



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, Massachusetts 02108



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

Administrative Bulletin 15-05

**114.3 CMR 22.00: Durable Medical
Equipment, Oxygen, and
Respiratory Therapy Equipment**

Effective January 1, 2015

DANIEL TSAI
Assistant Secretary for
MassHealth

Tel: (617) 573-1600
Fax: (617) 573-1891
www.mass.gov/eohhs

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 and listing description changes for existing codes for services provided on or after January 1, 2015.

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). 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 |
|----------|---------|--|
| A4459 | AAC+20% | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type |
| A4601 | AAC+20% | Lithium ion battery, rechargeable, for non-prosthetic use, replacement |
| A4602 | AAC+20% | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each |
| J2270 | 0.60 | Injection, morphine sulfate, up to 10 mg |
| J2274 | AAC | Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg |
| Q2052 | AAC | Services, supplies and accessories used in the home under the Medicare Intravenous Immune Globulin (IVIG) Demonstration (Effective 4/1/2014) |

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

| Code | Rate | New Description |
|-------------|-------------|--|
| E0856NU | 137.47 | Cervical traction device, with inflatable air bladder(s) (new equipment) |
| E0856RR | 13.76 | Cervical traction device, with inflatable air bladder(s) (rental) |
| E0856UE | 103.11 | Cervical traction device, with inflatable air bladder(s) (used durable medical equipment) |
| E0986NU | 5,107.45 | Manual wheelchair accessory, push-rim activated power assist system (new equipment) |
| E0986RR | 510.75 | Manual wheelchair accessory, push-rim activated power assist system (rental) |
| E0986UE | 3,830.61 | Manual wheelchair accessory, push-rim activated power assist system (used durable medical equipment) |