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

Effective April 1, 2024

Code Updates for Certain Prostheses and Orthotic Devices

Summary

Under 101 CMR 334.01(5), the Executive Office of Health and Human Services (EOHHS) is adding new service codes effective for dates of service on or after April 1, 2024.




Following 101 CMR 334.03(2), for new codes with Medicare fees, payment rates will be set at a percentage of prevailing Medicare fees. For new codes without associated Medicare fees, rates are set at individual consideration (IC), as defined in 101 CMR 334.02. When applicable, under 101 CMR 334.03(9)(b), the IC rate is calculated using the adjusted acquisition cost methodology, following 101 CMR 334.03(8). Rates listed in this administrative bulletin are applicable until revised rates are issued by 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 under 101 CMR 334.00.

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
L1320		Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	AAC+ 70%
L5783	LT RT	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	\$2,834.96
L5841	LT RT	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	\$3,178.01

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