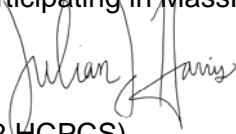




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
 www.mass.gov/masshealth



MassHealth  
 Transmittal Letter DME-32  
 July 2012

**TO:** Durable Medical Equipment Providers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director   
**RE:** *Durable Medical Equipment Manual* (2012 HCPCS)

This letter transmits revisions to Subchapter 6, Service Codes and Descriptions, of the *Durable Medical Equipment Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2012. Revisions have been made to service codes 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 (DME) and medical supplies policies and requirements. The revised Subchapter 6 is effective for dates of service on or after January 1, 2012.

Providers may consult the CMS website 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 (POS) 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 website.

**New DME Service Codes**

The additions to the MassHealth service codes included in this section are effective for dates of service on or after January 1, 2012.

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*.

A5056	E0988	E2359	E2627	E2629	E2631	E2633
A5057	E2358	E2626	E2628	E2630	E2632	

**Revised Rates**

DHCFP has established new DME service code rates for the above service codes, effective for dates of service beginning January 1, 2012. The DHCFP fee schedule and informational bulletins can be viewed on the DHCFP website at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

## Diagnosis Codes

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

## PA Requests for DME Units in Excess of the Maximum Allowable Units

MassHealth requires PA for any DME service 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 for services in excess of the maximum allowable units, the provider must

- submit to MassHealth, in addition to the PA request that was submitted for units up to the maximum allowable, a separate PA request to MassHealth for the number of units being requested that exceed the maximum allowed; and
- include clinical documentation that supports the medical necessity of the additional units, including requirements under 130 CMR 409.417 and 130 CMR 409.418.

Additionally, a provider of DME that has been assigned an oxygen specialty, in accordance with 130 CMR 409.404(D), and provides OXY services to MassHealth members in Massachusetts, must have an oxygen and respiratory therapy equipment specialty.

Further, DME providers that have an oxygen and respiratory therapy equipment specialty assigned to their DME provider contract with MassHealth must

- adhere to oxygen and respiratory equipment therapy regulations 130 CMR 427.000, as well as 130 CMR 409.000, 130 CMR 450.000, and 114.3 CMR 22.00;
- have a servicing facility in Massachusetts and employ (W2 employees), at a minimum, one respiratory-care practitioner with a current Massachusetts license on a full-time or part-time basis; and
- have a Medicare billing provider number and comply with Medicare requirements, including being open to the public for a minimum of 30 hours a week.

## Modifiers LT and RT

Modifiers LT (left side) and RT (right side) have been **added** to the following wheelchair accessory service codes on the *MassHealth Durable Medical and Oxygen Payment and Coverage Guideline Tool*.

E0951	E0974	E1020	E2215	E2224	E2384	E2392	E2630	K0037	K0045	K0069
E0952	E0994	E2205	E2216	E2225	E2385	E2394	E2631	K0038	K0046	K0070
E0958	E0995	E2206	E2217	E2226	E2386	E2395	E2632	K0039	K0047	K0071
E0959	E1009	E2209	E2218	E2227	E2387	E2396	E2633	K0040	K0050	K0072
E0961	E1015	E2211	E2219	E2228	E2388	E2626	K0015	K0041	K0051	K0073
E0967	E1016	E2212	E2220	E2381	E2389	E2627	K0017	K0042	K0052	K0077
E0971	E1017	E2213	E2221	E2382	E2390	E2628	K0018	K0043	K0053	
E0973	E1018	E2214	E2222	E2383	E2391	E2629	K0019	K0044	K0065	

If bilateral items are provided as a “purchase,” and the unit of service described in the service code description is “each,” bill both items on the same line using the LT/RT modifiers and two units of service.

If a single item is provided as a “purchase” for either the left or right side, bill one claim line using the appropriate modifier (LT or RT) and one unit of service.

### Place-of-Service

MassHealth has added place-of-service (POS) 14 (group home) as an allowable place of service for certain HCPCS in the *MassHealth Durable Medical and Oxygen Payment and Coverage Guideline Tool* codes listed. Providers must include the applicable POS code when submitting claims to MassHealth. POS code 14 is now covered for the following service codes.

