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| Massachusetts state seal | ***Commonwealth of Massachusetts******Executive Office of Health and Human Services***Office of Medicaid[*www.mass.gov/masshealth*](http://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 [signature of Mike Levine]

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

Providers may consult [Administrative Bulletin 23-18](https://www.mass.gov/doc/administrative-bulletin-23-18-101-cmr-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-payment-for-shipping-fee-and-mobility-system-repair-evaluation-effective-july-1-2023-2/download)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*](https://www.mass.gov/regulations/130-CMR-409000-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](http://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](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

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](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 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

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

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](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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