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

# Transmittal Letter DME-38

April 2022

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

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth (signature of Amanda Cassel Kraft)

**RE:** *Durable Medical Equipment Manual* (2022 HCPCS Updates for Subchapter 6 and the *MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool)*

## Introduction

This letter transmits 2022 updates to the service codes in Subchapter 6 of the *Durable Medical Equipment Manual*. The *MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool* has also been updated to reflect the code updates.

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 at [www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool-](http://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool-).

## Added Codes

The following codes have been added to Subchapter 6 and replace the deleted code below.

A4436 – Irrigation supply; sleeve, reusable, per month

A4437 – Irrigation supply: sleeve, disposable, per month

**Deleted Code**

A4397 – Irrigation supply; sleeve, each

## Fee Schedule

To obtain a fee schedule, download the Executive Office of Health and Human Services regulations from [www.mass.gov/regulations/101-CMR-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment](http://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 a.m. to 6 p.m. 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:** [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com)

**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 6-1 through 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Durable Medical Equipment Manual

Pages 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

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-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*, visit [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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