A4927	B4034	B4100	B4154	B4164	B4193	B5100	E2359	E2631	T4528	T4536
A4930	B4035	B4102	B4155	B4168	B4197	B5200	E2362	T4521	T4529	T4537
A5056	B4036	B4103	B4157	B4172	B4199	B9000	E2363	T4522	T4530	T4538
A5057	B4081	B4104	B4158	B4176	B4216	B9002	E2626	T4523	T4531	T4539
A8000	B4082	B4149	B4159	B4178	B4220	B9004	E2627	T4524	T4532	T4540
A8001	B4083	B4150	B4160	B4180	B4222	B9006	E2628	T4525	T4533	T4541
A8003	B4087	B4152	B4161	B4185	B4224	E0988	E2629	T4526	T4534	T4542
A8004	B4088	B4153	B4162	B4189	B5000	E2358	E2630	T4527	T4535	

### Providers Supplying Oral Enteral Nutrition Covered by WIC

Providers must refer to [Durable Medical Equipment Bulletin 16](#) (issued in January 2010) for clarification of coverage for the provision of certain enteral nutrition products, for MassHealth members who may be eligible for enteral nutrition products provided by the Department of Public Health (DPH), Women, Infants, and Children (WIC) nutrition program. This DME bulletin contains information on enteral products that are not covered by WIC, general PA documentation requirements for enteral nutrition PA requests, and PA guidelines. Providers may refer to the DPH WIC website for any changes in the WIC-covered enteral formulas at [www.mass.gov/eohhs/consumer/basic-needs/food/wic](http://www.mass.gov/eohhs/consumer/basic-needs/food/wic).

When prescription and medical necessary documentation is presented to the provider of DME, for the purpose of submitting a PA for regular formula for infants and children under the age of five, the provider must ascertain from the MassHealth member’s caregiver if the member/family is WIC-eligible, before submitting the PA.

### Fee Schedule

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The specific 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](http://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](http://www.mass.gov/dhcfp)

### **Obsolete Appendix D**

This letter also obsoletes Appendix D of the *Durable Medical Equipment Manual*. As described in [DME Bulletin 15 \(January 2009\)](#), PA is no longer required for personal emergency response systems (PERS). Please remove Appendix D, which describes where to send requests for PA for PERS, from your manual.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://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](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 and 6-1 through 6-6

### **OBSOLETE MATERIAL**

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

#### **Durable Medical Equipment Manual**

Pages vi, 6-1 through 6-4, D-1, and D-2 — transmitted by Transmittal Letter DME-31

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## 601 Introduction

MassHealth pays for the services for codes listed in Section 603 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- 32](#) 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](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 website, or request a copy from MassHealth Customer Service. See Appendix A of your provider manual for applicable contact information.

## 602 Modifiers

Modifiers LT (left side) and RT (right side) have been added to specific wheelchair accessory service codes. Please refer to the [MassHealth Durable Medical and Oxygen Payment and Coverage Guideline Tool](#).

## 603 Service Codes

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

A4206	A4236	A4265	A4326	A4346
A4210	A4244	A4310	A4327	A4349
A4213	A4245	A4311	A4328	A4351
A4215	A4246	A4312	A4330	A4352
A4220	A4247	A4313	A4331	A4353
A4221	A4250	A4314	A4332	A4354
A4222	A4253	A4315	A4333	A4355
A4223	A4255	A4316	A4334	A4356
A4233	A4256	A4320	A4338	A4357
A4234	A4258	A4321	A4340	A4358
A4235	A4259	A4322	A4344	A4361

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603 Service Codes (cont.)

