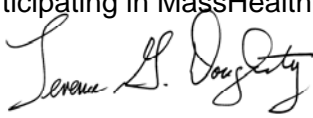




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
 Transmittal Letter DME-31  
 June 2011

**TO:** Durable Medical Equipment Providers Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director   
**RE:** *Durable Medical Equipment Manual* (2011 HCPCS)

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 to 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](http://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 on and After January 1, 2011**

The additions and deletions to the MassHealth service codes included in this section are effective for dates of service on or after January 1, 2011. Claims for dates of service on or after January 1, 2011, submitted with deleted codes identified in this section will be denied. Claims denied for deleted codes may be resubmitted with appropriate new codes.

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

A4206	A8001	A8003	E0979	E2622	E2624
A8000	A8002	A8004	E1831	E2623	E2625

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.

E0220	E0230	E0238	K0734	K0735	K0736	K0737
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### Other Changes to DME Service Codes in Subchapter 6

The following DME service codes were inadvertently listed in Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual*. These service codes have been deleted from Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual* and have been **added** to Subchapter 6 of the *Durable Medical Equipment Manual*.

A4558            E0605            E0606

The following oxygen and respiratory therapy service codes were inadvertently listed in Subchapter 6 of the *Durable Medical Equipment Manual*. These service codes have been **deleted** from Subchapter 6 of the *Durable Medical Equipment Manual* and have been **added** to Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual*.

A4216	A4557	A4614	A4626	A7000	K0730
A4481	A4605	A4623	A4627	A7001	K0738
A4483	A4606	A4624	A4628	A7002	S8186
A4556	A4608	A4625	A4629	E0619	

### Diagnosis Codes

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

### Service Codes Not Covered by Medicare

Providers that bill temporary national (nonMedicare) “S” codes and national “T” codes are not required to bill Medicare and obtain a Medicare explanation of benefits (EOB) to submit a claim to MassHealth for those codes. These service codes are not payable by Medicare.

If a provider is submitting a claim for the following oral enteral products (“B” codes), with a BO modifier, the provider does not need to bill Medicare and no EOB is required when submitting a claim to MassHealth.

B4100 BO	B4149 BO	B4153 BO	B4157 BO	B4160 BO
B4102 BO	B4150 BO	B4154 BO	B4158 BO	B4161 BO
B4104 BO	B4152 BO	B4155 BO	B4159 BO	B4162 BO

### Prior Authorization Requests for DME Units in Excess of the Maximum Allowable Units

MassHealth requires prior authorization (PA) for any DME codes if the number of units requested exceeds the maximum allowable units specified in the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

- When requesting PA to exceed the maximum allowable units, the provider must submit to MassHealth, in addition to any PA request that is required for units up to the maximum allowable, a separate PA request for the number of units being requested that exceed the maximum allowed. The provider must include medical documentation that supports the medical necessity of the additional units, including requirements under 130 CMR 409.417 and 409.418; and
- If the PA request for units in excess of the maximum is authorized by MassHealth, the provider must submit a **separate claim with separate dates of service** for the excess units that were provided, corresponding to the separate PA that was approved by MassHealth.

### **Provider Eligibility**

A provider who is enrolled with MassHealth as an oxygen and respiratory therapy equipment provider, including oxygen providers who have been assigned a DME specialty in accordance with 130 CMR 409.404(D), and who provide oxygen and respiratory therapy equipment services to MassHealth members in Massachusetts must:

- have a servicing facility in Massachusetts and employ, at a minimum, one respiratory care practitioner with a current Massachusetts license on a full-time or part-time basis; and
- have a Medicare provider number and comply with Medicare requirements, including being open to the public a minimum of 30 hours per week.

### **Clarification of Use of Codes and Modifiers for Mobility Systems**

**Modifier U1 (Medicaid Level of Care 1)** – Use this modifier only for nonstandard power wheelchair trays (**E0950**), and patient lift systems, both electric (**E0635**), and stander (**E0638**). This modifier can be used only when billing for MassHealth members and cannot be used when billing for members dually eligible for Medicare and MassHealth.

**Seating Cushions (E2601, E2602, E2603, E2604, E2605, E2606, E207, E2608, E2609, and E2610)** – MassHealth allows payment for these codes for members residing in nursing facilities (place-of-service codes 31 and 32) only when MassHealth has paid for the member's medically necessary mobility system, seating system, or add-on that was purchased solely for the full-time use of the member in a nursing facility.

