



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
 600 Washington Street  
 Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)

MASSHEALTH  
 TRANSMITTAL LETTER DME-22  
 December 2002

**TO:** Durable Medical Equipment Providers Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner  
**RE:** *Durable Medical Equipment Manual* (Revision of Subchapter 6 to Reflect Deleted Codes)

Effective for dates of service on and after January 1, 2003, MassHealth will no longer cover the following codes when billed by durable medical equipment providers.

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| L0120 | L0900 | L1902 | L8100 | L8160 | L8230 |
| L0130 | L0920 | L3700 | L8110 | L8170 | L8300 |
| L0210 | L1800 | L3914 | L8120 | L8180 | L8310 |
| L0500 | L1810 | L8000 | L8130 | L8190 | L8320 |
| L0515 | L1825 | L8020 | L8140 | L8200 | L8330 |
| L0600 | L1830 | L8030 | L8150 | L8220 |       |

This letter transmits revised pages in Subchapter 6 of the *Durable Medical Equipment Manual* to reflect the deletion of these codes. These codes will remain in Subchapter 6 of the *Orthotics Manual* and the *Prosthetics Manual*. Providers billing the above codes must meet the Division's prosthetics regulations at 130 CMR 428.000 or the Division's orthotics regulations at 130 CMR 442.000.

**DMA Web Site**

This transmittal letter is also available at the Division's Web site at [www.mass.gov/dma](http://www.mass.gov/dma).

**Questions**

If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Durable Medical Equipment Manual

Pages 6-33 and 6-34

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Durable Medical Equipment Manual

Pages 6-33 and 6-34 — transmitted by Transmittal Letter DME-20

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts</b><br><b>Division of Medical Assistance</b><br><b>Provider Manual Series</b><br><br>DURABLE MEDICAL EQUIPMENT<br>MANUAL | <b>SUBCHAPTER NUMBER AND TITLE</b><br>6 SERVICE CODES AND DESCRIPTIONS | <b>PAGE</b><br>6-33     |
|   | <b>TRANSMITTAL LETTER</b><br>DME-22                                    | <b>DATE</b><br>01/01/03 |

601 DURABLE MEDICAL EQUIPMENT: SERVICE CODES AND DESCRIPTIONS (cont.)

Service

Code      Service Description

|       |  |
|-------|--|
| B4216 | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) — home mix, per day (I.C.)   |
| B4220 | Parenteral nutrition supply kit; premix, per day (I.C.)  |
| B4222 | Parenteral nutrition supply kit; home mix, per day (I.C.)  |
| B4224 | Parenteral nutrition administration kit, per day (I.C.)  |
| B5000 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal — amirosyn RF, nephramine, renamine — premix (I.C.) |
| B5100 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic — freamine HBC, hepatamine — premix (I.C.)        |
| B5200 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress — branch chain amino acids — premix (I.C.)         |

**ENTERAL AND PARENTERAL PUMPS**

|       |   |
|-------|---|
| B9000 | Enteral nutrition infusion pump — without alarm (P.A.) (I.C.) |
| B9002 | Enteral nutrition infusion pump — with alarm (P.A.) (I.C.)    |
| B9004 | Parenteral nutrition infusion pump, portable (I.C.)           |
| B9006 | Parenteral nutrition infusion pump, stationary (I.C.)         |
| B9998 | Not otherwise classified for enteral supplies (P.A.) (I.C.)   |
| B9999 | Not otherwise classified for parenteral supplies (I.C.)       |

**INFUSION SUPPLIES**

|       |  |
|-------|--|
| E0776 | IV pole (I.C.)   |
| E0779 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (P.A.) (I.C.)  |
| E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (I.C.) |
| E0782 | Infusion pump, implantable, non-programmable (P.A.) (I.C.)   |
| E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (P.A.) (I.C.)            |
| E0791 | Parenteral infusion pump, stationary, single or multichannel (I.C.)  |
| X5381 | Dynasplint system (purchase) (P.A.)  |
| X5382 | Dynasplint system (rental) (P.A.)  |
| X5040 | Clinician service component (I.C.)   |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts</b><br><b>Division of Medical Assistance</b><br><b>Provider Manual Series</b><br><br>DURABLE MEDICAL EQUIPMENT<br>MANUAL | <b>SUBCHAPTER NUMBER AND TITLE</b><br>6 SERVICE CODES AND DESCRIPTIONS | <b>PAGE</b><br>6-34     |
|   | <b>TRANSMITTAL LETTER</b><br>DME-22                                    | <b>DATE</b><br>01/01/03 |

This page is reserved.