



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Durable Medical Equipment Provider**  
**Bulletin 24**  
**November 2020**

**TO:** Durable Medical Equipment Providers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth   
**RE:** Policy for Temporary Replacement Equipment During Repair; New Service Code

### **Introduction**

This bulletin provides information on MassHealth policy for temporary replacement equipment. It also announces the implementation of a new code for temporary replacement equipment provided when member-owned equipment has been determined to be unusable and requires repair.

### **Code and Payment for Temporary Replacement Equipment**

Effective for dates of service on or after October 1, 2020, MassHealth is implementing Healthcare Common Procedure Coding System (HCPCS) service code K0462 for temporary replacement of member-owned equipment provided when member-owned equipment has been determined to be unusable and requires repair. Service code K0462 may be billed only once for each repair and will be reimbursed at the rate for one month's rental at the KJ fee on file for the primary HCPCS code for the item being repaired. The HCPCS code and 101 CMR 322.00: *Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment* rate for the KJ modifier for the item being repaired must be on the required form and attached to the claim as described in billing instructions below.

Service code K0462 does not require a prior authorization (PA). All other regulations and requirements for repairs apply, including the requirement of PA for repairs totaling in excess of \$1000. See 130 CMR 409.418(E).

### **Billing Instructions**

To bill for this code, the provider must complete the "Temporary Replacement Equipment Form" now found on the MassHealth website at the following link or within the online DME & Oxygen Payment and Coverage Guideline Tool, as a link included with service code K0462. The link for the online tool is

<https://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools>.

The link for the form is <https://www.mass.gov/doc/temporary-replacement-equipment-form-o/download>.

The Temporary Replacement Equipment Form must be attached to the provider's claim. Any claim for service code K0462 submitted without the completed form will be automatically denied.

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If the same piece of equipment needs to be repaired again at a later date, the provider must complete a new “Temporary Replacement Equipment Form” with new updated information.

**MassHealth Website**

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

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**Questions**

If you have any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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