



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-30
May 2010

TO: Durable Medical Equipment Providers Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director
RE: *Durable Medical Equipment Manual* (2010 HCPCS Updates)

This letter transmits revisions to the service codes described in Subchapter 6 of the *Durable Medical Equipment Manual* to comply with federal coding mandates, to incorporate coding and rate changes previously described in informational bulletins issued by the Division of Health Care Finance and Policy (DHCFP), and remind providers of certain existing durable medical equipment and medical supplies (DME) policies and requirements. Providers may consult the Centers for Medicare & Medicaid Services (CMS) Web site at www.cms.gov for a full description of the service codes. Prior-authorization (PA) requirements, service limits, and place-of-service codes now appear in an updated version of the interactive MassHealth DME and Oxygen Payment and Coverage Guidelines Tool that has been posted on the MassHealth Web site.

New DME Service Code Additions and Deletions Effective for Dates of Service Beginning April 1, 2010

The additions and deletions to the MassHealth service codes and descriptions included in this section are effective for dates of service on or after **April 1, 2010**. Claims for dates of service on or after **April 1, 2010**, submitted with deleted codes identified in this section will be denied. Claims denied for deleted codes should be resubmitted with the appropriate new codes.

The following new codes have been **added** to Subchapter 6 of the *Durable Medical Equipment Manual* and the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

A4456 E1036 K0739

The following codes have been **deleted** from Subchapter 6 of the *Durable Medical Equipment Manual* and the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

A4365 A6200 A6201 A6202 E1340 E2223 E2393

Other Changes to DME Service Codes in Subchapter 6

Providers have been previously notified of the additions and deletions to the MassHealth service codes and descriptions included in this section via message texts. These updates were also previously incorporated into the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

The following codes have been **added** to Subchapter 6 of the *Durable Medical Equipment Manual*.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| A4213 | A4215 | A4414 | A4420 | A4456 | A4461 | A4463 |
| A4556 | A4557 | A4558 | A4600 | A4601 | A4605 | A4606 |
| A4608 | A4611 | A4612 | A4613 | A4619 | A4623 | A4625 |
| A4626 | A4627 | A4629 | A4649 | A4670 | A5083 | A9276 |
| A9277 | A9278 | E0328 | E0329 | E0619 | E0656 | E0657 |
| E0856 | E0936 | E1036 | E2227 | E2228 | E2231 | E2295 |
| E2312 | E2313 | E2373 | E2374 | E2375 | E2376 | E2377 |
| E2381 | E2382 | E2383 | E2384 | E2385 | E2386 | E2387 |
| E2388 | E2389 | E2390 | E2391 | E2392 | E2394 | E2395 |
| E2396 | E2397 | K0009 | K0606 | K0607 | K0608 | K0609 |
| K0730 | K0733 | K0734 | K0735 | K0736 | K0737 | K0738 |
| K0739 | K0800 | K0801 | K0802 | K0806 | K0807 | K0808 |
| K0813 | K0814 | K0815 | K0816 | K0820 | K0821 | K0822 |
| K0823 | K0824 | K0825 | K0826 | K0827 | K0828 | K0829 |
| K0830 | K0831 | K0835 | K0836 | K0837 | K0838 | K0839 |
| K0840 | K0841 | K0842 | K0843 | K0848 | K0849 | K0850 |
| K0851 | K0852 | K0853 | K0854 | K0855 | K0856 | K0857 |
| K0858 | K0859 | K0860 | K0861 | K0862 | K0863 | K0864 |
| K0868 | K0869 | K0870 | K0871 | K0877 | K0878 | K0879 |
| K0880 | K0884 | K0885 | K0886 | K0890 | K0891 | S8185 |
| S8186 | S8190 | S8210 | T4521 | T4522 | T4523 | T4524 |
| T4525 | T4526 | T4527 | T4528 | T4529 | T4530 | T4531 |
| T4532 | T4533 | T4534 | T4535 | T4536 | T4537 | T4538 |
| T4539 | T4540 | T4541 | T4542 | 99601 | 99602 | |

