



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 ORT-20
September 2007

TO: Orthotic Providers Participating in MassHealth
FROM: Thomas Dehner, Medicaid Director TD
RE: *Orthotics Manual* (2007 New HCPCS Codes and Modifiers)

This letter transmits revisions to the service codes described in Subchapter 6 of the *Orthotics 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 policies and requirements. Providers may consult the Centers for Medicare & Medicaid Services for a full description of the service codes, or the CMS Web site at www.cms.gov. Prior-authorization (PA) requirements, service limitations, and place-of-service requirements now appear in a new, interactive MassHealth Orthotic and Prosthetic Payment and Coverage Guidelines tool (O&P Guidelines tool) that has been posted on the MassHealth Web site (see below).

The revised Subchapter 6, instructions detailed in this transmittal letter, and the new MassHealth Orthotic and Prosthetic Payment and Coverage 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 provided 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 Guideline Tools, and the link for the Orthotic and Prosthetic 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*, 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.

Diabetic Shoe

MassHealth covers diabetic shoes prescribed to prevent or alleviate painful or disabling conditions associated with diabetes by minimizing pressure on the foot. A custom-molded shoe is covered when the member has a foot deformity that cannot be accommodated by a depth shoe. The nature and severity of the deformity must be well documented on the Shoe Medical Necessity Form.

Depth Shoe

MassHealth covers a depth shoe if it: 1) has a full-length, heel-to-toe filler that, when removed, provides a minimum of 3/16th" of additional depth used to accommodate custom-molded or customized inserts; 2) is made from leather or other suitable material of equal quality; 3) has some form of foot closure; and 4) is available in full and half sizes with a minimum of three widths so that the sole is graded to the size and width of the upper portions of the shoe, according to the American standard last sizing schedule or its equivalent.

Orthopedic Shoe

MassHealth covers orthopedic shoes that are specially constructed to aid in the correction of a deformity of the musculoskeletal structure of the foot and to preserve or restore the function of the musculoskeletal function of the foot. The nature and severity of the deformity must be well documented on the Shoe Medical Necessity Form.

Inserts

MassHealth covers separate orthopedic inserts for footwear if the prescribing provider verifies in writing that the member has appropriate footwear into which the insert can be placed. The footwear must meet the definitions of diabetic and orthopedic shoes as described in 130 CMR 442.402.

Shoe Medical Necessity Form

The Shoe Medical Necessity Form must be submitted with all claims. The provider supplying the shoe must complete only sections 1 and 2 of the Shoe Medical Necessity Form. The authorizing prescriber must complete Section 3.

Cranial Orthoses (S1040)

Effective for dates of service on or after July 1, 2007, MassHealth covers cranial molding orthoses (S1040) with prior authorization from MassHealth. The MassHealth Office of Clinical Affairs has developed clinical guidelines that describe the clinical conditions for medical necessity. These guidelines are posted on the MassHealth Web site. In addition, the O&P Guidelines tool contains a link to the clinical guidelines. A rate for S1040 has been established by DHCFP.

Noncovered Services

MassHealth does not cover sneakers or athletic shoes. MassHealth does not pay for shoes where there is no diagnosis of an associated foot deformity or for a matching shoe where there is no foot deformity.

MassHealth does not pay a separate fee for nursing facility visits. MassHealth does pay for orthotics furnished to members in a nursing facility provided all other payment conditions are met.

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 nursing facility medical record along with any treatment plan written by the facility's staff.

Revised Fee Schedule

DHCFP has established new fees and payment methodologies for the codes listed in Subchapter 6 of the *Orthotics Manual*. The new fees and methodologies are effective for dates of service on or after June 1, 2007, and can be viewed at www.mass.gov/dhcfp.

Providers must submit an invoice with the PA request or with a 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 O&P Guidelines tool.

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. 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 and the foot deformity.

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 product, MassHealth will pay the provider for the product.

Providers must submit paper claims for these services to the following address with all applicable documentation as 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 442.000 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 automated business solution.

Case Management for Complex-Care Members

MassHealth members who are under the age of 22 years and 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 with CCM. The 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 orthotics. The Recipient Eligibility Verification System (REVS) identifies members enrolled in CCM. Providers should consult Appendix A of the *Orthotics Manual* 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.)

Orthotics Manual

Pages 6-1 through 6-4

OBSOLETE MATERIAL

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

Orthotics Manual

Pages 6-1 through 6-12 — transmitted by Transmittal Letter ORT-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. An orthotics 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 *Orthotics 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), AAC mark-up information, and MassHealth Shoe Medical Necessity Form requirements. 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 O&P Guidelines tool also contains links to [DHCFP regulations](#), MassHealth [Shoe Medical Necessity 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, MassHealth Payment and Coverage Guideline Tools, and MassHealth 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.

