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Administrative Bulletin 24-02

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

Effective February 1, 2024

Rate Updates for Certain Absorbent Products Subject to a Preferred Supplier Agreement

Background

The Executive Office of Health and Human Services (EOHHS) is issuing this administrative bulletin to establish differential rates for certain products. Specifically, under 101 CMR 322.01(7)(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 duly executed preferred supplier agreement with Geriatric Medical and Surgical Supplies, Inc., effective January 1, 2024, EOHHS is establishing new differential rates for specific absorbent products provided to MassHealth members by MassHealth providers. These new rates are effective for dates of service on or after February 1, 2024, and are listed in Table 1 in this bulletin.

While the rates to be paid to MassHealth DME providers are based on the preferred supplier's wholesale pricing, plus a reasonable markup, MassHealth DME providers will not be required to use the preferred supplier. MassHealth DME providers will, however, be required to provide products whose quality is equivalent to, or better than, those offered by the preferred supplier. The preferred supplier contract requires that all covered products—except HCPCS codes T4529, T4530, T4531, T4532, T4535-UD, T4535, T4536, T4537, T4539, T4540, T4541, and T4542—furnished to DME providers by the preferred supplier comply with certain standards adopted and periodically updated by MassHealth, based on technical specifications of the National Association for Continence. The products must also meet minimum product specifications that will be set forth in an upcoming DME Provider Bulletin. MassHealth used the same

methodology and markup percentage to establish DME provider rates that it used during the previous preferred supplier contract period. The rates in Table 1 are the rates for services provided on or after February 1, 2024, for products that correspond to the codes below and are provided to MassHealth members by MassHealth providers. They will apply until this bulletin is rescinded, modified, or superseded. If this bulletin is rescinded without replacement, any rates for the covered products in the version of 101 CMR 322.00 in effect at that time will apply.

This bulletin supersedes specific rates established under Administrative Bulletin 18-15, effective April 15, 2018; Administrative Bulletin 21-23, effective September 23, 2021; Administrative Bulletin 22-12, effective June 3, 2022; Administrative Bulletin 22-13, effective June 3, 2022; and Administrative Bulletin 22-24, effective December 31, 2022.

Table 1: Preferred Supplier Covered Products with Updated Rates

Code	Description	Rate (for MassHealth claims)
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	\$0.77
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	\$0.65
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	\$0.72
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large, each	\$0.86
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	\$0.71
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	\$0.54
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.60
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each	\$0.77
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium, each	\$0.31
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	\$0.59
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	\$0.67

Code	Description	Rate (for MassHealth claims)
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.80
T4533	Youth sized disposable incontinence product, brief/diaper, each	\$0.67
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	\$0.82
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	\$0.29
T4535-UD	Disposable liner/shield/guard/pad/undergarment, for incontinence, each (bariatric)	\$0.79
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	\$2.28
T4537	Incontinence product, protective under pad, reusable, bed size, each	\$7.42
T4539	Incontinence product, diaper/brief, reusable, any size, each	\$31.73
T4540	Incontinence product, protective underpad, reusable, chair size, each	\$6.82
T4541	Incontinence product, disposable underpad, large, each	\$0.26
T4542	Incontinence product, disposable underpad, small size, each	\$0.19
T4543	Disposable incontinence product, brief/diaper, bariatric, size up to XXL, each	\$1.29
T4543-UD	Disposable incontinence product, brief/diaper, bariatric, size XXXL and above, each	\$2.28
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each	\$1.41