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**Administrative Bulletin 19-10**

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

Effective January 1, 2019

**HCPCS Updates and Corrections**

Under the authority of Regulation 101 CMR 322.01(5) and 322.03(16), the Executive Office of Health and Human Services is updating Healthcare Common Procedure Coding System (HCPCS) codes for 2019 to add new codes and revise descriptions for existing codes for services provided on or after January 1, 2019.

For existing codes with revised descriptions, the rates are unchanged as described in 101 CMR 322.01(5)(b). 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 101 CMR 322.03(16)(a). For entirely new codes without associated Medicare fees as of the Administrative Bulletin adoption date, individual consideration (I.C.) is applied to establish payment as set forth in 101 CMR 322.03(16)(b) and defined in 101 CMR 322.02. The new modifiers, codes and corresponding rates established by the Administrative Bulletin will continue in effect under regulation 101 CMR 322.00.

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 101 CMR 322.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly aided individuals.

**Entirely New Modifiers and Codes that Do Not Crosswalk to Existing Codes**

The following codes and modifiers are entirely new. Payment rates have been established according to 101 CMR 322.03(16)(a).

| <b>Modifier</b> | <b>Description</b>  |
|-----------------|---|
| QA              | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (LPM)                               |
| QB              | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed |
| QE              | Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM)  |
| QR              | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (LPM)                           |



| <b>Code</b> | <b>Rate</b> | <b>Description</b>  |
|-------------|-------------|---|
| A6460       | I.C.        | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing   |
| A6461       | I.C.        | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing  |
| B4105       | I.C.        | In-Line cartridge containing digestive enzyme(s) for enteral feeding, each  |
| E0447       | \$56.94     | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)   |
| E0467       | \$1,284.07  | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions |

### Modifier and Code Description Revisions

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

| <b>Modifier</b> | <b>Old Description</b>  | <b>New Description</b>   |
|-----------------|---|--|
| QF              | Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed | Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed |
| QG              | Prescribed amount of oxygen is greater than 4 liters per minute (LPM)                           | Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM)                           |

| <b>Code</b> | <b>Old Description</b>  | <b>New Description</b>  |
|-------------|---|---|
| A9273       | Hot water bottle, ice cap or collar, heat and/or cold wrap, any type                              | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type                                  |
| E0218       | Water circulating cold pad with pump  | Fluid circulating cold pad with pump, any type  |
| E0483       | High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each | High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each |
| J8655       | Netupitant 300 Mg and Palonosetron 0.5 Mg   | Netupitant 300 Mg and Palonosetron 0.5 Mg, oral   |
| K0037       | High mount flip-up footrest, replacement only, each   | High mount flip-up footrest, each   |