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

Durable Medical Equipment Bulletin 38

DATE: September 2024

TO: Durable Medical Equipment Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: **Corrective Mobility System Repair Add-on Payment and Supplemental Payment for Certain Patient Lift Systems**

Introduction

Effective for dates of service on or after October 1, 2024, the Executive Office of Health and Human Services (EOHHS) has established payment methodologies in 101 CMR 322.00: *Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment*. These emergency amendments are designed to promote shorter turnaround for certain mobility system repairs through an add-on payment and provide supplemental payments for ceiling lift services provided to members who are eligible for both Medicare and Medicaid (dual eligible members). There are reporting and reinvestment requirements to be eligible for the $1000.00 add-on payment for eligible mobility system repairs. Providers are directed to Transmittal Letter DME-48 for information about concurrent amendments to 130 CMR 409.000: *Durable Medical Equipment Services*.

Modifier U3 for Repair Add-on (101 CMR 322.03(13))

EOHHS has amended 101 CMR 322.00 to add billing for a corrective mobility repair add-on payment as a permissible use of modifier U3, in combination with relevant procedure codes. The interactive MassHealth Payment and Coverage Guideline Tools page has also been updated.

Add-on Payment Provision (101 CMR 322.05 and 130 CMR 409.430)

EOHHS established a payment methodology for Corrective Mobility System Repair add-on payments, with the following requirements.

- Provider eligibility
- Conditions of payment
- Compliance with conditions of payment
- Timing of payment
- Payment documentation
- Add-on payment reinvestment

EOHHS will pay an eligible provider for a corrective mobility system repair add-on payment if ***all*** of the following requirements are met.

- Corrective repair is performed within 12 calendar days (from intake to completion and delivery to the member).
- The mobility system is thoroughly evaluated using a safety and performance evaluation, or industry equivalent evaluation.
- Any qualifying repair must include any additional items that may not have been identified by the member at the time of the intake for the repair.
- The completed evaluation must be kept in the member file.
- A delivery ticket or additional documentation upon delivery must include ***all*** of the following (*see* 130 CMR 409.430(F)(4)):
    - the date the member or member's designee contacted the DME provider to report the need for the repair;
    - the number of calendar days required to complete the repair (intake to completion and delivery to the member);
    - a statement from the DME provider attesting the timeline provided on the delivery ticket or additional documentation is accurate; and
    - an option on the delivery ticket or additional documentation for the member or member's designee to confirm that the repair was completed and the mobility system returned in the time frame identified on the delivery ticket.
- The submitted claim includes HCPCS code/modifier combination K0739 U3.
- The corrective mobility system repair add-on payment can be applied to repairs performed for dual eligible members and members with other primary insurance if the requirements above are met. Providers must follow MassHealth Third Pary Liability (TPL) billing guidelines to obtain reimbursement (*see* 130 CMR 450. 316 through 318).

Add-on Payment Reinvestment

Providers must reinvest 80% of the $1,000.00 add-on payment to improve their business processes and shorten corrective mobility system repair turnaround. Providers must submit pre-pay and post-pay reporting to demonstrate compliance as indicated below. Providers must also provide baseline reporting (BR), performance metric reporting (PMR), and investment impact reporting (IIR) to demonstrate improvements in mobility system repair turnaround times. Providers must submit all reports at support@masshealthltss.com. The subject line must include "Corrective Mobility System Repair Add-on Reporting."

Filing and Reporting Requirements (101 CMR 322.04(1))

Providers must comply with reporting and other requirements specified in EOHHS guidance regarding add-on payments or supplemental payments under 101 CMR 322.05.

Baseline Reporting

Providers must submit the completed baseline report (BR) and attestation form before submitting claims for the corrective mobility system repair add-on. The BR and attestation form

can be found in the [MassHealth Provider Library](). Providers must report baseline data obtained before September 1, 2024. BR consists of, but is not limited to, the following.

- Employee Information
- Massachusetts Service Locations and Hours of Operation
- Massachusetts Corrective Mobility System Repair Vehicles
- Stocked Corrective Mobility System Repair Parts
- Technologies Designed to Enhance Corrective Mobility System Repair process and
- Performance Metrics

Performance Metric Reporting

Providers must submit performance metric reporting (PMR) quarterly on a cadence established from the initial submission of the BR. Providers must provide the first report within 30 days of the closing of the first full quarter following the submission of the BR by completing the form found in the MassHealth Provider Library.