The following codes have been **deleted** from Subchapter 6 of the *Durable Medical Equipment Manual*.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| A4230 | A4232 | A4280 | A4319 | A4348 | A4359 | A4365 |
| A4462 | A4521 | A4522 | A4523 | A4524 | A4525 | A4526 |
| A4527 | A4528 | A4529 | A4530 | A4531 | A4532 | A4533 |
| A4534 | A4535 | A4536 | A4537 | A4554 | A4632 | A4639 |
| A6200 | A6201 | A6202 | B4086 | E0164 | E0166 | E0169 |
| E0180 | E0701 | E0972 | E0977 | E0997 | E0999 | E1065 |
| E1091 | E1229 | E1230 | E1239 | E2223 | E2320 | E2618 |
| K0010 | K0011 | K0012 | K0014 | K0090 | K0091 | K0092 |
| K0093 | K0094 | K0095 | K0096 | K0097 | K0099 | K0680 |
| K0681 | K0682 | K0683 | K0684 | K0685 | K0686 | K0687 |
| K0688 | K0689 | K0690 | K0691 | K0692 | K0693 | K0694 |
| K0695 | K0696 | K0697 | K0698 | K0699 | K0700 | K0701 |
| K0702 | K0704 | K0705 | K0706 | K0707 | K0708 | K0709 |
| K0710 | K0711 | K0712 | K0713 | K0714 | K0715 | K0716 |
| K0717 | K0718 | K0719 | K0720 | K0721 | K0722 | K0723 |
| K0724 | K0725 | S5162 | S8100 | S8101 | | |

Modifier Change Effective for Dates of Service Beginning May 1, 2010

MassHealth is replacing modifier RP with RB. Effective for dates of service beginning May 1, 2010, providers must use modifier RB when submitting claims for repairs. MassHealth will not accept claims with modifier RP beginning with dates of service May 1, 2010.

Providers who have billed Medicare for dates of service on or after March 1, 2009, using the modifier RB and who have received denials of their crossover claims by MassHealth may resubmit these claims on paper to MassHealth.

Diagnosis Codes

ICD-9-CM service codes are required on all claims. The ICD-9-CM service codes must be directly related to the service billed on the claim.

Absorbent Products

Providers are no longer required to submit a new prescription with the PA request when requesting a PA adjustment for a size change for absorbent products that have already been deemed medically necessary by MassHealth.

Mobility System Repairs

A prescription is not required for repairs of an already-approved mobility system, as long as the system is still medically necessary for the member for whom it was originally purchased.

Service Codes not Covered by Medicare

Providers that bill Temporary National Codes (Non-Medicare) “S” codes, National “T” Codes, and enteral products with a BO modifier are not required to bill Medicare and obtain an EOB to bill MassHealth. This also applies to all other service codes that are listed in the DME and Oxygen Payment and Coverage Guidelines Tool *and* that are also listed on Medicare’s 2010 Non-Covered Items list.

Blanket Letters

Before the implementation of NewMMIS, MassHealth would accept a “blanket letter” from Medicare stating that the item is not covered by Medicare. As of the date of the implementation of NewMMIS, MassHealth no longer accepts “blanket letters” from Medicare or any other payer when providers submit claims.

Revised Rates

DHCFP has established new DME Service Code rates, effective for dates of service beginning April 1, 2010. The DHCFP fee schedule and informational bulletins can be viewed on the DHCFP Web site at www.mass.gov/dhcfp.

If you wish to obtain a fee schedule, you may download DHCFP regulations at no cost at www.mass.gov/dhcfp. 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. The regulatory cite 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

If you have any questions about the information in 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 vii— transmitted by Transmittal Letter DME-27

Pages 6-1 through 6-4 — transmitted by Transmittal Letter DME-29

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6. Service Codes

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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, administrative and 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 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 supplies. Providers should consult Transmittal Letter DME- 30 for the specific effective dates of service for the service codes.

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.

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.

To get to the 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.