### **MassHealth Web Site**

This transmittal letter is available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

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](mailto: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, vii, and 6-1 through 6-4 — transmitted by Transmittal Letter DME-30

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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 which furnish instructions for 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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
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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 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](http://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

This section lists Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid Services Web site at [www.cms.gov/medicare/hcpcs](http://www.cms.gov/medicare/hcpcs) for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

A4253	A4326	A4354	A4375	A4392	A4410
A4255	A4327	A4355	A4376	A4393	A4411
A4256	A4328	A4356	A4377	A4394	A4412
A4258	A4330	A4357	A4378	A4395	A4413
A4259	A4331	A4358	A4379	A4396	A4414
A4265	A4332	A4361	A4380	A4397	A4415
A4310	A4333	A4362	A4381	A4398	A4416
A4311	A4334	A4363	A4382	A4399	A4417
A4312	A4338	A4364	A4383	A4400	A4418
A4313	A4340	A4366	A4384	A4402	A4419
A4314	A4344	A4367	A4385	A4404	A4420
A4315	A4346	A4368	A4387	A4405	A4422
A4316	A4349	A4369	A4388	A4406	A4423
A4320	A4351	A4371	A4389	A4407	A4424
A4321	A4352	A4372	A4390	A4408	A4425
A4322	A4353	A4373	A4391	A4409	A4426
A4427	A4428	A4429	A4430	A4431	A4432

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602 Service Codes (cont.)

A4433	A5122	A6240	A6508	B4197	E0181
A4434	A5126	A6241	A6509	B4199	E0182
A4450	A5131	A6242	A6510	B4216	E0184
A4452	A5200	A6243	A6511	B4220	E0185
A4455	A6010	A6244	A6512	B4222	E0186
A4461	A6011	A6245	A6513	B4224	E0187
A4463	A6021	A6246	A8000	B5000	E0188
A4490	A6022	A6247	A8001	B5100	E0189
A4495	A6023	A6248	A8002	B5200	E0190
A4500	A6024	A6251	A8003	B9000	E0191
A4510	A6154	A6252	A8004	B9002	E0193
A4558	A6196	A6253	A9276	B9004	E0194
A4595	A6197	A6254	A9277	B9006	E0196
A4600	A6198	A6255	A9278	E0100	E0197
A4601	A6199	A6256	A9280	E0105	E0198
A4630	A6203	A6257	A9281	E0110	E0199
A4635	A6204	A6258	B4034	E0111	E0202
A4636	A6205	A6259	B4035	E0112	E0210
A4637	A6206	A6260	B4036	E0113	E0215
A4638	A6207	A6266	B4081	E0114	E0235
A4640	A6208	A6402	B4082	E0116	E0240
A4649	A6209	A6403	B4083	E0117	E0241
A4660	A6210	A6404	B4087	E0130	E0242
A4663	A6211	A6407	B4088	E0135	E0243
A4670	A6212	A6410	B4100	E0140	E0244
A4927	A6213	A6411	B4102	E0141	E0245
A4930	A6214	A6442	B4103	E0143	E0246
A5051	A6215	A6443	B4104	E0144	E0247
A5052	A6216	A6444	B4149	E0147	E0248
A5053	A6217	A6445	B4150	E0148	E0250
A5054	A6218	A6446	B4152	E0149	E0251
A5055	A6219	A6447	B4153	E0153	E0255
A5061	A6220	A6448	B4154	E0154	E0256
A5062	A6221	A6449	B4155	E0155	E0260
A5063	A6222	A6450	B4157	E0156	E0261
A5071	A6223	A6451	B4158	E0157	E0265
A5072	A6224	A6452	B4159	E0158	E0266
A5073	A6228	A6453	B4160	E0159	E0271
A5081	A6229	A6454	B4161	E0160	E0272
A5082	A6230	A6455	B4162	E0161	E0274
A5083	A6231	A6456	B4164	E0162	E0275
A5093	A6232	A6457	B4168	E0163	E0276
A5102	A6233	A6501	B4172	E0165	E0277
A5105	A6234	A6502	B4176	E0167	E0280
A5112	A6235	A6503	B4178	E0168	E0290
A5113	A6236	A6504	B4180	E0170	E0291
A5114	A6237	A6505	B4185	E0171	E0292
A5120	A6238	A6506	B4189	E0172	E0293
A5121	A6239	A6507	B4193	E0175	E0294

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602 Service Codes (cont.)