A4362	A4416	A5055	A6216	A6442
A4363	A4417	A5056	A6217	A6443
A4364	A4418	A5057	A6218	A6444
A4366	A4419	A5061	A6219	A6445
A4367	A4420	A5062	A6220	A6446
A4368	A4422	A5063	A6221	A6447
A4369	A4423	A5071	A6222	A6448
A4371	A4424	A5072	A6223	A6449
A4372	A4425	A5073	A6224	A6450
A4373	A4426	A5081	A6228	A6451
A4375	A4427	A5082	A6229	A6452
A4376	A4428	A5083	A6230	A6453
A4377	A4429	A5093	A6231	A6454
A4378	A4430	A5102	A6232	A6455
A4379	A4431	A5105	A6233	A6456
A4380	A4432	A5112	A6234	A6457
A4381	A4433	A5113	A6235	A6501
A4382	A4434	A5114	A6236	A6502
A4383	A4450	A5120	A6237	A6503
A4384	A4452	A5121	A6238	A6504
A4385	A4455	A5122	A6239	A6505
A4387	A4456	A5126	A6240	A6506
A4388	A4461	A5131	A6241	A6507
A4389	A4463	A5200	A6242	A6508
A4390	A4490	A6010	A6243	A6509
A4391	A4495	A6011	A6244	A6510
A4392	A4500	A6021	A6245	A6511
A4393	A4510	A6022	A6246	A6512
A4394	A4558	A6023	A6247	A6513
A4395	A4595	A6024	A6248	A8000
A4396	A4600	A6154	A6250	A8001
A4397	A4601	A6196	A6251	A8002
A4398	A4630	A6197	A6252	A8003
A4399	A4635	A6198	A6253	A8004
A4400	A4636	A6199	A6254	A9274
A4402	A4637	A6203	A6255	A9276
A4404	A4638	A6204	A6256	A9277
A4405	A4640	A6205	A6257	A9278
A4406	A4649	A6206	A6258	A9280
A4407	A4660	A6207	A6259	A9281
A4408	A4663	A6208	A6260	B4034
A4409	A4670	A6209	A6266	B4035
A4410	A4927	A6210	A6402	B4036
A4411	A4930	A6211	A6403	B4081
A4412	A5051	A6212	A6404	B4082
A4413	A5052	A6213	A6407	B4083
A4414	A5053	A6214	A6410	B4087
A4415	A5054	A6215	A6411	B4088

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603 Service Codes (cont.)

B4100	E0130	E0240	E0373	E0776
B4102	E0135	E0241	E0602	E0779
B4103	E0140	E0242	E0603	E0780
B4104	E0141	E0243	E0604	E0781
B4149	E0143	E0244	E0605	E0784
B4150	E0144	E0245	E0606	E0791
B4152	E0147	E0246	E0607	E0840
B4153	E0148	E0247	E0610	E0849
B4154	E0149	E0248	E0621	E0850
B4155	E0153	E0250	E0625	E0855
B4157	E0154	E0251	E0627	E0856
B4158	E0155	E0255	E0628	E0860
B4159	E0156	E0256	E0629	E0870
B4160	E0157	E0260	E0630	E0880
B4161	E0158	E0261	E0635	E0890
B4162	E0159	E0265	E0636	E0900
B4164	E0160	E0266	E0637	E0910
B4168	E0161	E0271	E0638	E0911
B4172	E0162	E0272	E0639	E0912
B4176	E0163	E0274	E0640	E0920
B4178	E0165	E0275	E0641	E0930
B4180	E0167	E0276	E0642	E0935
B4185	E0168	E0277	E0650	E0936
B4189	E0170	E0280	E0651	E0940
B4193	E0171	E0290	E0652	E0941
B4197	E0172	E0291	E0655	E0942
B4199	E0175	E0292	E0656	E0944
B4216	E0181	E0293	E0657	E0945
B4220	E0182	E0294	E0660	E0946
B4222	E0184	E0295	E0665	E0947
B4224	E0185	E0296	E0666	E0948
B5000	E0186	E0297	E0667	E0950
B5100	E0187	E0300	E0668	E0951
B5200	E0188	E0301	E0669	E0952
B9000	E0189	E0302	E0671	E0955
B9002	E0190	E0303	E0672	E0956
B9004	E0191	E0304	E0673	E0957
B9006	E0193	E0305	E0675	E0958
E0100	E0194	E0310	E0700	E0959
E0105	E0196	E0315	E0705	E0960
E0110	E0197	E0316	E0710	E0961
E0111	E0198	E0325	E0720	E0966
E0112	E0199	E0326	E0730	E0967
E0113	E0202	E0328	E0731	E0968
E0114	E0210	E0329	E0747	E0969
E0116	E0215	E0371	E0748	E0971
E0117	E0235	E0372	E0760	E0973



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603 Service Codes (cont.)

