



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

Durable Medical Equipment Bulletin 36

DATE: January 2024

TO: Durable Medical Equipment Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: **New Rates for Durable Medical Equipment**

Introduction

The Executive Office of Health and Human Services (EOHHS) is issuing rates for certain durable medical equipment (DME) products. EOHHS has the authority to establish differential rates via administrative bulletin for DME or medical supplies subject to a preferred supplier agreement or agreements between a manufacturer and a governmental unit or units. This authority falls under 101 CMR 322.01(7)(b).

On June 9, 2023, EOHHS posted a procurement for a new contract bid with a preferred supplier for the provision of DME incontinence products. The intent of the new procurement is to have the preferred supplier provide products that meet the size/fit of the National Association for Continence (NAFC) quality standards. As of January 1, 2024, EOHHS has a new preferred supplier agreement with Geriatric Medical Supply, Inc. The differential rates pursuant to 101 CMR 322.01(7)(b) in Administrative Bulletin 24-02, will be effective February 1, 2024. Those rates will be used for billing EOHHS for MassHealth members only.

Rate Methodology

While the rates to be paid to MassHealth DME providers are based on the preferred supplier's wholesale pricing, plus a reasonable mark-up, MassHealth DME providers will not be required to use the preferred supplier for incontinence products. MassHealth DME providers will, however, be required to distribute products of either equivalent or higher quality than those offered by the preferred supplier. The applicable standards are specified below. See also 130 CMR 409.404(B)(12) and 130 CMR 409.405(F), which cites the NAFC standards.

For orders placed on or after February 1, 2024, DME providers must meet the quality specifications identified below.

Minimum Product Specifications

Covered Products Not Subject to Minimum Product Specifications

The NAFC standards do not apply to the following Covered Products: T4529, T4530, T4531, T4532, T4535-UD, T4535, T4536, T4537, T4539, T4540, T4541, and T4542.

Minimum Product Specifications for Certain Briefs/Diapers

The following are the minimum product specifications for certain briefs/diapers. These meet the NAFC’s premium product specifications for the products in Table 1 below:

- No plastic (non-breathable) backed products
- Rewet rate of <1.0 grams
- Rate of acquisition (ROA) of <50 seconds
- Retention capacity of >400 grams
- Presence of breathable zones with a minimum value of >100 cubic feet per minute (cfm)
- Presence of a closure system that allows for multiple fastening and unfastening occurrences

Table 1: Briefs/diapers subject to above specifications.

HCPCS Code	Description
T4521	Adult sized disposable incontinence product, brief/diaper, small each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large each
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4543	Disposable incontinence product, brief/diaper, bariatric, each
T4543 - UD	Disposable incontinence product, brief/diaper, bariatric, size XXXL and above, each

Minimum Product Specifications for Certain Protective Underwear/Pull-ons

The following are the minimum product specifications for protective underwear/pull-ons. These meet the NAFC’s standard product specifications for the products in Table 2 below:

- Rewet rate of <1.0 grams
- Rate of Acquisition (ROA) <45 seconds
- Retention capacity >250 grams

- Presence of breathable (permeability) zones with a minimum value of >100 cubic feet per minute (cfm)

Universal Product Specifications for All Protective Underwear and Pull-Ons

The following are the universal requirements for *all* protective underwear and pull-ons:

- Designed with a continuous elasticized waistband and side panels
- Designed with multi-elastic leg gathers with >100% elastic tension
- Backing is waterproof

Table 2: Protective underwear/pull-ons subject to both the above universal *and* minimum product specifications, unless otherwise noted below.

HCPCS Code	Description
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each
T4531*	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532*	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each

Codes T4531 and T4532 are subject to *only* the universal product specifications.

Prior Authorization Process

All absorbent products require prior authorization (PA). PA requests for absorbent products must include clinical documentation that supports the medical necessity for the absorbent product(s) being requested. The PA request must also be submitted to MassHealth in accordance with 130 CMR 409.418: *Prior Authorization*. As part of the PA request, the DME provider must get a written prescription or letter of medical necessity (LMN) signed by the member’s prescribing provider. The prescription or LMN must meet the requirements at 130 CMR 409. 416: *Requirements for Prescriptions or Letters of Medical Necessity Completed by the Ordering Practitioner*.