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

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|-------|-------|-------|-------|-------|-------|-------|
| A4210 | A4258 | A4334 | A4368 | A4391 | A4413 | A4434 |
| A4213 | A4259 | A4338 | A4369 | A4392 | A4414 | A4450 |
| A4215 | A4265 | A4340 | A4371 | A4393 | A4415 | A4452 |
| A4216 | A4310 | A4344 | A4372 | A4394 | A4416 | A4455 |
| A4217 | A4311 | A4346 | A4373 | A4395 | A4417 | A4456 |
| A4220 | A4312 | A4349 | A4375 | A4396 | A4418 | A4461 |
| A4221 | A4313 | A4351 | A4376 | A4397 | A4419 | A4463 |
| A4222 | A4314 | A4352 | A4377 | A4398 | A4420 | A4481 |
| A4233 | A4315 | A4353 | A4378 | A4399 | A4422 | A4483 |
| A4234 | A4316 | A4354 | A4379 | A4400 | A4423 | A4490 |
| A4235 | A4320 | A4355 | A4380 | A4402 | A4424 | A4495 |
| A4236 | A4321 | A4356 | A4381 | A4404 | A4425 | A4500 |
| A4244 | A4322 | A4357 | A4382 | A4405 | A4426 | A4510 |
| A4245 | A4326 | A4358 | A4383 | A4406 | A4427 | A4556 |
| A4246 | A4327 | A4361 | A4384 | A4407 | A4428 | A4557 |
| A4247 | A4328 | A4362 | A4385 | A4408 | A4429 | A4558 |
| A4250 | A4330 | A4363 | A4387 | A4409 | A4430 | A4595 |
| A4253 | A4331 | A4364 | A4388 | A4410 | A4431 | A4600 |
| A4255 | A4332 | A4366 | A4389 | A4411 | A4432 | A4601 |
| A4256 | A4333 | A4367 | A4390 | A4412 | A4433 | A4605 |

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|-------|-------|-------|-------|-------|-------|-------|
| A4606 | A6011 | A6245 | A6513 | B5100 | E0189 | E0301 |
| A4608 | A6021 | A6246 | A7000 | B5200 | E0190 | E0302 |
| A4614 | A6022 | A6247 | A7001 | B9000 | E0191 | E0303 |
| A4623 | A6023 | A6248 | A7002 | B9002 | E0193 | E0304 |
| A4624 | A6024 | A6251 | A9276 | B9004 | E0194 | E0305 |
| A4625 | A6154 | A6252 | A9277 | B9006 | E0196 | E0310 |
| A4626 | A6196 | A6253 | A9278 | E0100 | E0197 | E0315 |
| A4627 | A6197 | A6254 | A9280 | E0105 | E0198 | E0316 |
| A4628 | A6198 | A6255 | A9281 | E0110 | E0199 | E0325 |
| A4629 | A6199 | A6256 | B4034 | E0111 | E0202 | E0326 |
| A4630 | A6203 | A6257 | B4035 | E0112 | E0210 | E0328 |
| A4635 | A6204 | A6258 | B4036 | E0113 | E0215 | E0329 |
| A4636 | A6205 | A6259 | B4081 | E0114 | E0220 | E0371 |
| A4637 | A6206 | A6260 | B4082 | E0116 | E0230 | E0372 |
| A4638 | A6207 | A6266 | B4083 | E0117 | E0235 | E0373 |
| A4640 | A6208 | A6402 | B4087 | E0130 | E0238 | E0602 |
| A4649 | A6209 | A6403 | B4088 | E0135 | E0240 | E0603 |
| A4660 | A6210 | A6404 | B4100 | E0140 | E0241 | E0604 |
| A4663 | A6211 | A6407 | B4102 | E0141 | E0242 | E0605 |
| A4670 | A6212 | A6410 | B4103 | E0143 | E0243 | E0606 |
| A4927 | A6213 | A6411 | B4104 | E0144 | E0244 | E0607 |
| A4930 | A6214 | A6442 | B4149 | E0147 | E0245 | E0610 |
| A5051 | A6215 | A6443 | B4150 | E0148 | E0246 | E0619 |
| A5052 | A6216 | A6444 | B4152 | E0149 | E0247 | E0621 |
| A5053 | A6217 | A6445 | B4153 | E0153 | E0248 | E0625 |
| A5054 | A6218 | A6446 | B4154 | E0154 | E0250 | E0627 |
| A5055 | A6219 | A6447 | B4155 | E0155 | E0251 | E0628 |
| A5061 | A6220 | A6448 | B4157 | E0156 | E0255 | E0629 |
| A5062 | A6221 | A6449 | B4158 | E0157 | E0256 | E0630 |
| A5063 | A6222 | A6450 | B4159 | E0158 | E0260 | E0635 |
| A5071 | A6223 | A6451 | B4160 | E0159 | E0261 | E0636 |
| A5072 | A6224 | A6452 | B4161 | E0160 | E0265 | E0637 |
| A5073 | A6228 | A6453 | B4162 | E0161 | E0266 | E0638 |
| A5081 | A6229 | A6454 | B4164 | E0162 | E0271 | E0639 |
| A5082 | A6230 | A6455 | B4168 | E0163 | E0272 | E0640 |
| A5083 | A6231 | A6456 | B4172 | E0165 | E0274 | E0641 |
| A5093 | A6232 | A6457 | B4176 | E0167 | E0275 | E0642 |
| A5102 | A6233 | A6501 | B4178 | E0168 | E0276 | E0650 |
| A5105 | A6234 | A6502 | B4180 | E0170 | E0277 | E0651 |
| A5112 | A6235 | A6503 | B4185 | E0171 | E0280 | E0652 |
| A5113 | A6236 | A6504 | B4189 | E0172 | E0290 | E0655 |
| A5114 | A6237 | A6505 | B4193 | E0175 | E0291 | E0656 |
| A5120 | A6238 | A6506 | B4197 | E0181 | E0292 | E0657 |
| A5121 | A6239 | A6507 | B4199 | E0182 | E0293 | E0660 |
| A5122 | A6240 | A6508 | B4216 | E0184 | E0294 | E0665 |
| A5126 | A6241 | A6509 | B4220 | E0185 | E0295 | E0666 |
| A5131 | A6242 | A6510 | B4222 | E0186 | E0296 | E0667 |
| A5200 | A6243 | A6511 | B4224 | E0187 | E0297 | E0668 |
| A6010 | A6244 | A6512 | B5000 | E0188 | E0300 | E0669 |