E0974	E1100	E1820	E2313	E2392
E0978	E1110	E1821	E2321	E2394
E0980	E1150	E1825	E2322	E2395
E0981	E1160	E1830	E2323	E2396
E0982	E1161	E1831	E2324	E2397
E0983	E1170	E1840	E2325	E2500
E0984	E1171	E1841	E2326	E2502
E0985	E1172	E1902	E2327	E2504
E0986	E1180	E2000	E2328	E2506
E0988	E1190	E2100	E2329	E2508
E0990	E1195	E2101	E2330	E2510
E0992	E1200	E2201	E2331	E2511
E0994	E1220	E2202	E2340	E2512
E0995	E1221	E2203	E2341	E2599
E1002	E1222	E2204	E2342	E2601
E1003	E1223	E2205	E2343	E2602
E1004	E1224	E2206	E2351	E2603
E1005	E1225	E2207	E2358	E2604
E1006	E1226	E2208	E2359	E2605
E1007	E1227	E2209	E2360	E2606
E1008	E1228	E2210	E2361	E2607
E1009	E1231	E2211	E2362	E2608
E1010	E1232	E2212	E2363	E2609
E1011	E1233	E2213	E2364	E2610
E1014	E1234	E2214	E2365	E2611
E1015	E1235	E2215	E2366	E2612
E1016	E1236	E2216	E2367	E2613
E1017	E1237	E2217	E2368	E2614
E1018	E1238	E2218	E2369	E2615
E1020	E1240	E2219	E2370	E2616
E1028	E1270	E2220	E2371	E2617
E1029	E1280	E2221	E2372	E2619
E1030	E1295	E2222	E2373	E2620
E1031	E1296	E2224	E2374	E2621
E1035	E1297	E2225	E2375	E2622
E1036	E1298	E2226	E2376	E2623
E1037	E1399	E2227	E2377	E2624
E1038	E1800	E2228	E2381	E2625
E1039	E1801	E2231	E2382	E2626
E1050	E1802	E2291	E2383	E2627
E1060	E1805	E2292	E2384	E2628
E1070	E1806	E2293	E2385	E2629
E1083	E1810	E2294	E2386	E2630
E1084	E1811	E2295	E2387	E2631
E1087	E1812	E2300	E2388	E2632
E1088	E1815	E2310	E2389	E2633
E1092	E1816	E2311	E2390	E8000
E1093	E1818	E2312	E2391	E8001

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603 Service Codes (cont.)

E8002	K0606	K0859	S9329	S9559
K0001	K0607	K0860	S9330	S9560
K0002	K0608	K0861	S9331	S9562
K0003	K0609	K0862	S9336	S9590
K0004	K0733	K0863	S9338	T4521
K0005	K0739	K0864	S9339	T4522
K0006	K0800	K0868	S9340	T4523
K0007	K0801	K0869	S9341	T4524
K0009	K0802	K0870	S9342	T4525
K0015	K0806	K0871	S9343	T4526
K0017	K0807	K0877	S9345	T4527
K0018	K0808	K0878	S9346	T4528
K0019	K0813	K0879	S9347	T4529
K0020	K0814	K0880	S9348	T4530
K0037	K0815	K0884	S9349	T4531
K0038	K0816	K0885	S9351	T4532
K0039	K0820	K0886	S9353	T4533
K0040	K0821	K0890	S9355	T4534
K0041	K0822	K0891	S9357	T4535
K0042	K0823	L8501	S9359	T4536
K0043	K0824	S5160	S9361	T4537
K0044	K0825	S5161	S9363	T4538
K0045	K0826	S5497	S9364	T4539
K0046	K0827	S5498	S9365	T4540
K0047	K0828	S5501	S9366	T4541
K0050	K0829	S5502	S9367	T4542
K0051	K0830	S5517	S9368	T4543
K0052	K0831	S5518	S9370	T5001
K0053	K0835	S5520	S9372	99601
K0056	K0836	S5521	S9373	99602
K0065	K0837	S5522	S9374	
K0069	K0838	S5523	S9375	
K0070	K0839	S8265	S9376	
K0071	K0840	S8420	S9377	
K0072	K0841	S8421	S9434	
K0073	K0842	S8422	S9435	
K0077	K0843	S8423	S9490	
K0098	K0848	S8424	S9494	
K0105	K0849	S8425	S9497	
K0108	K0850	S8426	S9500	
K0195	K0851	S8427	S9501	
K0455	K0852	S8428	S9502	
K0552	K0853	S8429	S9503	
K0601	K0854	S8430	S9504	
K0602	K0855	S9325	S9537	
K0603	K0856	S9326	S9538	
K0604	K0857	S9327	S9542	
K0605	K0858	S9328	S9558	

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