



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth

MASSHEALTH
TRANSMITTAL LETTER DME-27
May 2006

TO: Durable Medical Equipment Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Durable Medical Equipment Manual (Revised Service Codes)*

This letter transmits revisions to Subchapter 6 of the *Durable Medical Equipment Manual*. MassHealth has revised Subchapter 6 to list only the durable medical equipment (DME) service codes that are covered under the DME program regulations at 130 CMR 409.000. Providers may consult the Centers for Medicare and Medicaid Services (CMS) Web site at www.cms.gov for a full description of the service codes.

Prior-authorization (PA) requirements, limitations, and place-of-service requirements that used to be found in Subchapter 6 now appear in a new, interactive MassHealth DME and Oxygen Payment and Coverage Guidelines tool that is posted on the MassHealth Web site.

In addition to the revised format, Subchapter 6 contains updates to codes for 2006 to comply with federal coding mandates and incorporate coding changes previously described in bulletins issued by the Division of Health Care Finance and Policy (DHCFP). MassHealth will provide a comprehensive update of Subchapter 6 later in 2006.

The revised Subchapter 6, the new MassHealth DME and Oxygen Payment and Coverage Guidelines tool described in detail below, and the instructions detailed in this transmittal letter are effective for dates of service on or after May 1, 2006.

New MassHealth DME and Oxygen Payment and Coverage Guidelines Tool

MassHealth has posted its new DME and Oxygen Payment and Coverage Guidelines tool to its Web site. The tool will help providers understand the payment requirements and limitations for each DME and oxygen service code covered by MassHealth. The MassHealth DME and Oxygen Payment and Coverage Guidelines tool provides abbreviated descriptions for all DME and oxygen service codes covered by MassHealth, identifies applicable modifiers, place-of-service codes, PA requirements, service limits, and pricing and markup information. For certain services that are payable on an individual consideration (I.C.) basis, the new tool will help providers calculate the payable amount, based on information entered into certain fields on the tool. For service codes for which DHCFP has established a rate, the provider can determine the payment by reviewing the DHCFP regulations at 114.3 CMR 22.00.

To get to the new MassHealth DME and Oxygen Payment and Coverage Guidelines tool, go to www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

The MassHealth DME and Oxygen Payment and Coverage Guidelines tool also contains links to [DHCFP regulations](#), [MassHealth Guidelines for Medical Necessity Determination](#), and Part 6 of the administrative and billing instructions, which lists the [error codes and explanations](#) for claims that have been denied or suspended by MassHealth.

If you want a paper copy of the tool, you can print it from the Web site, or request a copy from MassHealth Customer Service by sending an e-mail to providersupport@mahealth.net, by faxing to 617-988-8973, or by calling 1-800-841-2900.

Revised Fee Schedule

DHCFP has issued revised regulations certifying new fees and payment methodologies for the codes listed in Subchapter 6 of the *Durable Medical Equipment Manual*. The new fees and methodologies are effective for dates of service on and after May 1, 2006.

Providers are reminded to submit an invoice with a PA request and with a claim for services, as applicable, for items that are priced on an individual consideration basis. These services are listed as "I.C." in the DHCFP fee schedule and on the MassHealth DME and Oxygen Payment and Coverage Guidelines tool.

If you wish to obtain a paper copy of the fee schedule, you may purchase DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. DHCFP also has the regulations available on disk. The regulation title for Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment is 114.3 CMR 22.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Absorbent Products

Effective for dates of service on or after May 1, 2006, providers must use T codes when requesting PA for absorbent products, including diapers. If you have already received PAs using A codes for absorbent products, please note that MassHealth will continue to pay claims for PAs issued with the A codes until May 1, 2007. Do not request a new PA for absorbent products with T codes until any current PA with A codes is due to expire or become exhausted.

The following is a crosswalk of A codes to their respective T codes.

