line 1)	L5215	RT LT	2 units
---------------	-------	-------	---------

### Shoe Forms

The MassHealth Shoe Medical Necessity Form (ORT-1, Rev.07/04) is being replaced with two new forms: the *MassHealth Orthotic and Prosthetic Prescription and Medical Necessity Review Form for Therapeutic Shoes, Inserts, and Modifications (Diabetics)*; and the *MassHealth Orthotic and Prosthetic Prescription and Medical Necessity Review Form for Foot Orthoses, Footwear, and Modifications (Non-Diabetic)*. MassHealth has developed instructions to be used with each of these forms, which providers must follow when completing the forms.

The new forms meet MassHealth's recordkeeping requirements at 130 CMR 442.423 and 450.205. The forms and their corresponding instructions are available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Provider Forms under the Publications panel on the right side of the home page.

Providers may begin using the new forms immediately. MassHealth will not accept the ORT-1 form after dates of service beginning August 31, 2010, and will deny claims submitted with the old form for dates of service after that date.

Providers must submit a completed shoe form when requesting prior authorization for therapeutic shoes or, if no PA is required, when submitting the claim for the shoes. Providers should consult the *MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool* to determine which shoe form needs to be submitted for a specific service code, and whether or not the service code requires PA.

### **Acceptable Prescriber Signatures for Shoe Forms**

MassHealth will accept only the signature from the member's physician (MD) or a doctor of osteopathy (DO) in Section 5 of the *MassHealth Orthotic and Prosthetic Prescription and Medical Necessity Review Form for Therapeutic Shoes, Inserts, and Modifications for Diabetics*.

MassHealth will accept only the signature from the member's physician (MD), nurse practitioner (NP), doctor of osteopathy (DO), podiatrist (DPM), or physician assistant (PA) in Section 6 of the *MassHealth Orthotic and Prosthetic Prescription and Medical Necessity Review Form for Foot Orthoses, Footwear, and Modifications (Non-Diabetic)*.

### **Invoices**

Service codes priced at adjusted acquisition cost (AAC+) require current invoices. MassHealth will not accept a Web-printed invoice or order form from a manufacturer's Web site. The invoice must clearly identify which products are applicable to the service codes being billed. Providers must circle the product on the invoice and attach the applicable service code to the item to identify what is being billed. Providers are also reminded that they must use the correct service code that is applicable to that product.

**Please note:** Effective May 1, 2010, MassHealth no longer requires an invoice be submitted with the claim or (PA) for minor part replacements and repairs where the total cost of the repair is less than \$35.00. However, the provider must submit a work order with the claim or PA that describes the parts repaired or replaced.

### **Revised Rates**

The Division of Health Care Finance and Policy (DHCFP) has established new rates for prosthetic service codes effective for dates of service beginning January 1, 2010. The DHCFP fee schedule and informational bulletins can be viewed on the DHCFP Web site at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

If you wish to obtain a fee schedule, you may download DHCFP regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). If you wish to obtain a paper copy of the 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. 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  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

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](mailto: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 vi, 6-1, and 6-2

OBSOLETE MATERIAL

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

Prosthetics Manual

Page vi — transmitted by Transmittal Letter PRT-18

Pages 6-1 and 6-2 — transmitted by Transmittal Letter PRT-20

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Orthotics Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> ORT-21	<b>Date</b> 06/01/10

6. Service Codes

Introduction.....	6-1
Service Codes.....	6-1
Appendix A. Directory .....	A-1
Appendix B. Enrollment Centers .....	B-1
Appendix C. Third-Party-Liability Codes .....	C-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles .....	X-1
Appendix Y. EVS/Codes Messages .....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes .....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Prosthetics Manual	<b>Subchapter Number and Title</b> Preface	<b>Page</b> vii
	<b>Transmittal Letter</b> PRT-21	<b>Date</b> 06/01/10

The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, administrative and billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For prosthetics providers, those matters are covered in 130 CMR Chapter 428.000, reproduced as Subchapter 4 in the *Prosthetics Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Orthotics Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
	<b>Transmittal Letter</b> ORT-21	<b>Date</b> 01/01/10

## 601 Introduction

MassHealth pays for the services represented by the codes listed in Section 602 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 442.000 and 450.000. In addition, a provider may request prior authorization (PA) for any medically necessary orthotic devices. Providers should consult [Transmittal Letter ORT-21](#) for the specific effective dates of service for the service codes.

Providers should refer to the MassHealth Orthotic and Prosthetic Payment and Coverage Guidelines Tool for service descriptions, applicable modifiers, place-of-service codes, PA requirements, service limits, and pricing and markup information. 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 Division of Health Care Finance and Policy (DHCFP) has established a rate, the provider can determine the payment by reviewing the DHCFP regulations at 114.3 CMR 34.00.

The MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool also contains links to [DHCFP regulations](#) 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.

To get to the MassHealth Orthotic and Prosthetic Payment and Coverage Guidelines Tool, go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Regulations and other Publications, click on Provider Library, and then select MassHealth payment and Coverage Guideline- Tools.

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 MassHealth 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](http://www.cms.gov) for more detailed descriptions.

