**Transmittal Letter DME-45**



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

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

**DATE:** February 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 (HCPCS Updates to Subchapter 6 and the MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool)

**Introduction**

This letter transmits revisions to the service codes in 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" \l "masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool-)*.

Providers may consult [Administrative Bulletin 24-03](https://www.mass.gov/lists/2024-eohhs-administrative-bulletins) for code B4148. Please see the interactive tool regarding code A4287. MassHealth will also be issuing an Administrative Bulletin that will include code A4287.

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

**Added Codes**

The following code has been added to Subchapter 6, effective October 1, 2023.

**B4148** - Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape.

The following code has been added to Subchapter 6, effective January 1, 2024.

**A4287**- Disposable collection and storage bag for breast milk, any size, any type, each. (Code Cross walked from K1005.)

**Deleted Code**

The following code has been deleted from Subchapter 6, effective January 1, 2024.

**K1005** - Disposable collection and storage bag for breast milk, any size, any type, each.

**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 [www.mass.gov/info-details/eohhs-regulations](https://www.mass.gov/info-details/eohhs-regulations). 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**

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 transmittal letter or other MassHealth LTSS provider questions to the LTSS third party administrator.

**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 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

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6. Service Codes

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602: Service Codes 6-1

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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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