



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



MassHealth
Transmittal Letter DME-43
July 2023

TO: Durable Medical Equipment Providers (DME) Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth 

RE: *Durable Medical Equipment Manual* (HCPCS Updates to Subchapter 6 and the *MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool* for shipping fee, repair evaluation of mobility system, and added codes)

Introduction

This letter transmits revisions to the service codes in Subchapter 6 of the *Durable Medical Equipment Manual*. The revised Subchapter 6 aligns the list of service codes with the interactive [MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool](#).

Providers may consult [Administrative Bulletin 23-18](#) for a full description and established rates for the added codes.

For prior authorization requirements, service limits, modifiers, and allowable place-of-service codes, providers should refer to the interactive tool.

Added Codes

E2402 - Negative pressure wound therapy electrical pump, stationary or portable

A6550 - Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories

A9901 - DME delivery, setup, and/or dispensing service component of another HCPCS code

Added Modifier

U7 – Used in conjunction with HCPCS code K0739 for direct service components when an evaluation is performed for the repair of a mobility system for RE-1 and RE2.

Provider Guidance

DME mobility providers may bill for evaluation time when performing repairs to members' primary or backup mobility systems as identified in [130 CMR 409.000: Durable Medical Equipment Services](#). HCPCS code/modifier combination K0739 U7 may be used in the following circumstances:

- Providers may request up to two units for a mobility system repair evaluation. One unit is equal to one hour.

- Providers may directly bill HCPCS code/modifier combination K0739 U7 using a separate line item on a claim associated with the repair of a mobility system.
- All documentation regarding the evaluation of the mobility system repair must remain in the member's file and should identify if the evaluation was performed remotely or in person.

DME providers may bill a shipping fee on claims that require items to be shipped or delivered to the member. HCPCS code A9901 may be used in the following circumstances:

- Providers may submit a one-time reimbursement of HCPCS code A9901 per claim with items that require shipping and delivery.
- HCPCS code A9901 may not be submitted as an individual claim and must be included in the claim for the item being shipped/delivered.
- Providers may not bill HCPCS code A9901 for rental months for items beyond the initial date of delivery.

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. The regulation 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.

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions

If you have any questions about the information in this bulletin, please contact the LTSS Provider Service Center.

The MassHealth Long Term Services and Supports (LTSS) Provider Service Center is open from 8:00 a.m. to 6:00 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:

Phone: Toll-free (844) 368-5184
Email: support@masshealthltss.com
Portal: 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 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 41

Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter DME-43	Date 07/01/23

6. Service 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual	Subchapter Number and Title 6 Service Codes	Page 6-1
	Transmittal Letter DME-43	Date 07/01/23

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 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.

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 for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

A4206	A4258	A4338	A4378	A4410	A4450	A5051
A4207	A4259	A4340	A4379	A4411	A4452	A5052
A4208	A4265	A4344	A4380	A4412	A4455	A5053
A4209	A4281	A4346	A4381	A4413	A4456	A5054
A4210	A4282	A4349	A4382	A4414	A4459	A5055
A4213	A4283	A4351	A4383	A4415	A4461	A5056
A4215	A4284	A4352	A4384	A4416	A4463	A5057
A4217	A4285	A4353	A4385	A4417	A4490	A5061
A4220	A4286	A4354	A4387	A4418	A4495	A5062
A4221	A4310	A4355	A4388	A4419	A4500	A5063
A4222	A4311	A4356	A4389	A4420	A4510	A5071
A4223	A4312	A4357	A4390	A4422	A4558	A5072
A4224	A4313	A4358	A4391	A4423	A4595	A5073
A4225	A4314	A4361	A4392	A4424	A4600	A5081
A4233	A4315	A4362	A4393	A4425	A4601	A5082
A4234	A4316	A4363	A4394	A4426	A4602	A5083
A4235	A4320	A4364	A4395	A4427	A4630	A5093
A4236	A4321	A4366	A4396	A4428	A4635	A5102
A4239	A4322	A4367	A4398	A4429	A4636	A5105
A4244	A4326	A4368	A4399	A4430	A4637	A5112
A4245	A4327	A4369	A4402	A4431	A4638	A5113
A4246	A4328	A4371	A4404	A4432	A4640	A5114
A4247	A4330	A4372	A4405	A4433	A4660	A5120
A4250	A4331	A4373	A4406	A4434	A4663	A5121
A4253	A4332	A4375	A4407	A4435	A4670	A5122
A4255	A4333	A4376	A4408	A4436	A4927	A5126
A4256	A4334	A4377	A4409	A4437	A4930	A5131

Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual	Subchapter Number and Title 6 Service Codes	Page 6-2
	Transmittal Letter DME-43	Date 07/01/23

602 Service Codes (cont.)

A5200	A6242	A6508	B4176	E0165	E0276	E0642
A6010	A6243	A6509	B4178	E0167	E0277	E0650
A6011	A6244	A6510	B4180	E0168	E0280	E0651
A6021	A6245	A6511	B4185	E0170	E0290	E0652
A6022	A6246	A6512	B4189	E0171	E0291	E0655
A6023	A6247	A6513	B4193	E0172	E0292	E0656
A6024	A6248	A6550	B4197	E0175	E0293	E0657
A6154	A6250	A7048	B4199	E0181	E0294	E0660
A6196	A6251	A8000	B4216	E0182	E0295	E0665
A6197	A6252	A8001	B4220	E0184	E0296	E0666
A6198	A6253	A8002	B4222	E0185	E0297	E0667
A6199	A6254	A8003	B4224	E0186	E0300	E0668
A6203	A6255	A8004	B5000	E0187	E0301	E0669
A6204	A6256	A9274	B5100	E0188	E0302	E0670
A6205	A6257	A9276	B5200	E0189	E0303	E0671
A6206	A6258	A9277	B9002	E0190	E0304	E0672
A6207	A6259	A9278	B9004	E0191	E0305	E0673
A6208	A6260	A9280	B9006	E0193	E0310	E0675
A6209	A6266	A9281	E0100	E0194	E0315	E0700
A6210	A6402	A9900	E0105	E0196	E0316	E0705
A6211	A6403	A9901	E0110	E0197	E0325	E0710
A6212	A6404	B4034	E0111	E0198	E0326	E0720
A6213	A6407	B4035	E0112	E0199	E0328	E0730
A6214	A6410	B4036	E0113	E0202	E0329	E0731
A6215	A6411	B4081	E0114	E0210	E0371	E0747
A6216	A6442	B4082	E0116	E0215	E0372	E0748
A6217	A6443	B4083	E0117	E0235	E0373	E0760
A6218	A6444	B4087	E0118	E0240	E0486	E0766
A6219	A6445	B4088	E0130	E0241	E0602	E0776
A6220	A6446	B4100	E0135	E0242	E0603	E0779
A6221	A6447	B4102	E0140	E0243	E0604	E0780
A6222	A6448	B4103	E0141	E0244	E0605	E0781
A6223	A6449	B4104	E0143	E0245	E0606	E0784
A6224	A6450	B4105	E0144	E0246	E0607	E0791
A6228	A6451	B4149	E0147	E0247	E0610	E0840
A6229	A6452	B4150	E0148	E0248	E0617	E0849
A6230	A6453	B4152	E0149	E0250	E0621	E0850
A6231	A6454	B4153	E0153	E0251	E0625	E0855
A6232	A6455	B4154	E0154	E0255	E0627	E0856
A6233	A6456	B4155	E0155	E0256	E0629	E0860
A6234	A6457	B4157	E0156	E0260	E0630	E0870
A6235	A6501	B4158	E0157	E0261	E0635	E0880
A6236	A6502	B4159	E0158	E0265	E0636	E0890
A6237	A6503	B4160	E0159	E0266	E0637	E0900
A6238	A6504	B4161	E0160	E0271	E0638	E0910
A6239	A6505	B4164	E0161	E0272	E0639	E0911
A6240	A6506	B4168	E0162	E0274	E0640	E0912
A6241	A6507	B4172	E0163	E0275	E0641	E0920

Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual	Subchapter Number and Title 6 Service Codes	Page 6-3
	Transmittal Letter DME-43	Date 07/01/23

