# Transmittal Letter DME-46

Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

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

**DATE:** April 2024

**TO:** Durable Medical Equipment Providers (DME) 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 Subchapter 6 list of codes in the *Durable Medical Equipment Manual*. The revised Subchapter 6 aligns with 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%22%20%5Cl%20%22masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool-)*.

Providers may consult [Administrative Bulletin 24-09](https://www.mass.gov/lists/2024-eohhs-administrative-bulletins) 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

The following codes have been added to Subchapter 6, effective January 1st, 2024:

E0678
E0679
E0680
E0681
E0682

## 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 [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 questions about the information in this transmittal letter, 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

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 45

[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

 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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