

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



MassHealth Transmittal Letter PRT-23 September 2012

- TO: Prosthetic Providers Participating in MassHealth
- FROM: Julian J. Harris, M.D., Medicaid Director
  - RE: Prosthetics Manual (2012 HCPCS)

This letter transmits revisions to service codes in the *Prosthetics Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2012. The revised Subchapter 6 is effective for dates of service on or after January 1, 2012.

Providers may consult the CMS website at <u>www.cms.gov</u> 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 <u>MassHealth Orthotics and Prosthetics Payment</u> <u>and Coverage Guidelines Tool</u> that has been posted on the MassHealth website.

# **Revised Rates**

DHCFP has established new PRT service code rates for the above service codes, effective for dates of service beginning January 1, 2012. The DHCFP fee schedule and informational bulletins can be viewed on the DHCFP website at <u>www.mass.gov/dhcfp</u>.

# Fee Schedule

The DHCFP fee schedule and informational bulletins can be viewed at <u>www.mass.gov/dhcfp</u>. You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy 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 Division of Health Care Finance and Policy Two Boylston Street Boston, MA 02116 Telephone: 617-988-3100 www.mass.gov/dhcfp

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#### **PRT Service Code Additions**

The following service codes have been **added** to Subchapter 6 of the *Prosthetic Manual* and the MassHealth *Orthotics and Prosthetics Payment and Coverage Guidelines Tool,* and are effective for dates of service on or after January 1, 2012.

### L5312 L6715 L6880

The following codes have been **deleted** from Subchapter 6 of the *Prosthetic Manual* and the *MassHealth Orthotics and Prosthetic Payment and Coverage Guideline Tool* without replacement.

L7266 L7272 L7274

The following service code has been **deleted** from Subchapter 6 of the *Prosthetic Manual* and the *MassHealth Orthotics and Prosthetic Payment and Coverage Guideline Tool* and has been crosswalked to a new code as indicated below.

L5311 has been deleted and crosswalked to L5312.

## **Diagnosis Codes**

ICD-9-CM diagnosis codes are required on all claims. The ICD-9-CM diagnosis code on the claim must be directly related to the service code(s) billed on the claim.

## PA Requests for PRT Units in Excess of the Maximum Allowable Units

MassHealth requires PA for any PRT service codes if the number of units requested exceeds the maximum allowable units specified in the *MassHealth Orthotics and Prosthetic Payment* and Coverage Guideline Tool.

When requesting PA for services in excess of the maximum allowable units, the provider must

- submit to MassHealth, in addition to the PA request that was submitted for units up to the maximum allowable, a separate PA request for the number of units that exceed the maximum allowed; and
- include clinical documentation that supports the medical necessity of the additional units.

# Modifiers LT (Left Side) RT (Right Side)

MassHealth has updated its *Orthotics and Prosthetics Payment and Coverage Guidelines Tool* to include modifiers LT and RT.

If bilateral items are provided as a "purchase," and the unit of service described in the service code description is "each," bill for both items on the same line using the LT/RT modifiers and two units of service. If a single item is provided as a "purchase" for either the left or right side, bill on one claim line using the appropriate modifier (LT or RT) and one unit of service.

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#### MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at <u>www.mass.gov/masshealth</u>.

### Questions

If you have any questions about 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 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-21

Pages 6-1 and 6-2 — transmitted by Transmittal Letter PRT-22

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#### 601 Introduction

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 MassHealth regulations at 130 CMR 428.000 and 450.000. A prosthetics provider may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 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 <u>MassHealth Orthotics and Prosthetics Payment and Coverage Guidelines Tool</u> 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 a link to <u>DHCFP regulations</u>. Error codes are available on the website at www.mass.gov/masshealthpubs. Click on Provider Library, then on List of Explanation of Benefits Codes Appearing on the Remittance Advice.