A Code	T Code	Description
A4521	T4521	Adult sized disposable incontinence product brief/diaper, small, ea
A4522	T4522	Adult sized disposable incontinence product brief/diaper, medium size, ea
A4523	T4523	Adult sized disposable incontinence product brief/diaper, large, ea
A4524	T4524	Adult sized disposable incontinence product brief/diaper extra large, ea
A4525	T4525	Adult sized disposable incontinence product brief/diaper extra large, ea
A4526	T4526	Adult sized disposable incontinence product protective underwear/pull-on medium size, ea
A4527	T4527	Adult sized disposable incontinence product protective underwear/pull-on large size, ea
A4528	T4528	Adult sized disposable incontinence product protective underwear/pull-on extra large size, ea
A4529	T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium, ea
A4530	T4530	Pediatric sized disposable incontinence product, brief/diaper, large, ea
A4531	T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, ea
A4532	T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, ea
A4533	T4533	Youth sized disposable incontinence product, brief/diaper, ea
A4534	T4534	Youth sized disposable incontinence product protective underwear/pull on, ea
A4535	T4535	Disposable liner/shield/guard/pad/undergarment for incontinence, ea
A4536	T4536	Incontinence product, protective underwear/pull-on reusable, any size, ea
A4537	T4537	Incontinence product, protective under pad, reusable, bed size, ea
A4538	T4538	Diaper service, reusable diaper, each diaper
A4536	T4539	Incontinence product, diaper/brief, reusable, any size, each
A4540	T4540	Incontinence product, protective underpad, reusable, chair size, each
A4554	T4541	Incontinence product, disposable underpad, large, each
A4554	T4542	Incontinence product, disposable underpad, small size, each

PA requests require an ICD-9-CM code and corresponding description that directly relates to the product or service being requested.

Coverage for Products Provided to Members Aged 21 Years and Younger

You may request PA for a medically necessary product or service for a member aged 21 years or younger even if the corresponding code is not listed in Subchapter 6 of the *Durable Medical Equipment Manual*. The request must include documentation as required in 130 CMR 450.144. If MassHealth approves a request for a product or service for which there is no established payment rate, MassHealth will establish the appropriate payment rate on an individual-consideration basis in accordance with 130 CMR 450.271.

Billing and PA Requirements

▪ PA for Units in Excess of Specified Maximum

For products that are listed on the MassHealth DME and Oxygen Payment and Coverage tool with a unit maximum, you may request PA for coverage of additional units even if the product or service does not ordinarily require PA. You must submit the request, along with supporting medical documentation, before the additional units are provided.

▪ Diagnosis Codes

MassHealth updates ICD-9-CM codes on a regular basis. Current ICD-9-CM codes are required on all claims. The ICD-9-CM codes entered on the claim must be directly related to the service billed.

▪ Enteral Formulas

Enteral formulas that are used orally require Modifier BO. For parenteral and enteral nutrition (PEN) services, one unit equals 100 calories. For oral supplements, one unit equals one eight-ounce can. The following are examples of the codes, modifiers, and units.

B4150 BA	1 unit = 100 calories
B4150 BO	1 unit = each eight-ounce can
B4152 BA	1 unit = 100 calories
B4152 BO	1 unit = each eight-ounce can

Providers may bill Service Code B4086 with Modifier UC (only when the product is a Mikey-Tube) separately for members aged 21 and younger when also billing Service Codes S9340, S9341, S9342, and S9343.

▪ Specialized Rehabilitation Equipment for Children

MassHealth uses E1399 UC for specialized pediatric rehabilitation equipment only, and only if there is no specific HCPCS code for the product. Providers can also use E1399 for pediatric equipment that is not found in the product classification lists from the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC). This service code and modifier must be billed only by a DME provider that employs a rehabilitation therapy specialist (RTS) and only for specialty rehabilitation equipment.

▪ Power Wheelchair Batteries

MassHealth has changed the allowable number of units available without PA for Service Codes E2360 through E2365 (batteries for power wheelchairs) from two per year to four per year to allow for coverage of a backup battery for power wheelchairs.