E0295	E0667	E0952	E1036	E1399	E2228
E0296	E0668	E0955	E1037	E1800	E2231
E0297	E0669	E0956	E1038	E1801	E2291
E0300	E0671	E0957	E1039	E1802	E2292
E0301	E0672	E0958	E1050	E1805	E2293
E0302	E0673	E0959	E1060	E1806	E2294
E0303	E0675	E0960	E1070	E1810	E2295
E0304	E0700	E0961	E1083	E1811	E2300
E0305	E0705	E0966	E1084	E1812	E2310
E0310	E0710	E0967	E1087	E1815	E2311
E0315	E0720	E0968	E1088	E1816	E2312
E0316	E0730	E0969	E1092	E1818	E2313
E0325	E0731	E0971	E1093	E1820	E2321
E0326	E0747	E0973	E1100	E1821	E2322
E0328	E0748	E0974	E1110	E1825	E2323
E0329	E0760	E0978	E1150	E1830	E2324
E0371	E0776	E0979	E1160	E1831	E2325
E0372	E0779	E0980	E1161	E1840	E2326
E0373	E0780	E0981	E1170	E1841	E2327
E0602	E0781	E0982	E1171	E1902	E2328
E0603	E0784	E0983	E1172	E2000	E2329
E0604	E0791	E0984	E1180	E2100	E2330
E0605	E0840	E0985	E1190	E2101	E2331
E0606	E0849	E0986	E1195	E2201	E2340
E0607	E0850	E0990	E1200	E2202	E2341
E0610	E0855	E0992	E1220	E2203	E2342
E0621	E0856	E0994	E1221	E2204	E2343
E0625	E0860	E0995	E1222	E2205	E2351
E0627	E0870	E1002	E1223	E2206	E2360
E0628	E0880	E1003	E1224	E2207	E2361
E0629	E0890	E1004	E1225	E2208	E2362
E0630	E0900	E1005	E1226	E2209	E2363
E0635	E0910	E1006	E1227	E2210	E2364
E0636	E0911	E1007	E1228	E2211	E2365
E0637	E0912	E1008	E1231	E2212	E2366
E0638	E0920	E1009	E1232	E2213	E2367
E0639	E0930	E1010	E1233	E2214	E2368
E0640	E0935	E1011	E1234	E2215	E2369
E0641	E0936	E1014	E1235	E2216	E2370
E0642	E0940	E1015	E1236	E2217	E2371
E0650	E0941	E1016	E1237	E2218	E2372
E0651	E0942	E1017	E1238	E2219	E2373
E0652	E0944	E1018	E1240	E2220	E2374
E0655	E0945	E1020	E1270	E2221	E2375
E0656	E0946	E1028	E1280	E2222	E2376
E0657	E0947	E1029	E1295	E2224	E2377
E0660	E0948	E1030	E1296	E2225	E2381
E0665	E0950	E1031	E1297	E2226	E2382
E0666	E0951	E1035	E1298	E2227	E2383



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E2384	K0001	K0608	K0862	S9336	T4521
E2385	K0002	K0609	K0863	S9338	T4522
E2386	K0003	K0733	K0864	S9339	T4523
E2387	K0004	K0739	K0868	S9340	T4524
E2388	K0005	K0800	K0869	S9341	T4525
E2389	K0006	K0801	K0870	S9342	T4526
E2390	K0007	K0802	K0871	S9343	T4527
E2391	K0009	K0806	K0877	S9345	T4528
E2392	K0015	K0807	K0878	S9346	T4529
E2394	K0017	K0808	K0879	S9347	T4530
E2395	K0018	K0813	K0880	S9348	T4531
E2396	K0019	K0814	K0884	S9349	T4532
E2397	K0020	K0815	K0885	S9351	T4533
E2500	K0037	K0816	K0886	S9353	T4534
E2502	K0038	K0820	K0890	S9355	T4535
E2504	K0039	K0821	K0891	S9357	T4536
E2506	K0040	K0822	L8501	S9359	T4537
E2508	K0041	K0823	S5160	S9361	T4538
E2510	K0042	K0824	S5161	S9363	T4539
E2511	K0043	K0825	S5497	S9364	T4540
E2512	K0044	K0826	S5498	S9365	T4541
E2599	K0045	K0827	S5501	S9366	T4542
E2601	K0046	K0828	S5502	S9367	T5001
E2602	K0047	K0829	S5517	S9368	99601
E2603	K0050	K0830	S5518	S9370	99602
E2604	K0051	K0831	S5520	S9372	
E2605	K0052	K0835	S5521	S9373	
E2606	K0053	K0836	S5522	S9374	
E2607	K0056	K0837	S5523	S9375	
E2608	K0065	K0838	S8210	S9376	
E2609	K0069	K0839	S8265	S9377	
E2610	K0070	K0840	S8420	S9434	
E2611	K0071	K0841	S8421	S9435	
E2612	K0072	K0842	S8422	S9490	
E2613	K0073	K0843	S8423	S9494	
E2614	K0077	K0848	S8424	S9497	
E2615	K0098	K0849	S8425	S9500	
E2616	K0105	K0850	S8426	S9501	
E2617	K0108	K0851	S8427	S9502	
E2619	K0195	K0852	S8428	S9503	
E2620	K0455	K0853	S8429	S9504	
E2621	K0552	K0854	S8430	S9537	
E2622	K0601	K0855	S9325	S9538	
E2623	K0602	K0856	S9326	S9542	
E2624	K0603	K0857	S9327	S9558	
E2625	K0604	K0858	S9328	S9559	
E8000	K0605	K0859	S9329	S9560	
E8001	K0606	K0860	S9330	S9562	
E8002	K0607	K0861	S9331	S9590	