



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

Administrative Bulletin 18-15

101 CMR 322.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment

Effective April 15, 2018

Rate Updates for Certain Absorbent Products Subject to a Preferred Supplier Agreement

Under the authority of 101 CMR 322.00, the Executive Office of Health and Human Services (EOHHS) is issuing this bulletin to establish differential rates for certain products. Specifically, pursuant to 101 CMR 322.01(6)(b), EOHHS has the authority to establish differential rates via Administrative Bulletin for durable medical equipment or medical supplies subject to a preferred supplier agreement or agreements between a manufacturer and a governmental unit or units.

As EOHHS has a preferred supplier agreement with Geriatric Medical Supply, Inc., effective since January 1, 2018, EOHHS is hereby establishing the differential rates set forth in **Table 1** for certain absorbent products provided to MassHealth members by MassHealth providers.

The rates set forth in **Table 1** are based on the preferred supplier's wholesale pricing available to MassHealth providers, plus a uniform mark-up. MassHealth providers are not required to utilize the preferred supplier. However, MassHealth DME providers are required to furnish products to MassHealth members of equivalent or better quality than those offered by the preferred supplier, consistent with applicable quality standards as established and updated by EOHHS.

Effective for dates of service beginning **April 15, 2018**, the rates set forth in **Table 1** supersede the rates set forth in 101 CMR 322.00 for covered products provided to MassHealth members by MassHealth providers, until such time as this bulletin is rescinded, modified, or superseded. In the event this bulletin is rescinded without replacement, the rates set forth for the covered products in the version of 101 CMR 322.000 then in effect will apply.



Table 1: Preferred Supplier Covered Products and Pricing

HCPCS Code/Modifier	Description	Rate (for MassHealth claims)
T4521	Adult sized disposable incontinence product, brief/diaper, small each	\$0.48
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	\$0.41
T4523	Adult sized disposable incontinence product, brief/diaper, large each	\$0.55
T4524	Adult sized disposable incontinence product, brief/diaper, extra- large, each	\$0.66
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	\$0.70
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	\$0.51
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.57
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra- large size, each	\$0.73
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium, each	\$0.31
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	\$0.49
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size each	\$0.50
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size each	\$0.69
T4533	Youth sized disposable incontinence product, brief/diaper, each	\$0.53
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	\$0.81
T4535	Disposable liner/shield/guard/ pad/undergarment, for incontinence, each	\$0.29
T4536	Incontinence product, protective underwear/pull-on, reusable, bed size, each	\$3.42
T4537	Incontinence product, protective under pad, reusable, bed size, each	\$7.42
T4539	Incontinence product, diaper/brief, reusable, any size, each	\$31.73
T4540	Incontinence product, protective underpad, reusable, chair size, each	\$6.82
T4541	Incontinence product, disposable underpad, large, each	\$0.22
T4542	Incontinence product, disposable underpad, small size, each	\$0.15
T4543	Disposable incontinence product, brief/diaper, bariatric,	\$1.16

HCPCS Code/Modifier	Description	Rate (for MassHealth claims)
	size up to XXL, each	
T4543-UD	Disposable incontinence product, brief/diaper, bariatric, size XXXL and above, each	\$2.19
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	\$1.23