- **Repairs**

Providers of mobility products must use Service Code E1340 with modifier UB for labor on all repairs of customized mobility systems not under warranty. Providers may not use direct service component codes with this code and modifier.

All other providers must use Service Code E1340 with modifier RP for labor on all repairs of equipment not under warranty.

A PA is required for all repairs in all settings when the fee for the repairs will exceed \$1,000. A prescription is not needed for repair of equipment that was previously approved as medically necessary for the member by MassHealth. A PA is also required for any additional repairs within a three-month period.

Claims for repairs must be supported by an itemized bill indicating parts and labor. Payment for repairs will be a lump-sum payment that may not exceed the purchase price of a new item, or the payment that would be necessary to rent a replacement item for the remaining period for which the product has been determined to be medically necessary.

Claims submitted for repairs must contain Service Code E1340 with modifier RP or UP, must be billed in 15-minute increments, and must be supported by the following information:

- a description of the problem;
- the reason the repair is needed;
- an itemization of parts and labor; and
- invoices for all parts.

- **Prescription Requirements for Services Provided to Members Residing in Nursing Facilities**

A prescription from a physician on a prescription pad or physician's letterhead is no longer required when providing services to MassHealth members residing in nursing facilities. In lieu of this documentation, providers may submit a copy of the order from the member's medical record along with any treatment plan (for example, wound care) written by the facility's staff.

- **Individual Consideration (I.C.)**

Providers must submit an invoice for claims for services that are priced on an I.C. basis. Providers must enter the acquisition cost, plus the appropriate markup, in the Usual Fee data element of the claim, and provide a complete description of the service in the Remarks field on paper claim form no. 9 or in the Notes section of the 837 transaction. You can use the MassHealth DME and Oxygen Payment and Coverage Guidelines tool to calculate the amount to enter in the usual fee data element for codes that are paid on an I.C. basis.

▪ **Home Infusion Therapy**

Effective for dates of service on or after May 1, 2006, MassHealth pays home infusion companies for two new service codes:

- **S5522** – home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included); and
- **S5523** – home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included).

Claims for the nursing service must be submitted with the appropriate service code for the equipment and supplies: S5520 or S5521.

▪ **Claims for Custom-Made Products Provided to Members Who Become Ineligible for MassHealth**

As stated in 130 CMR 450.231(B), the date of service is the date on which a medical service is furnished to a member or, if the medical service consists principally of custom-made products such as durable medical equipment, the date on which the products are delivered to a member. If a provider delivers medical products to a member, which products had to be ordered, fitted, or altered for the member, and the member ceases to be eligible for such MassHealth services on a date before the final delivery of the products, MassHealth will pay the provider for the products.

Providers must submit paper claims for these services with all applicable documentation outlined in 130 CMR 450.231(B) to the following address.

MassHealth
Claims Operations
ATTN: After Cancel Unit
600 Washington Street
Boston, MA 02111

▪ **Billing for Members with Other Insurance**

When a member has other insurance, providers must bill MassHealth with the same HCPCS codes that were billed to the primary insurer. MassHealth will deny all claims for services provided to members with other insurance if those claims are billed using A9270.

If a service code is never covered by a primary insurer, but it is covered by MassHealth, an explanation of benefits (EOB) is not required when billing MassHealth. For example, Medicare does not cover diapers. If the member is covered by Medicare, you do not need to bill Medicare first before billing MassHealth.

▪ **Medical Necessity Documentation**

Medical necessity determinations are based on specific clinical information and documentation that supports appropriate medical use of the services being requested. This is a reminder that providers must include all documentation of medical necessity as required in 130 CMR 409.000 when submitting requests for PA to MassHealth or its designee(s).

- **Case Management for Complex-Care Members**

MassHealth members, primarily those under the age of 22 years, who require a nurse encounter of more than two continuous hours per visit, are enrolled in Community Case Management (CCM), a program administered for MassHealth by the University of Massachusetts Medical School. Each CCM enrollee is assigned a nurse case manager who performs a comprehensive needs assessment and authorizes all medically necessary home health and other community services, including DME. The Recipient Eligibility Verification System (REVS) identifies members enrolled in CCM.

