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**Administrative Bulletin 21-23**

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

Effective September 23, 2021

**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 (DME) 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 additional 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 established and updated by EOHHS.

Effective for dates of service beginning September 23, 2021, the rates set forth in Table 1 are the rates for products corresponding to the code/modifier combinations below, provided to MassHealth members by MassHealth providers, until such time as this bulletin is rescinded, modified, or superseded. In the event this bulletin is rescinded without replacement, any rates set forth for the covered products in the version of 101 CMR 322.00 then in effect will apply.

The issuance of this bulletin does not supersede or modify the rates established under Administrative Bulletin 18-15, effective April 15, 2018, and Administrative Bulletin 18-15 will remain in effect until rescinded, modified, or superseded.



**Table 1: Preferred Supplier Covered Products and Pricing**

<b>HCPCS Code/Modifier</b>	<b>Description</b>	<b>Rate (for MassHealth claims)</b>
<b>T4522-U6</b>	Premium: Adult sized disposable incontinence product, brief/diaper, medium, each	\$0.65
<b>T4523-U6</b>	Premium: Adult sized disposable incontinence product, brief/diaper, large each	\$0.87
<b>T4524-U6</b>	Premium: Adult sized disposable incontinence product, brief/diaper, extra- large, each	\$1.04