



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



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Governor

KARYN E. POLITO  
Lieutenant Governor

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Secretary

DANIEL TSAI  
Assistant Secretary for  
MassHealth

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**Administrative Bulletin 16-02**

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

January 1, 2016

**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 updating Healthcare Common Procedure Coding System (HCPCS) codes for 2016 to add new codes, delete obsolete codes, and list description changes for existing codes for services provided on or after January 1, 2016.

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 crosswalk one to one to new codes, rates remain unchanged as described in 114.3 CMR 22.01(5)(a). The HCPCS update effective January 1, 2016, also crosswalks 3 codes to a single new code and 2 codes to another single new code. For multiple codes combined and crosswalked to a single new code, which has a Medicare rate based on the rate of one of the multiple codes crosswalked to the single new code, the rates for the single new codes will remain unchanged on an interim basis from the EOHHS rate for the code upon which Medicare based its rate. See 114.3 CMR 22.01(5)(b) and 114.3 CMR 22.03. 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
A4337	AAC+20%	Incontinence supply, rectal insert, any type, each
E0465RR	\$851.91	Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)
E0465U2	\$1,002.25	Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)
E0466RR	\$851.91	Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, months seven and beyond)
E0466U2	\$1,002.25	Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, first six months)



New Code	Rate	Description
E1012KH, KI	\$94.99	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental)
E1012KJ	\$71.24	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental)
E1012NU	\$949.90	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (new equipment)
E1012UE	\$712.43	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (used durable medical equipment)
J1575	\$14.72	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin
J7340	AAC	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7503	AAC	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg
J7508	\$0.33	Tacrolimus, extended release, (Astagraf XL). oral, 0.1 mg
J7512	\$0.02	Prednisone, immediate release or delayed release, oral, 1 mg
J7999	AAC	Compounded drug, not otherwise classified
J8655	\$419.97	Netupitant 300 mg and palonosetron 0.5 mg
J9039	AAC	Injection, blinatumomab, 1 microgram

The following codes have been deleted and crosswalked to new codes:

Old Code	Old Description	Crosswalked Code	Rate
E0450RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)	E0465RR	\$851.91
E0450U2	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)	E0465U2	\$1,002.25
E0460RR	Negative pressure ventilator; portable or stationary (rental)	E0466RR	\$851.91
E0461RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., mask) (rental, months seven and beyond)	E0466RR	\$851.91
E0461U2	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., mask) (rental, first six months)	E0466U2	\$1,002.25

<b>Old Code</b>	<b>Old Description</b>	<b>Crosswalked Code</b>	<b>Rate</b>
E0463RR	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)	E0465RR	\$851.91
E0463U2	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)	E0465U2	\$1,002.25
E0464RR	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g., mask) (rental, months seven and beyond)	E0466RR	\$851.91
E0464U2	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g., mask) (rental, first six months)	E0466RR	\$1,002.25
J7506	Prednisone, oral, per 5mg	J7512	\$0.02

The descriptions of the following codes have been revised, and the rate remains unchanged:

<b>Code</b>	<b>Rate</b>	<b>Old Description</b>	<b>New Description</b>
B5000	\$11.02	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Aminosyn RF, NephroAmine, RenAmine - premix
B5100	\$4.31	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine - premix	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix
B5200	AAC+25%	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix

<b>Code</b>	<b>Rate</b>	<b>Old Description</b>	<b>New Description</b>
K0017NU	\$46.25	Detachable, adjustable height armrest, base, each (new equipment)	Detachable, adjustable height armrest, base, replacement only, each (new equipment)
K0017RR	\$4.62	Detachable, adjustable height armrest, base, each (rental)	Detachable, adjustable height armrest, base, replacement only, each (rental)
K0017UE	\$34.69	Detachable, adjustable height armrest, base, each (used durable medical equipment)	Detachable, adjustable height armrest, base, replacement only, each (used durable medical equipment)
K0017NUKE	\$53.67	Detachable, adjustable height armrest, base, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)	Detachable, adjustable height armrest, base, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0017RRKE	\$5.37	Detachable, adjustable height armrest, base, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)	Detachable, adjustable height armrest, base, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0017UEKE	\$40.25	Detachable, adjustable height armrest, base, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)	Detachable, adjustable height armrest, base, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0018NU	\$25.84	Detachable, adjustable height armrest, upper portion, each (new equipment)	Detachable, adjustable height armrest, upper portion, replacement only, each (new equipment)
K0018RR	\$2.57	Detachable, adjustable height armrest, upper portion, each (rental)	Detachable, adjustable height armrest, upper portion, replacement only, each (rental)
K0018UE	\$19.39	Detachable, adjustable height armrest, upper portion, each (used durable medical equipment)	Detachable, adjustable height armrest, upper portion, replacement only, each (used durable medical equipment)

<b>Code</b>	<b>Rate</b>	<b>Old Description</b>	<b>New Description</b>
K0018NUKE	\$29.98	Detachable, adjustable height armrest, upper portion, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)	Detachable, adjustable height armrest, upper portion, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0018RRKE	\$2.98	Detachable, adjustable height armrest, upper portion, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)	Detachable, adjustable height armrest, upper portion, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0018UEKE	\$22.50	Detachable, adjustable height armrest, upper portion, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)	Detachable, adjustable height armrest, upper portion, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

The following code has been deleted without replacement:

<b>Deleted Code</b>	<b>Rate</b>	<b>Description</b>
A7011	AAC+20%	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet