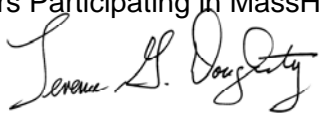




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter OXY-30
June 2011

TO: Oxygen and Respiratory Therapy Providers Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director 
RE: *Oxygen and Respiratory Therapy Equipment Manual* (2011 HCPCS)

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 therapy equipment 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-authorizations (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 Oxygen and Respiratory Therapy Equipment Service Code Additions and Deletions Effective for Dates of Service on or After January 1, 2011

The additions and deletions to the MassHealth service codes included in this section are effective for dates of service on or after January 1, 2011. Claims for dates of service on or after January 1, 2011, submitted with deleted codes identified in this section will be denied. Claims denied for deleted codes should be resubmitted with appropriate new codes.

The following 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.

A7020 E0487

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

S8185

Other Changes to Service Codes in Subchapter 6

The following service codes were inadvertently listed in Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual*. These service codes have been **deleted** from Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual* and have been **added** to Subchapter 6 of the *Durable Medical Equipment Manual*.

A4558 E0605 E0606

The following oxygen and respiratory therapy equipment service codes were inadvertently listed in Subchapter 6 of the *Durable Medical Equipment Manual*. These service codes have been **deleted** from Subchapter 6 of the *Durable Medical Equipment Manual*, and have been **added** to Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual*.

A4216	A4557	A4614	A4626	A7000	K0730
A4481	A4605	A4623	A4627	A7001	K0738
A4483	A4606	A4624	A4628	A7002	S8186
A4556	A4608	A4625	A4629	E0619	

Diagnosis Codes

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

Prior Authorization Requests for Units in Excess of the Maximum Allowable Units

MassHealth requires prior authorization (PA) for any oxygen and respiratory therapy equipment service codes if the number of units requested exceeds the maximum allowable units specified in the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

- When requesting PA to exceed the maximum allowable units, the provider must submit to MassHealth, in addition to any PA request that is required for units up to the maximum allowable, a separate PA request for the number of units being requested that exceed the maximum allowed. The provider must include medical documentation that supports the medical necessity of the additional units, including requirements under 130 CMR 427.408; and
- If the PA request for units in excess of the maximum is authorized by MassHealth, the provider must submit a **separate claim with separate dates of service** for the excess units that were provided, corresponding to the separate PA that was approved by MassHealth.

Provider Eligibility

An oxygen and respiratory therapy equipment provider located in Massachusetts must employ a minimum of one respiratory care practitioner with a current Massachusetts license in accordance with 130 CMR 427.404(B)(2) on a full-time or part-time basis. Oxygen and respiratory therapy equipment providers must have a Medicare provider number and must comply with Medicare requirements, including being open to the public a minimum of 30 hours per week.

An oxygen and respiratory therapy equipment provider that furnishes services to MassHealth members in Massachusetts **must have a servicing facility** in Massachusetts, in accordance with 130 CMR 427.404(B)(3).

MassHealth Web Site

This transmittal letter is available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

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, vii, 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-29

Page vii — transmitted by Transmittal Letter OXY-27

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For oxygen and respiratory therapy equipment, those matters are covered in 130 CMR Chapter 427.000, reproduced as Subchapter 4 in the *Oxygen and Respiratory Therapy Equipment Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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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 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 (DHCFF) has established a rate, the provider can determine the payment by reviewing the DHCFF regulations at 114.3 CMR 22.00.

The MassHealth DME and Oxygen Payment and Coverage Guidelines Tool also contains links to DHCFF 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

This section lists Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid Services Web site at www.cms.gov/medicare/hcpcs for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

A4216	A4628	A7026	A7502	E0439	E0561
A4217	A4629	A7027	A7503	E0445	E0562
A4481	A7000	A7028	A7504	E0450	E0565
A4483	A7001	A7029	A7505	E0457	E0570
A4556	A7002	A7030	A7506	E0459	E0572
A4557	A7003	A7031	A7507	E0460	E0585
A4605	A7004	A7032	A7508	E0461	E0600
A4606	A7005	A7033	A7509	E0463	E0601
A4608	A7006	A7034	A7520	E0464	E0619
A4611	A7010	A7035	A7521	E0470	E1372
A4612	A7011	A7036	A7522	E0471	E1390
A4613	A7012	A7037	A7523	E0480	K0730
A4614	A7013	A7038	A7524	E0482	K0738
A4619	A7014	A7039	A7525	E0483	L8501
A4623	A7015	A7044	A7526	E0484	S8186
A4624	A7017	A7045	A7527	E0487	S8210
A4625	A7018	A7046	E0424	E0500	S8999
A4626	A7020	A7200	E0431	E0550	
A4627	A7025	A7501	E0434	E0560	

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