



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place
Boston, MA 02108*



DEVAL L. PATRICK
Governor

JOHN W. POLANOWICZ
Secretary

KRISTIN L. THORN
Medicaid Director

**Administrative Bulletin 14-05
114.3 CMR 22.00: Durable Medical Equipment,
Oxygen, and Respiratory Therapy Equipment
January 1, 2014
HCPCS Updates and Corrections**

Under the authority of Regulation 114.3 CMR 22.01(5) and 22.03(16), the Executive Office of Health and Human Services is adding new codes listing description changes for existing codes, and crosswalking to new codes for services provided on or after January 1, 2014.

New codes with associated Medicare fees are set at a percentage of prevailing Medicare fees as described in 114.3 CMR 22.03(16). For existing codes for which only the description has changed, the rates are unchanged, as described in 114.3 CMR 22.01(5)(b). For codes that are crosswalked to new codes, rates remain unchanged as described in 114.3 CMR 22.01(5)(a). Codes without associated Medicare fees are set based on the Individual Consideration methodology under 114.3 CMR 22.02 until appropriate rates are developed.

The following codes are new.

New Code	Rate	Description
A4555	AAC+20%	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
A7047	\$112.39	Oral interface used with respiratory suction pump, each
E0766RRKF	\$307.46	Electrical stimulation device used for cancer treatment, includes all accessories, any type (rental) (FDA Class III device)
E1352	AAC+20%	Oxygen accessory, flow regulator capable of positive inspiratory pressure
Q0161	AAC	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
T4544	AAC+20%	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each

The descriptions of the following codes have been revised, and the rates remain unchanged.

Code	Rate	New Description
A5081	\$2.95	Stoma plug or seal, any type
A9272	AAC+20%	Wound suction, disposable, includes dressing, all accessories and components, any type, each
E0601KH, KI	\$79.00	Continuous positive airway pressure (CPAP) device (capped rental)
E0601KJ	\$59.25	Continuous positive airway pressure (CPAP) device (capped rental)
E0601NU	\$829.52	Continuous positive airway pressure (CPAP) device (new equipment purchase)
E0601UE	\$622.14	Continuous positive airway pressure (CPAP) device (used durable medical equipment purchase)
E2300	AAC+35%	Wheelchair accessory, power seat elevation system, any type
E2301	AAC+35%	Wheelchair accessory, power standing system, any type

The following codes have been deleted and crosswalked to other codes, as noted below.

Old Code	Old Description	Crosswalk	Rate
Q0065	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Q0164	\$0.03
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Q0167	\$5.78
Q0170	Promethazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Q0169	\$0.37
Q0171	Chlorpromazine hydrochloride, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Q0161	AAC

Old Code	Old Description	Crosswalk	Rate
Q0172	Chlorpromazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Q0161	AAC
Q0176	Perphenazine, 8mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Q0175	\$0.66
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Q0177	\$0.04