A5500	A6534	A8003	L0220	L0482	L0629	L0820
A5501	A6535	A8004	L0430	L0484	L0630	L0830
A5503	A6536	L0112	L0450	L0486	L0631	L0859
A5504	A6537	L0120	L0452	L0488	L0632	L0861
A5505	A6538	L0130	L0454	L0490	L0633	L0970
A5506	A6539	L0140	L0456	L0491	L0634	L0972
A5507	A6540	L0150	L0458	L0492	L0635	L0974
A5508	A6541	L0160	L0460	L0621	L0636	L0976
A5510	A6542	L0170	L0462	L0622	L0637	L0978
A5512	A6543	L0172	L0464	L0623	L0638	L0980
A5513	A6544	L0174	L0466	L0624	L0639	L0982
A6530	A6549	L0180	L0468	L0625	L0640	L0984
A6531	A8000	L0190	L0470	L0626	L0700	L0999
A6532	A8001	L0200	L0472	L0627	L0710	L1000
A6533	A8002	L0210	L0480	L0628	L0810	L1001

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L1005	L1755	L2035	L2375	L2850	L3254	L3652
L1010	L1800	L2036	L2380	L2860	L3255	L3660
L1020	L1810	L2037	L2385	L2999	L3257	L3670
L1025	L1815	L2038	L2387	L3000	L3260	L3671
L1030	L1820	L2040	L2390	L3001	L3265	L3672
L1040	L1825	L2050	L2395	L3002	L3300	L3673
L1050	L1830	L2060	L2397	L3003	L3310	L3675
L1060	L1831	L2070	L2405	L3010	L3320	L3677
L1070	L1832	L2080	L2415	L3020	L3330	L3700
L1080	L1834	L2090	L2425	L3030	L3332	L3701
L1085	L1836	L2106	L2430	L3031	L3334	L3702
L1090	L1840	L2108	L2492	L3040	L3340	L3710
L1100	L1843	L2112	L2500	L3050	L3350	L3720
L1110	L1844	L2114	L2510	L3060	L3360	L3730
L1120	L1845	L2116	L2520	L3070	L3370	L3740
L1200	L1846	L2126	L2525	L3080	L3380	L3760
L1210	L1847	L2128	L2526	L3090	L3390	L3762
L1220	L1850	L2132	L2530	L3100	L3400	L3763
L1230	L1855	L2134	L2540	L3140	L3410	L3764
L1240	L1858	L2136	L2550	L3150	L3420	L3765
L1250	L1860	L2180	L2570	L3160	L3430	L3766
L1260	L1870	L2182	L2580	L3170	L3440	L3800
L1270	L1880	L2184	L2600	L3201	L3450	L3805
L1280	L1900	L2186	L2610	L3202	L3455	L3806
L1290	L1901	L2188	L2620	L3203	L3460	L3807
L1300	L1902	L2190	L2622	L3204	L3465	L3808
L1310	L1904	L2192	L2624	L3205	L3470	L3810
L1499	L1906	L2200	L2627	L3206	L3480	L3815
L1500	L1907	L2210	L2628	L3207	L3485	L3820
L1510	L1910	L2220	L2630	L3208	L3500	L3825
L1520	L1920	L2230	L2640	L3209	L3510	L3830
L1600	L1930	L2232	L2650	L3211	L3520	L3835
L1610	L1932	L2240	L2660	L3212	L3530	L3840
L1620	L1940	L2250	L2670	L3213	L3540	L3845
L1630	L1945	L2260	L2680	L3214	L3550	L3850
L1640	L1950	L2265	L2750	L3215	L3560	L3855
L1650	L1951	L2270	L2755	L3216	L3570	L3860
L1652	L1960	L2275	L2760	L3217	L3580	L3890
L1600	L1970	L2280	L2768	L3219	L3590	L3901
L1660	L1971	L2300	L2770	L3221	L3595	L3904
L1680	L1980	L2310	L2780	L3222	L3600	L3905
L1685	L1990	L2320	L2785	L3224	L3610	L3906
L1686	L2000	L2330	L2795	L3225	L3620	L3907
L1690	L2005	L2335	L2800	L3230	L3630	L3908
L1700	L2010	L2340	L2810	L3250	L3640	L3909
L1710	L2020	L2350	L2820	L3251	L3649	L3910
L1720	L2030	L2360	L2830	L3252	L3650	L3911
L1730	L2034	L2370	L2840	L3253	L3651	L3912

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L3913	L3928	L3948	L3971	L3986	L4060	L4380
L3915	L3930	L3950	L3972	L3995	L4070	L4386
L3916	L3932	L3952	L3973	L3999	L4080	L4392
L3917	L3933	L3954	L3974	L4000	L4090	L4394
L3918	L3934	L3956	L3975	L4002	L4100	L4396
L3919	L3935	L3960	L3976	L4010	L4110	L4398
L3920	L3936	L3961	L3977	L4020	L4130	L4399
L3921	L3938	L3962	L3978	L4030	L4205	S1040
L3922	L3940	L3967	L3980	L4040	L4210	
L3923	L3942	L3968	L3982	L4045	L4350	
L3924	L3944	L3969	L3984	L4050	L4360	
L3926	L3946	L3970	L3985	L4055	L4370	

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