- Quarter 1: July 1
- Quarter 2: October 1
- Quarter 3: January 1
- Quarter 4: April 1

Investment Impact Reporting

Providers must submit the investment impact report (IIR) to MassHealth within 60 days of December 31, 2025. Through this report, providers will be required to demonstrate how funds were reinvested. The IIR form can be found in the MassHealth Provider Library.

The IIR provides examples of investment strategies. Examples include, but are not limited to, the following.

- Funding allocated to retain existing technicians/support staff
- Hiring of additional technicians/support staff
- Purchasing additional vehicles for home and community repairs
- Increasing inventory of stocked corrective mobility system repair parts
- Expansion of operating hours to evenings and weekends
- Implementing innovative technologies to support repair efficiencies.

Repair Add-on Payment for Members with Primary Insurance

Eligible durable medical equipment (DME) providers may receive reimbursement for the corrective mobility system repair add-on payment when a member has primary MassHealth coverage or has other health insurance primary to MassHealth, such as Medicare or commercial insurance. Providers must coordinate with Medicare to receive reimbursement for the repair and obtain an appropriate denial code for the add-on to receive the add-on payment through MassHealth. For all other commercial insurers, providers must coordinate with the insurer to receive reimbursement for the repair. When billing MassHealth as secondary for the repair,

providers generally must include the commercial insurer's adjudication information. The commercial insurer's adjudication information is not required when billing for the add-on payment.

Please note: Providers serving members enrolled in a MassHealth-contracted Accountable Care Partnership Plan (ACPP), Managed Care Organization (MCO), Integrated Care Organization (ICO), Senior Care Organization (SCO), or Program of All-inclusive Care for the Elderly (PACE), are not currently able to bill for the corrective mobility system repair add-on payment. MassHealth anticipates providing additional information on availability of this add-on through these plans.

Ceiling Lift Supplemental Payment Provision (101 CMR 322.05)

EOHHS has established a payment methodology for certain patient lift systems (HCPCS codes E0639 and E0640) provided to dual eligible members. The amendments address the following requirements.

- Provider eligibility
- Conditions of Payment
- Compliance with Conditions of Payment
- Payment Methodology

To receive the supplemental payment, providers must do the following.

- Submit a prior authorization (PA) request to MassHealth to establish medical necessity for either HCPCS code E0639 or E0640, in combination with modifier NU, before submitting the initial claim to Medicare for payment (*see* 130 CMR 409.418: *Prior Authorization*). MassHealth will establish the PA allowed amount (provider Adjusted Acquisition Cost [AAC] plus the applicable markup) then subtract the Medicare allowed amount for the full patient lift rental period to determine the final PA authorized dollar amount.
- Submit the initial patient lift claim to Medicare for payment according to Medicare's patient lift guidelines. Medicare will forward the claim to MassHealth for processing, and the crossover claim will be repriced per third party liability pricing rules. (*See* 130 CMR 450.318: *Third-party Liability: Payment Limitations on Medicare Crossover Claim Submissions*).
- Submit an adjustment of the crossover claim for rental month one (the first of up to 13), changing the modifier to NU. The first Medicare crossover claim adjusted by the provider will pay the PA authorized dollar amount minus the Medicare paid amount reported on the crossover claim.
- Continue to submit monthly claims to Medicare according to Medicare's patient lift guidelines as appropriate. Crossover claims for rental months 2 through 13 will continue to be adjudicated by MassHealth and will be repriced per TPL pricing rules. Providers do not need to make any adjustments to crossover claims for rental months 2 through 13.

General Provisions about Administrative Bulletins (101 CMR 322.01)

EOHHS has added language to account for two additional circumstances under which it may issue administrative bulletins. Specifically, MassHealth has added the following after 101 CMR 322.01(7)(g):

> (h) conditions of payment for an add-on payment for certain mobility system repairs for MassHealth members under 101 CMR 322.05(1); and
>
> (i) conditions of payment for supplemental payments for certain patient lift systems or other designated services under 101 CMR 322.05(2) for MassHealth members who are eligible for both Medicare and MassHealth services (dual eligible members).

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@masshealthltss.com

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PO Box 159108
Boston, MA 02215

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All Other Provider Types

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