Providers must mail PA requests for durable medical equipment for members identified as CCM members to:

Community Case Management
P.O. Box 2586
100 Century Drive
Worcester, MA 01613-2586

Elimination of Appendix D of the *Durable Medical Equipment Manual*

MassHealth is eliminating Appendix D of the *Durable Medical Equipment Manual*, which lists the contact information for the aging service access points (ASAPs). The ASAPs review PA requests for personal emergency response systems (PERS) for MassHealth members. The contact information for the ASAPs has been updated and now appears in Appendix A of your MassHealth provider manual.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

If you have any questions about this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Durable Medical Equipment Manual

Pages vi, vii, and 6-1 through 6-4

OBSOLETE MATERIAL

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

Durable Medical Equipment Manual

Pages vi and 6-1 through 6-40 — transmitted by Transmittal Letter DME-26

Page vii — transmitted by Transmittal Letter DME-23

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For durable medical equipment, those matters are covered in 130 CMR Chapter 409.000, reproduced as Subchapter 4 in the *Durable Medical Equipment Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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601 Introduction

MassHealth pays for the services for codes listed in section 602 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 409.000 and 450.000. In addition, a provider may request prior authorization (PA) for any medically necessary durable medical equipment or service.

Providers should refer to the MassHealth DME and Oxygen Payment and Coverage Guidelines tool for service descriptions, applicable modifiers, place-of-service codes, PA requirements, service limits, and pricing and markup information. For certain services that are payable on an individual consideration (I.C.) basis, the tool will calculate the payable amount, based on information entered into certain fields on the tool. For service codes for which the Division of Health Care Finance and Policy (DHCFP) has established a rate, the provider can determine the payment by reviewing the DHCFP regulations at 114.3 CMR 22.00.

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If you want a paper copy of the tool, you can print it from the Web site, or request a copy from MassHealth Customer Service. See Appendix A of your provider manual for applicable contact information.

602 Service Codes

A4210	A4256	A4330	A4361	A4382	A4404	A4426
A4216	A4258	A4331	A4362	A4383	A4405	A4427
A4217	A4259	A4333	A4363	A4384	A4406	A4428
A4220	A4265	A4334	A4364	A4385	A4407	A4429
A4221	A4280	A4338	A4365	A4387	A4408	A4430
A4222	A4310	A4340	A4366	A4388	A4409	A4431
A4230	A4311	A4344	A4367	A4389	A4410	A4432
A4232	A4312	A4346	A4368	A4390	A4411	A4432
A4233	A4313	A4348	A4369	A4391	A4412	A4433
A4234	A4314	A4349	A4371	A4392	A4413	A4434
A4235	A4315	A4351	A4372	A4393	A4415	A4450
A4236	A4316	A4352	A4373	A4394	A4416	A4452
A4244	A4319	A4353	A4375	A4395	A4417	A4455
A4245	A4320	A4354	A4376	A4396	A4418	A4462
A4246	A4321	A4355	A4377	A4397	A4419	A4481
A4247	A4322	A4356	A4378	A4398	A4422	A4483
A4250	A4326	A4357	A4379	A4399	A4423	A4490
A4253	A4327	A4358	A4380	A4400	A4424	A4495
A4255	A4328	A4359	A4381	A4402	A4425	A4500

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602 Service Codes (cont.)

