



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 20-57

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

Effective January 1, 2020

CPT/HCPCS 2020 Coding Updates

Under the authority of 101 CMR 322.01(5), the Executive Office of Health and Human Services is adding new service codes and revising the description of an existing service code, effective for dates of service on or after January 1, 2020.

In accordance with 101 CMR 322.01(5)(d), for new codes for which there are no Medicare fees available, rates are set at individual consideration, as defined in 101 CMR 322.02. For the existing code for which only the description has changed, the rate remains unchanged in accordance with 101 CMR 322.01(5)(b). Rates listed in this administrative bulletin are applicable until revised rates are issued by the EOHHS.

The appearance of a code in the table 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 Codes that Do Not Crosswalk to Existing Codes

| Code | Rate | Description |
|-------------|-------------|--|
| A4226 | I.C. | Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week |
| E0787 | I.C. | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing |
| B4187 | I.C. | Omegaven, 10 grams lipids |
| E2398 | I.C. | Wheelchair accessory, dynamic positioning hardware for back |
| K1001 | I.C. | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type |



| Code | Rate | Description |
|-------------|-------------|---|
| K1002 | I.C. | Cranial electrotherapy stimulation(CES) system, includes all supplies and accessories, any type |
| K1003 | I.C. | Whirlpool tub, walk-in, portable |
| K1005 | I.C. | Disposable collection and storage for bag for breast milk, any size, any type, each |

Code Description Revision

| Code | Old Description | New Description |
|-------------|--|---|
| B4185 | Parental nutrition solution, per 10 grams lipids | Parenteral nutrition solution, not otherwise specified, 10 grams lipids |