



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
ONE ASHBURTON PLACE, BOSTON, MA 02108
(617) 573-1600



MAURA T. HEALEY
GOVERNOR

KATHLEEN E. WALSH
SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

MIKE LEVINE
ASSISTANT SECRETARY
FOR MASSHEALTH

Administrative Bulletin 24-28

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

Effective April 1, and July 1, 2024

Coding Updates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment

Summary

In accordance with 101 CMR 322.01(6): *Coding Updates and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new procedure codes, deleting outdated codes, and updating certain rates, effective for dates of service on or after April 1, 2024, and July 1, 2024.

[AB 24-17](#), effective April 1, 2024, listed quarterly coding updates, including the then new code E2298 and its applicable modifiers. The Centers for Medicare & Medicaid Services recently issued revised rates for these codes, effective April 1, 2024. Rates for these codes are determined by the methodology for capped rental items in 101 CMR 322.03(18).

For new codes with associated Medicare fees, payment rates are set at a percentage of Medicare fees as described in 101 CMR 322.03(16)(a). For new codes without associated Medicare fees, individual consideration (I.C.) is applied to establish payment as described in 101 CMR 322.03(16)(b). Rates listed in this administrative bulletin apply until revised rates are issued by EOHHS.

The following lists specify codes that have been added, deleted, or have revised rates.

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 under 101 CMR 322.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly aided individuals.

Effective April 1, 2024

Revised Rates

Code	Rate
E2298NU	\$2,013.90
E2298UE	\$1,510.43
E2298KH	\$201.39
E2298KI	\$201.39
E2298KJ	\$151.04

Effective July 1, 2024

Added Codes

Code	Description	Rate
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	I.C.
J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	\$0.92
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	\$0.28
J1597	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	I.C.
J1598	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	I.C.
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	I.C.
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	\$1.36
J2246	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	I.C.
J2267	Injection, mirikizumab-mrkz, 1 mg	\$29.53
J2373	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	\$0.18
J2468	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	I.C.
J2470	Injection, pantoprazole sodium, 40 mg	I.C.
J2471	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	I.C.
J3247	Injection, secukinumab, intravenous, 1 mg	\$14.93
J3263	Injection, toripalimab-tpzi, 1 mg	\$33.38
J3393	Injection, betibeglogene autotemcel, per treatment	I.C.
J3394	Injection, lovotibeglogene autotemcel, per treatment	I.C.
J8611	Methotrexate (jylamvo), oral, 2.5 mg	I.C.
J8612	Methotrexate (xatmep), oral, 2.5 mg	I.C.

Code	Description	Rate
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	I.C.
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	I.C.
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 m	I.C.
J0134	Injection, acetaminophen (fresenius kabi), not therapeutically equivalent to j0131, 10 mg	\$0.04
J0136	Injection, acetaminophen (b braun), not therapeutically equivalent to j0131, 10 mg	\$0.04
J0137	Injection, acetaminophen (hikma), not therapeutically equivalent to j0131, 10 mg	\$0.05
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg	\$1.58
J0401	Injection, aripiprazole (abilify maintena), 1 mg	\$5.95
J0651	Injection, levothyroxine sodium (fresenius kabi), not therapeutically equivalent to j0650, 10 mcg	I.C.
J0652	Injection, levothyroxine sodium (hikma), not therapeutically equivalent to j0650, 10 mcg	I.C.
J0873	Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg	\$0.03
J0893	Injection, decitabine (sun pharma), not therapeutically equivalent to j0894, 1 mg	I.C.
J1574	Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg	I.C.
J1806	Injection, esmolol hydrochloride (wg critical care), not therapeutically equivalent to j1805, 10 mg	\$0.34
J1921	Injection, labetalol hydrochloride (hikma), not therapeutically equivalent to j1920, 5 mg	\$1.81
J2021	Injection, linezolid (hospira), not therapeutically equivalent to j2020, 200 mg	\$12.19
J2184	Injection, meropenem (b braun), not therapeutically equivalent to j2185, 100 mg	\$1.79
J2251	Injection, midazolam hydrochloride (wg critical care), not therapeutically equivalent to j2250, per 1 mg	\$0.18
J2272	Injection, morphine sulfate (fresenius kabi), not therapeutically equivalent to j2270, up to 10 mg	\$3.87
J2281	Injection, moxifloxacin (fresenius kabi), not therapeutically equivalent to j2280, 100 mg	\$6.43
J2599	Injection, vasopressin (american regent), not therapeutically equivalent to j2598, 1 unit	\$1.34
J2806	Injection, sincalide (maia), not therapeutically equivalent to j2805, 5 micrograms	I.C.
J3244	Injection, tigecycline (accord), not therapeutically equivalent to j3243, 1 mg	I.C.
J3371	Injection, vancomycin hcl (mylan), not therapeutically equivalent to j3370, 500 mg	\$5.05
J3372	Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3370, 500 mg	\$5.51
J9046	Injection, bortezomib (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	I.C.
J9172	Injection, docetaxel (ingenus), not therapeutically equivalent to j9171, 1 mg	I.C.
J9258	Injection, paclitaxel protein-bound particles (teva), not therapeutically equivalent to j9264, 1 mg	I.C.

Code	Description	Rate
J9259	Injection, paclitaxel protein-bound particles (american regent), not therapeutically equivalent to j9264, 1 mg	\$13.09
J9294	Injection, pemetrexed (hospira), not therapeutically equivalent to j9305, 10 mg	\$1.67
J9296	Injection, pemetrexed (accord), not therapeutically equivalent to j9305, 10 mg	I.C.
J9314	Injection, pemetrexed (teva), not therapeutically equivalent to j9305, 10 mg	\$9.35
J9322	Injection, pemetrexed (blue point), not therapeutically equivalent to j9305, 10 mg	I.C.
J9393	Injection, fulvestrant (teva), not therapeutically equivalent to j9395, 25 mg	I.C.
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	\$427,936.35

Deleted Codes

Code	Description
J2780	Injection, Ranitidine Hydrochloride, 25 MG
J9371	Injection, Vincristine Sulfate Liposome, 1 MG