



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Transmittal Letter OXY-29
May 2010

TO: Oxygen and Respiratory Therapy Equipment Providers Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director
RE: *Oxygen and Respiratory Therapy Equipment Manual* (2010 HCPCS Updates)

This letter transmits revisions to the service codes described in Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual* to comply with federal coding mandates, to incorporate coding and rate changes previously described in informational bulletins issued by the Division of Health Care Finance and Policy (DHCFP), and to remind providers of certain existing oxygen and respiratory equipment (OXY) policies and requirements. Providers may consult the Centers for Medicare & Medicaid Services (CMS) Web site at www.cms.gov for a full description of the service codes. Prior-authorization (PA) requirements, service limits, and place-of-service codes now appear in an updated version of the interactive MassHealth DME and Oxygen Payment and Coverage Guidelines Tool that has been posted on the MassHealth Web site.

New OXY Service Code Additions and Deletions Effective for Dates of Service Beginning January 1, 2010

The additions and deletions to the MassHealth Service Codes and Descriptions included in this section are effective for dates of service on or after January 1, 2010. Claims for dates of service on or after January 1, 2010, submitted with deleted codes identified in this section will be denied. Claims denied for deleted codes should be resubmitted with the appropriate new codes.

The following new codes have been **added** to Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual* and the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

A7027 A7028 A7029 A7523 E0487 K0730 K0738

The following codes have been **deleted** from Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual* and the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

A4610 E1340 S8100 S8101 S8180 S8181 S8190

Modifier Change Effective for Dates of Service Beginning May 1, 2010

MassHealth is replacing modifier RP with RB. Effective for dates of service beginning May 1, 2010, providers must use modifier RB when submitting claims for repairs. MassHealth will not accept claims with modifier **RP** beginning with dates of service May 1, 2010.

Providers who have billed Medicare for dates of service on or after March 1, 2009, using the modifier RB and who have received denials by MassHealth of their crossover claims may resubmit these claims on paper to MassHealth.

Diagnosis Codes

ICD-9-CM service codes are required on all claims. The ICD-9-CM service codes must be directly related to the service billed on the claim.

Absorbent Products

Providers are no longer required to submit a new prescription with the PA request when requesting a PA adjustment for a size change for absorbent products that have already been deemed medically necessary by MassHealth.

Mobility System Repairs

A prescription is not required for repairs of an already-approved mobility system, as long as the system is still medically necessary for the member for whom it was originally purchased.

Service Codes not Covered by Medicare

Providers that bill temporary national codes (non-Medicare) "S" codes, national "T" codes, and enteral products with a BO modifier are not required to bill Medicare and obtain an EOB to bill MassHealth. This also applies to all other service codes that are listed in the DME and Oxygen Payment and Coverage Guidelines Tool *and* that are also listed on Medicare's 2010 Non-Covered Items list.

Blanket Letters

Before the implementation of NewMMIS, MassHealth would accept a "blanket letter" from Medicare stating that the item is not covered by Medicare. As of the date of the implementation of NewMMIS, MassHealth no longer accepts "blanket letters" from Medicare or any other payer when providers submit claims.

Accreditation

Providers must be accredited by an accrediting body that is acceptable to CMS.

Revised Rates

DHCFP has established new rates for OXY Service Codes effective for dates of service beginning April 1, 2010. The DHCFP fee schedule and informational bulletins can be viewed on the DHCFP Web site at www.mass.gov/dhcfp.

If you wish to obtain a fee schedule, you may download DHCFP regulations at no cost at www.mass.gov/dhcfp. If you wish to obtain a paper copy of the fee schedule, you may purchase DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The regulatory cite for Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment is 114.3 CMR 22.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Oxygen and Respiratory Therapy Equipment Manual

Pages vi, 6-1, and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Oxygen and Respiratory Therapy Equipment Manual

Pages vi, 6-1 and 6-2 — transmitted by Transmittal Letter OXY-27

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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 427.000 and 450.000. In addition, a provider may request prior authorization (PA) for any medically necessary respiratory therapy equipment or service. Providers should consult Transmittal Letter OXY- 29 for the specific effective dates of service for the service codes.

Providers should refer to the MassHealth DME and Oxygen Payment and Coverage Guidelines 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 will calculate the payable amount, based on information entered into certain fields on the Tool. For service codes for which the Division of Health Care Finance and Policy (DHCFP) has established a rate, the provider can determine the payment by reviewing the DHCFP regulations at 114.3 CMR 22.00.

The MassHealth DME and Oxygen Payment and Coverage Guidelines Tool also contains links to DHCFP regulations, MassHealth Guidelines for Medical Necessity Determination, and Part 6 of the administrative and billing instructions, which lists the error codes and explanations for claims that have been denied or suspended by MassHealth.

To get to the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool, go to www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

If you want a paper copy of the Tool, you can print it from the Web site, or request a copy from MassHealth Customer Service. See Appendix A of your provider manual for applicable contact information.

602 Service Codes

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|-------|-------|-------|-------|-------|-------|-------|
| A4216 | A4625 | A7015 | A7039 | A7524 | E0471 | E0606 |
| A4217 | A4626 | A7017 | A7044 | A7525 | E0480 | E0619 |
| A4481 | A4627 | A7018 | A7045 | A7526 | E0482 | E1372 |
| A4483 | A4628 | A7025 | A7046 | A7527 | E0483 | E1390 |
| A4556 | A4629 | A7026 | A7501 | E0424 | E0484 | E0487 |
| A4557 | A7000 | A7027 | A7502 | E0431 | E0500 | K0730 |
| A4558 | A7001 | A7028 | A7503 | E0434 | E0550 | K0738 |
| A4605 | A7002 | A7029 | A7504 | E0439 | E0560 | L8501 |
| A4606 | A7003 | A7030 | A7505 | E0445 | E0561 | S8185 |
| A4608 | A7004 | A7031 | A7506 | E0450 | E0562 | S8186 |
| A4611 | A7005 | A7032 | A7507 | E0457 | E0565 | S8210 |
| A4612 | A7006 | A7033 | A7508 | E0459 | E0570 | S8999 |
| A4613 | A7010 | A7034 | A7509 | E0460 | E0572 | |
| A4614 | A7011 | A7035 | A7520 | E0461 | E0585 | |
| A4619 | A7012 | A7036 | A7521 | E0463 | E0600 | |
| A4623 | A7013 | A7037 | A7522 | E0464 | E0601 | |
| A4624 | A7014 | A7038 | A7523 | E0470 | E0605 | |

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