



## Durable Medical Equipment Bulletin 41

**DATE:** June 2026

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

**FROM:** Ryan Schwarz, MD, MBA, Assistant Secretary for MassHealth

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

### Introduction

This bulletin updates policies set forth in MassHealth [Durable Medical Equipment \(DME\) Bulletin 38](#), issued in September 2024, and [Durable Medical Equipment Bulletin 40](#), issued in August 2025. It restates the supplemental payment policy for certain patient lift systems, clarifies billing for corrective mobility system repair add-on payments, and identifies reporting requirements for providers that employ or otherwise use assistive technology professionals (ATPs) and file claims for corrective mobility system repairs, regardless of whether they bill the add-on payment. Providers should also review [Transmittal Letter DME-48](#) for information about amendments to [130 CMR 409.000](#): *Durable Medical Equipment Services*.

### Corrective Mobility Repair Add-on Payment Provisions (K0739 U3)

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 procedure code K0739. EOHHS has also updated the interactive [MassHealth Payment and Coverage Guideline Tools](#) page.

EOHHS established a payment method for corrective mobility system repair add-on payments (K0739 U3), with the following requirements.

- Provider eligibility
- 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 includes any additional items that the member may not have identified at the time of the intake for the repair.
- The completed evaluation is kept in the member file.
- A delivery ticket or additional documentation upon delivery includes 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 that the timeline provided on the delivery ticket or additional documentation is accurate.
  - 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 timeframe on the delivery ticket.
- The submitted claim includes Healthcare Common Procedure Coding System (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-party liability (TPL) billing guidelines to obtain reimbursement (see [130 CMR 450.316](#) through [130 CMR 450.318](#)).

#### **A. Corrective Mobility Repair Add-on Payment Reinvestment**

Providers must reinvest 80% of the \$1,000 add-on payment (K0739 U3) 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 described below.

#### **B. Filing and Reporting Requirements ([101 CMR 322.04\(1\)](#))**

All providers that employ or otherwise use an ATP and file claims for any corrective mobility system repairs must submit the baseline report (BR) and performance metric

reports (PMRs) described below, regardless of whether they bill for the corrective mobility system repair add-on payment (K0739 U3). Only providers that bill for the corrective mobility system repair add-on payment (K0739 U3) must submit the investment impact reports (IIR) described below. Providers must comply with all other reporting requirements and other requirements in EOHHS guidance regarding add-on payments and corrective mobility system repairs. Providers must submit all reports to [support@masshealthtss.com](mailto:support@masshealthtss.com). The subject line must include “Corrective Mobility System Repair Add-on Reporting.”

### **C. Baseline Reporting**

All providers that employ or otherwise use an ATP and file claims for any corrective mobility system repairs must submit the completed BR and attestation form. The BR and attestation form are in the MassHealth [Provider Library](#). Providers must report baseline data obtained for the six months before the submission date of the BR. The BR must include 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 the corrective mobility system repair process
- Performance metrics

### **D. Performance Metric Reporting**

All providers that employ or otherwise use an ATP and file claims for any corrective mobility system repairs must submit PMRs quarterly. Providers must submit the first PMR within 30 days of the end of the first full quarter after they submit the BR and continue to submit them quarterly by completing the form in the MassHealth [Provider Library](#).

- Quarter 1: July 1–September 30
- Quarter 2: October 1–December 31
- Quarter 3: January 1–March 31
- Quarter 4: April 1–June 30

### **E. Investment Impact Reporting**

Only providers billing for qualified add-on payments (K0739 U3) must submit the IIR to MassHealth. They must submit it within 60 days after the end of each calendar year. Through this report, providers will be required to demonstrate how funds were reinvested. The IIR form is in the MassHealth [Provider Library](#).

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

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

#### **F. Payment for Members with Primary Insurance Other Than MassHealth**

Eligible DME providers may receive reimbursement for the corrective mobility system repair add-on payment when a member has primary MassHealth coverage or has primary insurance other than MassHealth, such as Medicare or commercial insurance.

When a member has primary insurance through Medicare, providers must coordinate with Medicare to receive reimbursement for the repair. They can do this by (1) obtaining an appropriate denial code for the K0739 U3 add-on to receive the add-on payment through MassHealth or (2) submitting a claim to MassHealth directly for the qualified add-on payment (K0739 U3). When submitting a direct MassHealth claim under clause 2, providers must attach the delivery ticket, and member attestation that the repair was timely, to the add-on payment claim. Medicare adjudication information is not required for billing under this method but must be kept in the member's file and provided upon audit.

When a member has commercial primary insurance, 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 for billing for the add-on payment (K0739 U3).

Please note: Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), or senior care organization (SCO) must bill the identified plan for qualified add-on claims (K0739 U3).

#### **Ceiling Lift Supplemental Payment Provision ([101 CMR 322.05](#))**

EOHHS has established a payment method 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
- Payment method

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

- Submit a prior authorization (PA) request to MassHealth to establish medical necessity for 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) and 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 1 (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 also 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.

### **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 us.

### Long-Term Services and Supports

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

Email: [support@masshealthtss.com](mailto:support@masshealthtss.com)

Portal: [MassHealthLTSS.com](https://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](mailto:provider@masshealthquestions.com)

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