A4510	A5082	A6223	A6449	B4158	E0155	E0244
A4521	A5093	A6224	A6450	B4159	E0156	E0245
A4522	A5102	A6228	A6451	B4160	E0157	E0246
A4523	A5105	A6229	A6452	B4161	E0158	E0247
A4524	A5112	A6230	A6453	B4162	E0159	E0248
A4525	A5113	A6231	A6454	B4164	E0160	E0250
A4526	A5114	A6232	A6455	B4168	E0161	E0251
A4527	A5120	A6233	A6456	B4172	E0162	E0255
A4528	A5121	A6234	A6457	B4176	E0163	E0256
A4529	A5122	A6235	A6501	B4178	E0164	E0260
A4530	A5126	A6236	A6502	B4180	E0165	E0261
A4531	A5131	A6237	A6503	B4185	E0166	E0265
A4532	A5200	A6238	A6504	B4189	E0167	E0266
A4533	A6010	A6239	A6505	B4193	E0168	E0271
A4534	A6011	A6240	A6506	B4197	E0169	E0272
A4535	A6021	A6241	A6507	B4199	E0170	E0274
A4536	A6022	A6242	A6508	B4216	E0171	E0275
A4537	A6023	A6243	A6509	B4220	E0172	E0276
A4554	A6024	A6244	A6510	B4222	E0175	E0277
A4595	A6154	A6245	A6511	B4224	E0180	E0280
A4614	A6196	A6246	A6512	B5000	E0181	E0290
A4624	A6197	A6247	A6513	B5100	E0182	E0291
A4628	A6198	A6248	A7000	B5200	E0184	E0292
A4630	A6199	A6251	A7001	B9000	E0185	E0293
A4632	A6200	A6252	A7002	B9002	E0186	E0294
A4635	A6201	A6253	A7003	B9004	E0187	E0295
A4636	A6202	A6254	A7004	B9006	E0188	E0296
A4637	A6203	A6255	A9280	E0100	E0189	E0297
A4638	A6204	A6256	A9281	E0105	E0190	E0300
A4639	A6205	A6257	B4034	E0110	E0191	E0301
A4640	A6206	A6258	B4035	E0111	E0193	E0302
A4660	A6207	A6259	B4036	E0112	E0194	E0303
A4663	A6208	A6260	B4081	E0113	E0196	E0304
A4927	A6209	A6266	B4082	E0114	E0197	E0305
A4930	A6210	A6402	B4083	E0116	E0198	E0310
A5051	A6211	A6403	B4086	E0117	E0199	E0315
A5052	A6212	A6404	B4100	E0130	E0202	E0316
A5053	A6213	A6407	B4102	E0135	E0210	E0325
A5054	A6214	A6410	B4103	E0140	E0215	E0326
A5055	A6215	A6411	B4104	E0141	E0220	E0371
A5061	A6216	A6442	B4149	E0143	E0230	E0372
A5062	A6217	A6443	B4150	E0144	E0235	E0373
A5063	A6218	A6444	B4152	E0147	E0238	E0570
A5071	A6219	A6445	B4153	E0148	E0240	E0602
A5072	A6220	A6446	B4154	E0149	E0241	E0603
A5073	A6221	A6447	B4155	E0153	E0242	E0604
A5081	A6222	A6448	B4157	E0154	E0243	E0605

