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Administrative Bulletin 17-06

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

Effective January 1, 2017

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 2017 to add new codes, delete obsolete codes, and list description changes for existing codes for services provided on or after January 1, 2017.

For entirely new codes with associated Medicare fees as of the Administrative Bulletin adoption date, payment rates are set at a percentage of prevailing Medicare fees as described in 114.3 CMR 22.03(16)(a). For entirely new codes without associated Medicare fees as of the Administrative Bulletin adoption date, individual consideration is applied to establish payment as described in 114.3 CMR 22.03(16)(b) and 114.3CMR 22.02. For existing codes for which only the code numbers have changed, rates are unchanged, and the discontinued codes are listed with the corresponding crosswalk as described in 114.3 CMR 22.01(5)(a). 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 existing codes that are discontinued and crosswalked into existing codes with different payment rates, payment rates are set at the prevailing rates for the codes into which the discontinued codes are crosswalked.

MassHealth providers may only use HCPCS codes that were valid at the time the service was rendered to submit reimbursement claims. Due to the delay in publishing HCPCS updates and corrections for calendar year 2017, providers may have received denials for claims using discontinued codes for services rendered on or after January 1, 2017. MassHealth providers are encouraged to resubmit claims that were denied over this period due to the use of discontinued codes listed below and substitute the new crosswalked codes in place of the discontinued codes.

The appearance of a code in the tables below does not constitute authorization for or approval of the procedures or services for which rates are determined pursuant to 114.3 CMR 22.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly aided individuals.



New Codes that Do Not Crosswalk to Existing Codes

The following codes are entirely new and do not crosswalk to existing codes. Payment rates have been established according to 114.3 CMR 22.00.

Code	Rate	Description
A4224	\$16.49	Supplies for maintenance of insulin infusion catheter, per week
A4225	\$2.21	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4553	AAC ¹ +20%	Non-disposable underpads, all sizes
A9286	AAC+20%	Hygienic item or device, disposable or non-disposable, any type, each
J7340	\$181.86	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
J8670	\$2.65	Rolapitant, oral, 1 mg

Discontinued Codes Crosswalked to New Codes

Codes that have been discontinued and are being crosswalked to new codes are listed in the table below. Payment rates for these codes remain unchanged.

Discontinued Code	Rate	Description	Crosswalk to New Code	New Description
A4466	AAC+20%	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	A4467	Belt, strap, sleeve, garment, or covering, any type

Discontinued Codes Crosswalked to Existing Codes

Codes that have been discontinued and are being crosswalked to existing codes are listed in the table below. Payment rates for the discontinued codes are set to the existing rates for the existing codes into which the discontinued codes are crosswalked.

Discontinued Code	Modifier	Rate	Description	Crosswalk to Existing Code²	Existing Rate
B9000	NU	\$1,010.43	Enteral nutrition infusion pump - without alarm	B9002	\$1,010.43
B9000	RR	\$92.85	Enteral nutrition infusion pump - without alarm	B9002	\$97.86
B9000	UE	\$757.82	Enteral nutrition infusion pump - without alarm	B9002	\$757.82
E0628	NU	\$301.06	Separate seat lift mechanism for use with patient-owned furniture, electric	E0627	\$301.06
E0628	RR	\$30.12	Separate seat lift mechanism for use with patient-owned furniture, electric	E0627	\$30.12

¹ AAC = Adjusted Acquisition Cost

² See "Code Description Revisions" below for details on the existing code descriptions.

Discontinued Code	Modifier	Rate	Description	Crosswalk to Existing Code²	Existing Rate
E0628	UE	\$225.80	Separate seat lift mechanism for use with patient-owned furniture, electric	E0627	\$225.80

Code Description Revisions

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

Code	Old Description	New Description
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
B9002	Enteral nutrition infusion pump - with alarm	Enteral nutrition infusion pump, any type
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	Non-implanted pelvic floor electrical stimulator, complete system
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Seat lift mechanism, electric, any type
E0629	Separate seat lift mechanism for use with patient owned furniture-non-electric	Seat lift mechanism, non-electric, any type
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0995	Wheelchair accessory, calf rest/pad, each	Wheelchair accessory, calf rest/pad, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
K0015	Detachable, non-adjustable height armrest, each	Detachable, non-adjustable height armrest, replacement only, each
K0019	Arm pad, each	Arm pad, replacement only, each
K0037	High mount flip-up footrest, each	High mount flip-up footrest, replacement only, each
K0042	Standard size footplate, each	Standard size footplate, replacement only, each
K0043	Footrest, lower extension tube, each	Footrest, lower extension tube, replacement only, each
K0044	Footrest, upper hanger bracket, each	Footrest, upper hanger bracket, replacement

Code	Old Description	New Description
		only, each
K0045	Footrest, complete assembly	Footrest, complete assembly, replacement only, each
K0046	Elevating legrest, lower extension tube, each	Elevating legrest, lower extension tube, replacement only, each
K0047	Elevating legrest, upper hanger bracket, each	Elevating legrest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or legrest, each	Cam release assembly, footrest or legrest, replacement only, each
K0052	Swingaway, detachable footrests, each	Swingaway, detachable footrests, replacement only, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, each	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
K0077	Front caster assembly, complete, with solid tire, each	Front caster assembly, complete, with solid tire, replacement only, each
K0098	Drive belt for power wheelchair	Drive belt for power wheelchair, replacement only
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each