Providers must submit PA requests electronically, using the MassHealth Long Term Services and Supports (LTSS) Provider Portal at www.masshealthltss.com, unless the provider has a currently approved electronic claims waiver or the PA request is for 1) prescription drugs, regardless of where they are dispensed or how they are billed; or 2) non-drug products dispensed at a pharmacy and billed through either the Pharmacy Online Processing System (POPS) or the Medicaid Management Information System (MMIS). See [All Provider Bulletin 369](#). MassHealth encourages providers to use the [MassHealth Prescription and Medical Necessity Review Form for Absorbent Products](#) for paper PA requests. Any additional clinical documentation supporting medical necessity must be submitted with the PA request.

Requesting an Increase in Units or a Change in Size

The provider must submit a new PA request with updated documents that support the medical necessity of an increase in units for approved products during the time period covered by an existing PA. The member's PA requests will be adjusted accordingly to ensure that the same HCPCS code is not active on multiple PAs.

Providers must submit a new PA request for a size change. Because medical necessity has been established for a specific product category on an existing PA, additional documents will not be required for a change in size within the same product category.

To request a change in size, providers should file a new PA request and provide the following information in the external text message or provider comment section of the PA.

- A statement that the member requires a change in size;
- The active PA number;
- The size being requested; and
- The corresponding HCPCS code.

The existing PA will be modified to reflect any approved size change. Notices to the DME provider and MassHealth member will reflect the MassHealth decision regarding the size change.

MassHealth reviews all requests for PA, including requests for an increase in products or for a change in size, based on medical necessity.

Requesting PA Extensions for up to 90 Days

In accordance with [DME Provider Bulletin 32](#), providers may request an extension of a PA for up to 90 days, to ensure continued service for a member. Extension requests may be used if providers have not been able to obtain the documentation needed for a new PA from a member's medical provider.

To request a PA extension, providers should file a new PA request and provide the following information in the external text message or provider comment section of the PA.

- Reason for the extension;
- Length of extension being requested; and
- PA number requiring extension.

Providers are expected to get the appropriate documentation in a timely manner and to maintain records for outreach to members and their prescribers. All documentation,

recordkeeping, and other applicable provisions of 130 CMR 450.000: *Administrative and Billing Regulations* and 130 CMR 409.000: *Durable Medical Equipment Services* apply.

Prior Authorization Submission Process

Providers must submit all information related to a PA request electronically through the Long-Term Services and Supports Management System (LTSS) unless the provider has a currently approved [electronic claims waiver](#) or the PA request is for 1) prescription drugs, regardless of where they are dispensed or how they are billed; or 2) non-drug products dispensed at a pharmacy and billed through either the Pharmacy Online Processing System (POPS) or (MMIS). Providers may contact the MassHealth LTSS Provider Service Center at (844) 3685184 with questions about LTSS access. Providers can access the MassHealth LTSS Provider Portal at www.masshealthltss.com. The PA-1 form can be found at www.mass.gov/doc/prior-authorization-request-pa-1/download

PA Requests for Community Case Management (CCM) Members

When submitting PA requests for Community Case Management (CCM) members, all information related to the request should be submitted using the Provider Online Service Center (POSC) unless the provider has a currently approved [electronic claims waiver](#) or the PA request is for 1) prescription drugs, regardless of where they are dispensed or how they are billed; or 2) non-drug products dispensed at a pharmacy and billed through either the Pharmacy Online Processing System (POPS) or the Medicaid Management Information System (See [All Provider Bulletin 369](#)). Providers may contact the MassHealth Customer Service Center at (800) 841-2900 with any questions about POSC access.

For PA 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](#).

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 bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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

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@masshealthtss.com

Portal: MassHealthLTSS.com

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