# Transmittal Letter DME-44

Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** January 2024

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

**FROM:** Leslie Darcy, Director of Long-Term Services and Supports [signature of Leslie Darcy]

RE: *Durable Medical Equipment* *Manual*: Updated Guidance for Payment of Shipping/Delivery

## Introduction

On July 1, 2023, MassHealth published [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), adopting HCPCS Code A9901, and provided additional guidance through [Transmittal Letter DME-43](https://www.mass.gov/doc/dme-43-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-0/download) (2023). AB 23-18 remains in effect. This TL DME-44 supersedes, in part, TL DME-43. Specifically, the guidance below supersedes only the guidance on HCPCS code A9901. All other guidance in TL DME-43 remains in effect.

For shipment dates on or after January 1, 2024, providers may bill HCPCS code A9901 as follows:

* For items that require shipping and delivery, providers may bill a claim for HCPCS Code A9901, once per member, per day, for up to 4 units.
* One unit may be submitted per shipping method. Each unit billed requires a corresponding delivery ticket or delivery service tracking slip that must be maintained in the member’s record. **Please note:** A provider may not bill A9901 units for multiple tracking numbers associated with a delivery service tracking slip.
* Providers may not bill HCPCS code A9901 for rental months for items beyond the initial date of delivery.

**For example:**

On January 1, 2024, a provider bills:

* + 1 unit for supplies delivered via provider’s fleet,
	+ 1 unit if a member receives a separate, second shipment through a shipping service (e.g., UPS, FedEx),
	+ 1 unit if a member receives an additional third shipment through a shipping service (e.g., UPS, FedEx).

And the claim appears as:

Date of Service: 12/01/2023

Line 1: A9901–3 Units

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

## 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 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 questions about the information in this bulletin, please contact:

**Long-Term Services and Supports**

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com/s/?language=en_US)

Mail: MassHealth LTSS

PO Box 159108

Boston, MA 02215

Fax: (888) 832-3006

**All Other Provider Types**

Phone: (800) 841-2900, TDD/TTY: 711

## Email: provider@masshealthquestions.com

## 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 DME-43

**[*MassHealth on Facebook*](https://www.facebook.com/MassHealth1/) **[*MassHealth on X (Twitter)*](https://www.twitter.com/MassHealth) **[*MassHealth on YouTube*](https://www.youtube.com/channel/UC1QQ61nTN7LNKkhjrjnYOUg)

6. Service Codes

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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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