A5500	A6535	L0113	L0454	L0491	L0635	L0976
A5501	A6536	L0120	L0456	L0492	L0636	L0978
A5503	A6537	L0130	L0458	L0621	L0637	L0980
A5504	A6538	L0140	L0460	L0622	L0638	L0982
A5505	A6539	L0150	L0462	L0623	L0639	L0984
A5506	A6540	L0160	L0464	L0624	L0640	L0999
A5507	A6541	L0170	L0466	L0625	L0700	L1000
A5508	A6544	L0172	L0468	L0626	L0710	L1001
A5510	A6549	L0174	L0470	L0627	L0810	L1005
A5512	A8000	L0180	L0472	L0628	L0820	L1010
A5513	A8001	L0190	L0480	L0629	L0830	L1020
A6530	A8002	L0200	L0482	L0630	L0859	L1025
A6531	A8003	L0220	L0484	L0631	L0861	L1030
A6532	A8004	L0430	L0486	L0632	L0970	L1040
A6533	A9283	L0450	L0488	L0633	L0972	L1050
A6534	L0112	L0452	L0490	L0634	L0974	L1060

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Orthotics Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-2
	<b>Transmittal Letter</b> ORT-21	<b>Date</b> 01/01/10

602 Service Codes (cont.)

L1070	L1834	L2108	L2415	L3010	L3300	L3672
L1080	L1836	L2112	L2425	L3020	L3310	L3673
L1085	L1840	L2114	L2430	L3030	L3320	L3675
L1090	L1843	L2116	L2492	L3031	L3330	L3677
L1100	L1844	L2126	L2500	L3040	L3332	L3702
L1110	L1845	L2128	L2510	L3050	L3334	L3710
L1120	L1846	L2132	L2520	L3060	L3340	L3720
L1200	L1847	L2134	L2525	L3070	L3350	L3730
L1210	L1850	L2136	L2526	L3080	L3360	L3740
L1220	L1860	L2180	L2530	L3090	L3370	L3760
L1230	L1900	L2182	L2540	L3100	L3380	L3762
L1240	L1902	L2184	L2550	L3140	L3390	L3763
L1250	L1904	L2186	L2570	L3150	L3400	L3764
L1260	L1906	L2188	L2580	L3160	L3410	L3765
L1270	L1907	L2190	L2600	L3170	L3420	L3766
L1280	L1910	L2192	L2610	L3201	L3430	L3806
L1290	L1920	L2200	L2620	L3202	L3440	L3807
L1300	L1930	L2210	L2622	L3203	L3450	L3808
L1310	L1932	L2220	L2624	L3204	L3455	L3900
L1499	L1940	L2230	L2627	L3206	L3460	L3901
L1500	L1945	L2232	L2628	L3207	L3465	L3904
L1510	L1950	L2240	L2630	L3208	L3470	L3905
L1520	L1951	L2250	L2640	L3209	L3480	L3906
L1600	L1960	L2260	L2650	L3211	L3485	L3908
L1610	L1970	L2265	L2660	L3212	L3500	L3912
L1620	L1971	L2270	L2670	L3213	L3510	L3913
L1640	L1980	L2275	L2680	L3214	L3520	L3915
L1650	L1990	L2280	L2750	L3215	L3530	L3917
L1652	L2000	L2300	L2755	L3216	L3540	L3919
L1660	L2005	L2310	L2760	L3217	L3550	L3921
L1680	L2010	L2320	L2768	L3219	L3560	L3923
L1685	L2020	L2330	L2780	L3221	L3570	L3925
L1686	L2030	L2335	L2785	L3222	L3580	L3927
L1690	L2034	L2340	L2795	L3224	L3590	L3929
L1700	L2035	L2350	L2800	L3225	L3595	L3931
L1710	L2036	L2360	L2810	L3230	L3600	L3933
L1720	L2037	L2370	L2820	L3250	L3610	L3935
L1730	L2038	L2375	L2830	L3251	L3620	L3956
L1755	L2040	L2380	L2840	L3252	L3630	L3960
L1810	L2050	L2385	L2850	L3253	L3640	L3961
L1820	L2060	L2387	L2999	L3254	L3649	L3962
L1830	L2070	L2390	L3000	L3255	L3650	L3967
L1831	L2080	L2395	L3001	L3257	L3660	L3971
L1630	L2090	L2397	L3002	L3260	L3670	L3973
L1832	L2106	L2405	L3003	L3265	L3671	L3975



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Orthotics Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-3
	<b>Transmittal Letter</b> ORT-21	<b>Date</b> 01/01/10

602 Service Codes (cont.)

L3976	L3995	L4030	L4070	L4205	L4386
L3977	L3999	L4040	L4080	L4210	L4392
L3978	L4000	L4045	L4090	L4350	L4394
L3980	L4002	L4050	L4100	L4360	L4396
L3982	L4010	L4055	L4110	L4370	L4398
L3984	L4020	L4060	L4130	L4380	S1040

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Orthotics Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-4
	<b>Transmittal Letter</b> ORT-21	<b>Date</b> 01/01/10

This page is reserved.