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***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

*www.mass.gov/masshealth*

MassHealth

# Transmittal Letter DME-36

July 2021

**TO:** Durable Medical Equipment Providers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth [Signature of Amanda Cassel Kraft]

**RE:** Durable Medical Equipment *Manual* (Aligning Subchapter 6 with the MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool (Tool))

## Introduction

This letter transmits revisions to the list of service codes in Subchapter 6 of the *Durable Medical Equipment Manual*. The revised Subchapter 6 aligns the list of service codes with the Tool and updates previously communicated via message text, provider bulletin, and/or administrative bulletin**.**

In addition to MassHealth provider communications, providers may consult the Centers for Medicare & Medicaid Services (CMS) website at [www.cms.gov](https://www.cms.gov/) for a full description of the service codes.

For prior-authorization (PA) requirements, service limits, and allowable place-of-service codes, providers should refer to the interactive Tool.

## Added Codes

The following codes have been added to Subchapter 6.

A4223 – Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately); effective for dates of service on or after January 8, 2019

B4105 – In-Line cartridge containing digestive enzyme(s) for enteral feeding, each; effective for dates of service on or after October 1, 2020

K0462 – Temporary replacement of patient-owned equipment being repaired, any type; effective for dates of service on or after October 1, 2020

## Modifier KU

Modifier KU has been added to certain codes related to wheelchair accessories and seat/back cushions used with complex rehabilitative manual wheelchairs, effective for dates of service on or after July 6, 2020.

## Fee Schedule

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at <https://www.mass.gov/regulations/101-CMR-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment>. The regulation title for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment is 101 CMR 322.00.

## MassHealth Website

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

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

## Questions

The MassHealth LTSS Provider Service Center is open from 8 am to 6 pm ET, Monday through Friday, excluding holidays. LTSS providers should direct questions about this bulletin or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

**Phone:** Toll-free (844) 368-5184

**Email:** [support@masshealthltss.com](mailto:support@masshealthltss.com)

**Portal:** MassHealthLTSS

**Mail:**  MassHealth LTSS

PO Box 159108

Boston, MA 02215

**FAX:** (888) 832-3006

NEW MATERIAL

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

Durable Medical Equipment Manual

Pages vi 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 6-4—transmitted by Transmittal Letter 35

6. Services Codes

601: Introduction 6-1

602: Service Codes 6-1

Appendix A. Directory A-1

Appendix C. Third‑Party-Liability Codes C-1

Appendix T. CMSP Covered Codes T-1

Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable

Conditions U-1

Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions V-1

Appendix W. EPSDT Services Medical and Dental Protocols and Periodicity Schedules W-1

Appendix X. Family Assistance Copayments and Deductibles X-1

Appendix Y. EVS Codes and Messages Y-1

Appendix Z. EPSDT/PPHSD Screening Services Codes Z-1

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-35* for the specific effective dates of service for the service codes.

Providers should refer to the *MassHealth DME and Oxygen Payment and Coverage Guideline 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 can calculate the payable amount, based on information entered into certain fields on the tool.

To get to the *MassHealth DME and Oxygen Payment and Coverage Guideline Tool*, go to [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools) .

602 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](https://www.cms.gov/) for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

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