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E0606	E0840	E0984	E1150	E1815	E2321	E2610
E0607	E0849	E0985	E1160	E1816	E2322	E2611
E0610	E0850	E0986	E1161	E1818	E2323	E2612
E0621	E0855	E0990	E1170	E1820	E2324	E2613
E0625	E0860	E0992	E1171	E1821	E2325	E2614
E0627	E0870	E0994	E1172	E1825	E2326	E2615
E0628	E0880	E0995	E1180	E1830	E2327	E2616
E0629	E0890	E0997	E1190	E1840	E2328	E2617
E0630	E0900	E0998	E1195	E1841	E2329	E2618
E0635	E0910	E0999	E1200	E1902	E2330	E2619
E0636	E0911	E1002	E1220	E2000	E2331	E2620
E0637	E0912	E1003	E1221	E2100	E2340	E2621
E0638	E0920	E1004	E1222	E2101	E2341	E8000
E0639	E0930	E1005	E1223	E2201	E2342	E8001
E0640	E0935	E1006	E1224	E2202	E2343	E8002
E0641	E0940	E1007	E1225	E2203	E2351	K0001
E0642	E0941	E1008	E1226	E2204	E2360	K0002
E0650	E0942	E1009	E1227	E2205	E2361	K0003
E0651	E0944	E1010	E1228	E2206	E2362	K0004
E0652	E0945	E1011	E1229	E2207	E2363	K0005
E0655	E0946	E1014	E1230	E2208	E2364	K0006
E0660	E0947	E1015	E1231	E2209	E2365	K0007
E0665	E0948	E1016	E1232	E2210	E2366	K0010
E0666	E0950	E1017	E1233	E2211	E2367	K0011
E0667	E0951	E1018	E1234	E2212	E2368	K0012
E0668	E0952	E1020	E1235	E2213	E2369	K0014
E0669	E0955	E1028	E1236	E2214	E2370	K0015
E0671	E0956	E1029	E1237	E2215	E2371	K0017
E0672	E0957	E1030	E1238	E2216	E2372	K0018
E0673	E0958	E1031	E1239	E2217	E2500	K0019
E0675	E0959	E1035	E1240	E2218	E2502	K0020
E0700	E0960	E1037	E1270	E2219	E2504	K0037
E0701	E0961	E1038	E1280	E2220	E2506	K0038
E0705	E0966	E1039	E1295	E2221	E2508	K0039
E0710	E0967	E1050	E1296	E2222	E2510	K0040
E0720	E0968	E1060	E1297	E2223	E2511	K0041
E0730	E0969	E1065	E1298	E2224	E2512	K0042
E0731	E0971	E1070	E1340	E2225	E2599	K0043
E0747	E0972	E1083	E1399	E2226	E2601	K0044
E0748	E0973	E1084	E1800	E2291	E2602	K0045
E0760	E0974	E1087	E1801	E2292	E2603	K0046
E0776	E0977	E1088	E1802	E2293	E2604	K0047
E0779	E0978	E1091	E1805	E2294	E2605	K0050
E0780	E0980	E1092	E1806	E2300	E2606	K0051
E0781	E0981	E1093	E1810	E2310	E2607	K0052
E0784	E0982	E1100	E1811	E2311	E2608	K0053
E0791	E0983	E1110	E1812	E2320	E2609	K0056

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602 Service Codes (cont.)

K0065	K0700	S8425	S9494
K0069	K0701	S8426	S9497
K0070	K0702	S8427	S9500
K0071	K0704	S8428	S9501
K0072	K0705	S8429	S9502
K0073	K0706	S8430	S9503
K0077	K0707	S9325	S9504
K0090	K0708	S9326	S9537
K0091	K0709	S9327	S9538
K0092	K0710	S9328	S9542
K0093	K0711	S9329	S9558
K0094	K0712	S9330	S9559
K0095	K0713	S9331	S9560
K0096	K0714	S9336	S9562
K0097	K0715	S9338	S9590
K0098	K0716	S9339	T4538
K0099	K0717	S9340	T4539
K0105	K0718	S9341	T4540
K0108	K0719	S9342	T4541
K0195	K0720	S9343	T4542
K0455	K0721	S9345	T5001
K0552	K0722	S9346	
K0601	K0723	S9347	
K0602	K0724	S9348	
K0603	K0725	S9349	
K0604	L8501	S9351	
K0605	S5160	S9353	
K0680	S5161	S9355	
K0681	S5162	S9357	
K0682	S5497	S9359	
K0683	S5498	S9361	
K0684	S5501	S9363	
K0685	S5502	S9364	
K0686	S5517	S9365	
K0687	S5518	S9366	
K0688	S5520	S9367	
K0689	S5521	S9368	
K0690	S5522	S9370	
K0691	S5523	S9372	
K0692	S8100	S9373	
K0693	S8101	S9374	
K0694	S8265	S9375	
K0695	S8420	S9376	
K0696	S8421	S9377	
K0697	S8422	S9434	
K0698	S8423	S9435	
K0699	S8424	S9490	