

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



CHARLES D. BAKER Governor

KARYN E. POLITO Lieutenant Governor

MARYLOU SUDDERS Secretary DANIEL TSAI Assistant Secretary for MassHealth

www.mass.gov/eohhs

Administrative Bulletin 19-11

101 CMR 334.00: Prostheses, Prosthetic Devices and Orthotic Devices

Effective January 1, 2019

HCPCS Updates and Corrections

Under the authority of regulation 101 CMR 334.01(4), 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 the description for an existing code for services provided on or after January 1, 2019.

For existing codes for which only the description has changed, rates are unchanged as described in 101 CMR 334.01(4)(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 334.01(4)(d). 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 334.01(4)(d) and defined in 101 CMR 334.02. The new codes and corresponding rates established by the Administrative Bulletin will continue in effect under regulation 101 CMR 334.00.

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



Entirely 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 101 CMR 334.00.

New Code	Rate	Description	
A5514	\$41.89	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each.	
L8701	I.C.	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double uprights(s), includes microprocessor, sensors, all components and accessories, custom fabricated.	
L8702	I.C.	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger with single or double uprights(s), includes microprocessor, sensors, all components and accessories, custom fabricated.	

Code Description Revision

The description of the following code has been revised, and the payment rate remains unchanged:

Code	Rate	Old Description	New Description
A5513	\$40.50	Diabetics Only, Mult Dens Insert, Custom Molded From Model Of Foot, Total Contact, Custom Fab, Each	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each.