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| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| E0671 | E0957 | E1050 | E1805 | E2294 | E2389 | K0017 |
| E0672 | E0958 | E1060 | E1806 | E2295 | E2390 | K0018 |
| E0673 | E0959 | E1070 | E1810 | E2300 | E2391 | K0019 |
| E0675 | E0960 | E1083 | E1811 | E2310 | E2392 | K0020 |
| E0700 | E0961 | E1084 | E1812 | E2311 | E2394 | K0037 |
| E0705 | E0966 | E1087 | E1815 | E2312 | E2395 | K0038 |
| E0710 | E0967 | E1088 | E1816 | E2313 | E2396 | K0039 |
| E0720 | E0968 | E1092 | E1818 | E2321 | E2397 | K0040 |
| E0730 | E0969 | E1093 | E1820 | E2322 | E2500 | K0041 |
| E0731 | E0971 | E1100 | E1821 | E2323 | E2502 | K0042 |
| E0747 | E0973 | E1110 | E1825 | E2324 | E2504 | K0043 |
| E0748 | E0974 | E1150 | E1830 | E2325 | E2506 | K0044 |
| E0760 | E0978 | E1160 | E1840 | E2326 | E2508 | K0045 |
| E0776 | E0980 | E1161 | E1841 | E2327 | E2510 | K0046 |
| E0779 | E0981 | E1170 | E1902 | E2328 | E2511 | K0047 |
| E0780 | E0982 | E1171 | E2000 | E2329 | E2512 | K0050 |
| E0781 | E0983 | E1172 | E2100 | E2330 | E2599 | K0051 |
| E0784 | E0984 | E1180 | E2101 | E2331 | E2601 | K0052 |
| E0791 | E0985 | E1190 | E2201 | E2340 | E2602 | K0053 |
| E0840 | E0986 | E1195 | E2202 | E2341 | E2603 | K0056 |
| E0849 | E0990 | E1200 | E2203 | E2342 | E2604 | K0065 |
| E0850 | E0992 | E1220 | E2204 | E2343 | E2605 | K0069 |
| E0855 | E0994 | E1221 | E2205 | E2351 | E2606 | K0070 |
| E0856 | E0995 | E1222 | E2206 | E2360 | E2607 | K0071 |
| E0860 | E1002 | E1223 | E2207 | E2361 | E2608 | K0072 |
| E0870 | E1003 | E1224 | E2208 | E2362 | E2609 | K0073 |
| E0880 | E1004 | E1225 | E2209 | E2363 | E2610 | K0077 |
| E0890 | E1005 | E1226 | E2210 | E2364 | E2611 | K0098 |
| E0900 | E1006 | E1227 | E2211 | E2365 | E2612 | K0105 |
| E0910 | E1007 | E1228 | E2212 | E2366 | E2613 | K0108 |
| E0911 | E1008 | E1231 | E2213 | E2367 | E2614 | K0195 |
| E0912 | E1009 | E1232 | E2214 | E2368 | E2615 | K0455 |
| E0920 | E1010 | E1233 | E2215 | E2369 | E2616 | K0552 |
| E0930 | E1011 | E1234 | E2216 | E2370 | E2617 | K0601 |
| E0935 | E1014 | E1235 | E2217 | E2371 | E2619 | K0602 |
| E0936 | E1015 | E1236 | E2218 | E2372 | E2620 | K0603 |
| E0940 | E1016 | E1237 | E2219 | E2373 | E2621 | K0604 |
| E0941 | E1017 | E1238 | E2220 | E2374 | E8000 | K0605 |
| E0942 | E1018 | E1240 | E2221 | E2375 | E8001 | K0606 |
| E0944 | E1020 | E1270 | E2222 | E2376 | E8002 | K0607 |
| E0945 | E1028 | E1280 | E2224 | E2377 | K0001 | K0608 |
| E0946 | E1029 | E1295 | E2225 | E2381 | K0002 | K0609 |
| E0947 | E1030 | E1296 | E2226 | E2382 | K0003 | K0730 |
| E0948 | E1031 | E1297 | E2227 | E2383 | K0004 | K0733 |
| E0950 | E1035 | E1298 | E2228 | E2384 | K0005 | K0734 |
| E0951 | E1036 | E1399 | E2231 | E2385 | K0006 | K0735 |
| E0952 | E1037 | E1800 | E2291 | E2386 | K0007 | K0736 |
| E0955 | E1038 | E1801 | E2292 | E2387 | K0009 | K0737 |
| E0956 | E1039 | E1802 | E2293 | E2388 | K0015 | K0738 |

