The Commonwealth of Massachusetts

Executive Office of Health and Human Services

## Office of Medicaid

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**Administrative Bulletin 20-58**

**101 CMR 334.00: Prostheses, Prosthetic Devices and Orthotic Devices**

**Effective January 1, 2020**

**CPT/HCPCS Coding Updates**

Under the authority of 101 CMR 334.01(4), 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 334.01(4)(d), for new codes for which there are no Medicare fees available, rates are set at individual consideration, as defined in 101 CMR 334.02. For the existing code for which only the description has changed, the rate remains unchanged in accordance with 101 CMR 334.01(4)(b). Rates listed in this administrative bulletin are applicable until revised rates are issued by the EOHHS.

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**

| **New Code** | **Rate** | **Description** |
| --- | --- | --- |
| L2006 | I.C | Knee Ankle Foot Device, Any Material, Single Or Double Upright, Swing And/Or Stance Phase Microprocessor Control With Adjustability, Includes All Components (E.G., Sensors, Batteries Charger) Any Type Activation, With Or Without Ankle Joint(S), Custom Fabricated |
| L8033 | I.C | Nipple Prosthesis, Custom Fabricated, Reusable, Any Material, Any Type, Each |

**Code Description Revision**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Rate** | **Old Description** | **New Description** |
| L8032 | $26.02 | Nipple Prosthesis, Reusable, Any Type, Each | Nipple Prosthesis, Prefabricated, Reusable, Any Type, Each. |