To get to the MassHealth Orthotic and Prosthetic Payment and Coverage Guidelines Tool, go to <u>www.mass.gov/masshealth</u>. Click on MassHealth Regulations and Other Publications, click on Provider Library, and go to MassHealth Payment and Coverage Guideline Tools.

If you want a paper copy of the tool, you can print it from the website. See Appendix A of your provider manual for applicable contact information.

#### 602 Modifiers

Modifiers LT (left side) and RT (right side) have been added to certain service codes. Please refer to the Orthotics and Prosthetics Payment and Coverage Guidelines Tool.

#### 603 Service Codes

This section lists codes for services that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid website at <u>www.cms.gov</u> 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	L5312	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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							PRT-23		01/01/12
						03 <u>Servic</u>	e Codes (cont.)		•
		.5671	L5811	L5999	L6629	L6881	L7405		
.5672	L5812	L6000	L6630	L6882	L7499				
.5673	L5814	L6010	L6632	L6883	L7510				
5676	L5816	L6020	L6635	L6884	L7520				
.5677	L5818	L6025	L6637	L6885	L7600				
.5678	L5822	L6050	L6638	L6890	L8000				
.5679	L5824	L6055	L6640	L6895	L8001				
.5680	L5826	L6100	L6641	L6900	L8002				
5681	L5828	L6110	L6642	L6905	L8010				
5682	L5830	L6120	L6645	L6910	L8015				
.5683	L5840	L6130	L6646	L6915	L8020				
5684	L5845	L6200	L6647	L6920	L8030				
5685	L5848	L6205	L6648	L6925	L8031				
5686	L5850	L6250	L6650	L6930	L8032				
5688	L5855	L6300	L6655	L6935	L8035				
.5690	L5856	L6310	L6660	L6940	L8039				
5692	L5857	L6320	L6665	L6945	L8300				
5694	L5858	L6350	L6670	L6950	L8310				
5695	L5910	L6360	L6672	L6955	L8320				
5696	L5920	L6370	L6675	L6960	L8330				
5697	L5925	L6380	L6676	L6965	L8400				
.5698	L5930	L6382	L6677	L6970	L8410				
.5699 5700	L5940 L5950	L6384 L6386	L6680 L6682	L6975 L7007	L8415 L8417				
.5700 .5701			L6684		L8417 L8420				
.5701	L5960	L6388 L6400	L6686	L7008 L7009	L8420 L8430				
.5702 .5703	L5961 L5962	L6450	L6687	L7009 L7040	L8430 L8435				
.5705	L5962 L5964	L6500	L6688	L7040 L7045	L8433 L8440				
.5704 .5705	L5966	L6550	L6689	L7043 L7170	L8440 L8460				
.5705 .5706	L5968	L6570	L6690	L7170 L7180	L8460 L8465				
.5700 .5707	L5908 L5970	L6580	L6691	L7180 L7181	L8403 L8470				
.5710	L5970	L6582	L6692	L7181 L7185	L8470 L8480				
5710	L5972	L6584	L6693	L7185	L8485				
.5712	L5972 L5973	L6586	L6694	L7190	L8485 L8499				
.5712	L5975	L6588	L6695	L7190	S1040				
.5716	L5975	L6590	L6696	L7260	51040				
.5718	L5976	L6600	L6697	L7260					
5722	L5978	L6605	L6698	L7201 L7360					
.5724	L5978 L5979	L6610	L6703	L7362					
5726	L5980	L6611	L6704	L7362					
5728	L5981	L6615	L6704	L7364					
.5728 .5780	L5982	L6616	L6707	L7367					
.5781	L5984	L6620	L6708	L7368					
5782	L5985	L6621	L6709	L7400					
.5782 .5785	L5985 L5986	L6623	L6715	L7400 L7401					
.5785 .5790	L5980 L5987	L6624	L6713 L6805	L7401 L7402					
.5795	L5987 L5988	L6625	L6805	L7402 L7403					
.5795 .5810	L5988 L5990	L6628	L6880	L7403 L7404					