



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

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

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

**Administrative Bulletin 17-12**

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

Effective July 25, 2017

**Rate Updates on Insulin Pump Supplies**

Under the authority of 114.3 CMR 22.00, the Executive Office of Health and Human Services is issuing this bulletin to publish rate updates for certain diabetic supplies and accessories provided on or after July 25, 2017, and to add two new modifiers. The following codes and rates will be used for billing for MassHealth members only.

New Modifier	Description
U3	Medicaid level of care 3 (used only for supplies for maintenance of insulin infusion catheter for MassHealth)
U4	Medicaid level of care 4 (used only for supplies for maintenance of insulin infusion catheter for MassHealth)

Code	Modifier	Rate	Description
A9900	U3	AAC + 30%	Supplies for maintenance of insulin infusion catheter each (used for MassHealth members instead of A4224)
A9900	U4	AAC + 30%	Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHealth members instead of A4225)

