# Administrative Bulletin 23-13

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

Effective January 1, 2023

**HCPCS 2023 Coding Updates**

## The Executive Office of Health and Human Services is adding new procedure codes, deleting outdated codes, cross-walking deleted codes to replacement codes, and revising code descriptions effective for dates of service on or after January 1, 2023, in accordance with 101 CMR 322.01(6), *Coding Updates and Corrections*. The following lists specify codes that have been added or deleted or have revised code descriptions; they also list cross-walked codes and identify the replacement codes for applicable deleted codes.

## For existing codes for which only the description has changed, the rates are unchanged, as described in 101 CMR 322.01(6)(b). For entirely new codes with associated Medicare fees as of the adoption date of this administrative bulletin, 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 adoption date of this bulletin, individual consideration is applied to establish payment, as described in 101 CMR 322.03(16)(b). The new modifiers, codes, and corresponding rates established by this bulletin will remain 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.

## **Added Codes**

| **Code** | **Modifier** | **Description** | **Rate** |
| --- | --- | --- | --- |
| A4238 | KF | Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | $261.95 |
| A4239 |  | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | $255.01 |
| A4239 | KF | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | $296.72 |
| A4453 |  | Rectal catheter for use with the manual pump-operated enema system, replacement only | AAC+ 20% |
| A4596 |  | Cranial electrotherapy stimulation (ces) system supplies and accessories, per month | $32.57 |
| E0183 | KH | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty | $17.91 |
| E0183 | KI | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty | $17.91 |
| E0183 | KJ | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty | $13.43 |
| E2102 | NUKF | Adjunctive, non-implanted continuous glucose monitor or receiver | $197.09 |
| E2102 | RRKF | Adjunctive, non-implanted continuous glucose monitor or receiver | $19.72 |
| E2102 | UE KF | Adjunctive, non-implanted continuous glucose monitor or receiver | $147.82 |
| E2103 | NU | Non-adjunctive, non-implanted continuous glucose monitor or receiver | $257.55 |
| E2103 | NUKF | Non-adjunctive, non-implanted continuous glucose monitor or receiver | $285.96 |
| E2103 | RR | Non-adjunctive, non-implanted continuous glucose monitor or receiver | $25.76 |
| E2103 | RRKF | Non-adjunctive, non-implanted continuous glucose monitor or receiver | $28.60 |
| E2103 | UE | Non-adjunctive, non-implanted continuous glucose monitor or receiver | $193.17 |
| E2103 | UEKF | Non-adjunctive, non-implanted continuous glucose monitor or receiver | $214.45 |
| J1551 |  | Injection, immune globulin (cutaquig), 100 mg | AAC+ 20% |
| J1554 |  | Injection, immune globulin (asceniv), 500 mg | AAC+ 20% |
| K1006 |  | Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system | AAC+30% |
| K1009 |  | Speech volume modulation system, any type, including all components and accessories | AAC+30% |
| K1013 |  | Enema tube, with or without adapter, any type, replacement only, each | AAC+30% |
| K1016 | KH | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve | $41.55 |
| K1016 | KI | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve | $41.55 |
| K1016 | KJ | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve | $31.16 |
| K1017 |  | Monthly supplies for use of device coded at K1016 | $32.57 |
| K1018 | KH | External upper limb tremor stimulator of the peripheral nerves of the wrist | $355.61 |
| K1018 | KI | External upper limb tremor stimulator of the peripheral nerves of the wrist | $355.61 |
| K1018 | KJ | External upper limb tremor stimulator of the peripheral nerves of the wrist | $266.70 |
| K1019 |  | Replacement supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist | AAC+20% |
| K1020 | KH | Non-invasive vagus nerve stimulator | $41.55 |
| K1020 | KI | Non-invasive vagus nerve stimulator | $41.55 |
| K1020 | KJ | Non-invasive vagus nerve stimulator | $31.16 |
| K1021 |  | Exsufflation belt, includes all supplies and accessories | AAC+20% |
| K1023 |  | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm | AAC+30% |
| K1024 | KH | Non-pneumatic compression controller with sequential calibrated gradient pressure | $599.28 |
| K1024 | KI | Non-pneumatic compression controller with sequential calibrated gradient pressure | $599.28 |
| K1024 | KJ | Non-pneumatic compression controller with sequential calibrated gradient pressure | $449.46 |
| K1025 | KH | Non-pneumatic sequential compression garment, full arm | $49.95 |
| K1025 | KI | Non-pneumatic sequential compression garment, full arm | $49.95 |
| K1025 | KJ | Non-pneumatic sequential compression garment, full arm | $37.46 |
| K1026 |  | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical | AAC+20% |
| K1027 |  | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment | AAC+30% |
| K1028 |  | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application | AAC+30% |
| K1029 |  | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply | AAC+30% |
| K1031 | KH | Non-pneumatic compression controller without calibrated gradient pressure | $88.25 |
| K1031 | KI | Non-pneumatic compression controller without calibrated gradient pressure | $88.25 |
| K1031 | KJ | Non-pneumatic compression controller without calibrated gradient pressure | $66.19 |
| K1032 | KH | Non-pneumatic sequential compression garment, full leg | $31.11 |
| K1032 | KI | Non-pneumatic sequential compression garment, full leg | $31.11 |
| K1032 | KJ | Non-pneumatic sequential compression garment, full leg | $23.33 |
| K1033 | KH | Non-pneumatic sequential compression garment, half leg | $19.68 |
| K1033 | KI | Non-pneumatic sequential compression garment, half leg | $19.68 |
| K1033 | KJ | Non-pneumatic sequential compression garment, half leg | $14.76 |

## **Deleted Codes**

| **Code** | **Code Description** |
| --- | --- |
| K0553 | Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service |
| K0554 | Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system |

## **Cross-Walked Codes**

| **Deleted Codes** | **Replacement Codes** |
| --- | --- |
| K0553 | A4239 |
| K0554 | E2103 |

## **Revised Code Descriptions**

| **Code** | **Revised Code Description** |
| --- | --- |
| E0483 | High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each |
| K1002 | Cranial Electrotherapy Stimulation (CES) system, any type |
| J2407 | Injection, Oritavancin (Orbactiv), 10 mg |
| E0880 | Traction stand, free standing, extremity traction |