602 Service Codes (cont.)

E0930	E1012	E1815	E2300	E2386	E2629	K0077
E0935	E1014	E1816	E2301	E2387	E2630	K0098
E0936	E1015	E1818	E2310	E2388	E2631	K0105
E0940	E1016	E1820	E2311	E2389	E2632	K0108
E0941	E1017	E1821	E2312	E2390	E2633	K0195
E0942	E1018	E1825	E2313	E2391	E8000	K0455
E0944	E1020	E1830	E2321	E2392	E8001	K0462
E0945	E1028	E1831	E2322	E2394	E8002	K0552
E0946	E1029	E1840	E2323	E2395	K0001	K0601
E0947	E1030	E1841	E2324	E2396	K0002	K0602
E0948	E1031	E1902	E2325	E2397	K0003	K0603
E0950	E1035	E2000	E2326	E2402	K0004	K0604
E0951	E1036	E2100	E2327	E2500	K0005	K0605
E0952	E1037	E2101	E2328	E2502	K0006	K0606
E0955	E1038	E2103	E2329	E2504	K0007	K0607
E0956	E1039	E2201	E2330	E2506	K0008	K0608
E0957	E1161	E2202	E2331	E2508	K0009	K0609
E0958	E1180	E2203	E2340	E2510	K0010	K0733
E0959	E1190	E2204	E2341	E2511	K0011	K0739
E0960	E1195	E2205	E2342	E2512	K0012	K0800
E0961	E1200	E2206	E2343	E2599	K0013	K0801
E0966	E1220	E2207	E2351	E2601	K0015	K0802
E0967	E1221	E2208	E2358	E2602	K0017	K0806
E0971	E1222	E2209	E2359	E2603	K0018	K0807
E0973	E1223	E2210	E2360	E2604	K0019	K0808
E0974	E1224	E2211	E2361	E2605	K0020	K0813
E0978	E1225	E2212	E2362	E2606	K0037	K0814
E0980	E1226	E2213	E2363	E2607	K0038	K0815
E0981	E1231	E2214	E2364	E2608	K0039	K0816
E0982	E1232	E2215	E2365	E2609	K0040	K0820
E0983	E1233	E2216	E2366	E2610	K0041	K0821
E0984	E1234	E2217	E2367	E2611	K0042	K0822
E0985	E1235	E2218	E2368	E2612	K0043	K0823
E0986	E1236	E2219	E2369	E2613	K0044	K0824
E0988	E1237	E2220	E2370	E2614	K0045	K0825
E0990	E1238	E2221	E2371	E2615	K0046	K0826
E0992	E1296	E2222	E2372	E2616	K0047	K0827
E0995	E1297	E2224	E2373	E2617	K0050	K0828
E1002	E1298	E2225	E2374	E2619	K0051	K0829
E1003	E1399	E2226	E2375	E2620	K0052	K0830
E1004	E1800	E2227	E2376	E2621	K0053	K0831
E1005	E1801	E2228	E2377	E2622	K0056	K0835
E1006	E1802	E2231	E2378	E2623	K0065	K0836
E1007	E1805	E2291	E2381	E2624	K0069	K0837
E1008	E1806	E2292	E2382	E2625	K0070	K0838
E1009	E1810	E2293	E2383	E2626	K0071	K0839
E1010	E1811	E2294	E2384	E2627	K0072	K0840
E1011	E1812	E2295	E2385	E2628	K0073	K0841

Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual	Subchapter Number and Title 6 Service Codes	Page 6-4
	Transmittal Letter DME-43	Date 07/01/23

602 Service Codes (cont.)

K0842	K0870	S5520	S9330	S9364	S9504	T4533
K0843	K0871	S5521	S9331	S9365	S9537	T4534
K0848	K0877	S5522	S9336	S9366	S9538	T4535
K0849	K0878	S5523	S9338	S9367	S9542	T4536
K0850	K0879	S8265	S9339	S9368	S9558	T4537
K0851	K0880	S8420	S9340	S9370	S9559	T4538
K0852	K0884	S8421	S9341	S9372	S9560	T4539
K0853	K0885	S8422	S9342	S9373	S9562	T4540
K0854	K0886	S8423	S9343	S9374	S9590	T4541
K0855	K0890	S8424	S9345	S9375	T4521	T4542
K0856	K0891	S8425	S9346	S9376	T4522	T4543
K0857	K1005	S8426	S9347	S9377	T4523	T4544
K0858	S5160	S8427	S9348	S9434	T4524	T5001
K0859	S5161	S8428	S9349	S9435	T4525	99601
K0860	S5162	S8429	S9351	S9490	T4526	99602
K0861	S5497	S8430	S9353	S9494	T4527	
K0862	S5498	S9325	S9355	S9497	T4528	
K0863	S5501	S9326	S9357	S9500	T4529	
K0864	S5502	S9327	S9359	S9501	T4530	
K0868	S5517	S9328	S9361	S9502	T4531	
K0869	S5518	S9329	S9363	S9503	T4532	