



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



MAURA T. HEALEY
GOVERNOR

KIAME MAHANIAH, MD, MBA
SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

MIKE LEVINE
UNDERSECRETARY
FOR MASSHEALTH

Administrative Bulletin 26-13

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

Effective January 1, 2026

Coding Updates for Certain 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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new procedure codes, deleting outdated codes, and updating narratives for certain codes, effective for dates of service on or after January 1, 2026. This bulletin lists specific codes that have been added or deleted or have revised code descriptions, as well as cross-walked codes that identify code splits for applicable codes.

The three cross-walked codes reflect Centers for Medicare & Medicaid Services (CMS) code splits for certain intermittent urinary catheter products. New codes A4295, A4296, and A4297 are cross-walked from existing codes A4351, A4352, and A4353, respectively. To maintain consistent payment rates following the code split, EOHHS is assigning to codes A4295, A4296, and A4297 the same rates as the corresponding existing codes from which they are cross-walked. EOHHS is also retaining the existing codes with revised descriptions, as applicable.

For entirely new codes with associated Medicare fees, 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, individual consideration (IC) is applied to establish payment as described in [101 CMR 322.03\(16\)\(b\)](#). For existing codes for which only the description has changed, as described in [101 CMR 322.01\(6\)\(b\)](#), the rates are unchanged. Rates listed in this administrative bulletin apply until EOHHS issues 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 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	Description	Rate
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each	\$2.10
A4296	Intermittent urinary catheter; coude (curved) tip, hydrophilic coating, each	\$7.45
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies	\$8.11
J0162	Injection, epinephrine (Fresenius), not therapeutically equivalent to J0165, 0.1 mg	\$0.39
J0654	Injection, liothyronine, 1 mcg	IC
J1736	Injection, meloxicam (Delova), 1 mg	IC
J1737	Injection, meloxicam (Azurity), 1 mg	IC
J1837	Injection, posaconazole, 1 mg	\$0.29
J2516	Injection, pentamidine isethionate, 1 mg	\$0.20
J2596	Injection, vasopressin (long grove), not therapeutically equivalent to J2598, 1 unit	\$1.52
J3291	Injection, tranexamic acid in sodium chloride, 5 mg	IC
J3376	Injection, vancomycin HCl (Hikma), not therapeutically equivalent to J3373, 10 mg	\$0.02
J3379	Injection, valproate sodium, 5 mg	\$0.04
J3387	Injection, elivaldogene autotemcel, per treatment	IC
J7528	Mycophenolate mofetil, for suspension, oral, 100 mg	\$0.20
J9184	Injection, gemcitabine hydrochloride (Avyxa), 200 mg	IC
J9256	Injection, nipocalimab-aahu, 3 mg	\$27.83
Q5160	Injection, bevacizumab-nwgd (Jobevne), biosimilar, 10 mg	IC

Deleted Codes

Code	Description
J0172	Injection, aducanumab-avwa, 2 mg
J0190	Injection, biperiden lactate, per 5 mg

Code	Description
J0200	Injection, alatrofloxacin mesylate, 100 mg
J0205	Injection, alglucerase, per 10 units
J0215	Injection, alefacept, 0.5 mg
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0350	Injection, anistreplase, per 30 units
J0365	Injection, aprotonin, 10,000 KIU
J0380	Injection, metaraminol bitartrate, per 10 mg
J0395	Injection, arbutamine HCl, 1 mg
J0710	Injection, cephalirin sodium, up to 1 gm
J0715	Injection, ceftizoxime sodium, per 500 mg
J0795	Injection, corticorelin ovine triflutate, 1 microgram
J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)
J1267	Injection, doripenem, 10 mg
J1330	Injection, ergonovine maleate, up to 0.2 mg
J1443	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron
J1445	Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg
J1457	Injection, gallium nitrate, 1 mg
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1620	Injection, gonadorelin hydrochloride, per 100 mcg
J1655	Injection, tinzaparin sodium, 1,000 IU
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1945	Injection, lepirudin, 50 mg
J2504	Injection, pegademase bovine, 25 IU
J2513	Injection, pentastarch, 10% solution, 100 ml
J2910	Injection, aurothioglucose, up to 50 mg
J2940	Injection, somatrem, 1 mg
J2995	Injection, streptokinase, per 250,000 IU
J3280	Injection, thiethylperazine maleate, up to 10 mg
J3305	Injection, trimetrexate glucuronate, per 25 mg

Code	Description
J3310	Injection, perphenazine, up to 5 mg
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm
J3355	Injection, urofollitropin, 75 IU
J3364	Injection, urokinase, 5,000 IU vial
J3365	Injection, IV, urokinase, 250,000 I.U. vial
J3400	Injection, triflupromazine HCl, up to 20 mg
J7505	Muromonab-cd3, parenteral, 5 mg
J7513	Daclizumab, parenteral, 25 mg
J8562	Fludarabine phosphate, oral, 10 mg
J8650	Nabilone, oral, 1 mg
J9019	Injection, asparaginase (Erwinaze), 1,000 IU
J9020	Injection, asparaginase, not otherwise specified, 10,000 units
J9098	Injection, cytarabine liposome, 10 mg
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg
J9165	Injection, diethylstilbestrol diphosphate, 250 mg
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram
J9270	Injection, plicamycin, 2.5 mg
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg

Revised Code Descriptions

Code	Description
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, or silicone elastomer, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, or silicone elastomeric, etc.), each