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|-------|-------|-------|-------|
| K0739 | K0868 | S9336 | T4521 |
| K0800 | K0869 | S9338 | T4522 |
| K0801 | K0870 | S9339 | T4523 |
| K0802 | K0871 | S9340 | T4524 |
| K0806 | K0877 | S9341 | T4525 |
| K0807 | K0878 | S9342 | T4526 |
| K0808 | K0879 | S9343 | T4527 |
| K0813 | K0880 | S9345 | T4528 |
| K0814 | K0884 | S9346 | T4529 |
| K0815 | K0885 | S9347 | T4530 |
| K0816 | K0886 | S9348 | T4531 |
| K0820 | K0890 | S9349 | T4532 |
| K0821 | K0891 | S9351 | T4533 |
| K0822 | L8501 | S9353 | T4534 |
| K0823 | S5160 | S9355 | T4535 |
| K0824 | S5161 | S9357 | T4536 |
| K0825 | S5497 | S9359 | T4537 |
| K0826 | S5498 | S9361 | T4538 |
| K0827 | S5501 | S9363 | T4539 |
| K0828 | S5502 | S9364 | T4540 |
| K0829 | S5517 | S9365 | T4541 |
| K0830 | S5518 | S9366 | T4542 |
| K0831 | S5520 | S9367 | T5001 |
| K0835 | S5521 | S9368 | 99601 |
| K0836 | S5522 | S9370 | 99602 |
| K0837 | S5523 | S9372 | |
| K0838 | S8185 | S9373 | |
| K0839 | S8186 | S9374 | |
| K0840 | S8190 | S9375 | |
| K0841 | S8210 | S9376 | |
| K0842 | S8265 | S9377 | |
| K0843 | S8420 | S9434 | |
| K0848 | S8421 | S9435 | |
| K0849 | S8422 | S9490 | |
| K0850 | S8423 | S9494 | |
| K0851 | S8424 | S9497 | |
| K0852 | S8425 | S9500 | |
| K0853 | S8426 | S9501 | |
| K0854 | S8427 | S9502 | |
| K0855 | S8428 | S9503 | |
| K0856 | S8429 | S9504 | |
| K0857 | S8430 | S9537 | |
| K0858 | S9325 | S9538 | |
| K0859 | S9326 | S9542 | |
| K0860 | S9327 | S9558 | |
| K0861 | S9328 | S9559 | |
| K0862 | S9329 | S9560 | |
| K0863 | S9330 | S9562 | |
| K0864 | S9331 | S9590 | |