



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



MassHealth
Transmittal Letter OXY-31
February 2015

TO: Oxygen and Respiratory Therapy Equipment Providers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary and Director of MassHealth
RE: *Oxygen and Respiratory Therapy Equipment Manual (2014 HCPCS)*

This letter transmits revisions to the service codes in the *Oxygen and Respiratory Therapy Equipment Manual* described in Subchapter 6. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2014. The revised Subchapter 6 is effective for dates of service on or after January 1, 2014.

Providers may consult the Centers for Medicare & Medicaid Services (CMS) website 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 website.

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.

A7047 was added to the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool January 1, 2014.

A4601 was added to the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool March 20, 2014.

E1392 was added to the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool July 1, 2014.

Effective January 1, 2014, Medicare deleted PR 58 and replaced it with PR 5. PR 5 has caused denials of claims submitted to MassHealth on certain DME and Oxygen products that MassHealth covers for a member residing in a Skilled Nursing Facility place of service (POS) 31 and Nursing Facility POS 32. Providers may bill MassHealth directly only for services that are paid for separately from the Nursing Facility rates. Because Medicare does not cover these services in POS 31 and POS 32, MassHealth does not require a provider to submit a claim to Medicare and receive an explanation of benefits (EOB).

Please review a copy of the Message Text below.

MESSAGE TEXT Banner Number 2673 POSC Post Date 10/10/2014

DME & OXYGEN CLAIM DENIALS FOR DUAL ELIGIBLE MEMBERS

DME and Oxygen services that have been rendered in a nursing facility (POS 31 or POS 32) may be billed to MassHealth as the primary insurance only when the member's Medicare Part A coverage has been exhausted.

MassHealth plans to reprocess claims with adjudication dates from 9/20/2013 through 9/26/2014 that denied for the following.

Edit 2505- MEMBER COVERED BY MEDICARE or Edit 2593-
DETAIL/MEDICARE/DENY EDIT FROM THE TPL DENY TABLE when HIPAA group
code PR and claim adjustment reason code 5 were reported on the claim. The
reprocessed claims will appear on future remittance advices.

Please continue to refer to the online [MassHealth DME and Oxygen Payment and Coverage Guidelines Tool](#) regarding Prior Authorization requirements for service codes covered by MassHealth.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/eohhs. The specific regulation title for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment is 114.3 CMR 22.00.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center 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 Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

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

Oxygen and Respiratory Therapy Equipment Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter OXY-30

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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 oxygen and respiratory therapy equipment or supplies.

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 can calculate the payable amount, based on information entered into certain fields on the tool.

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, click on Provider Library, click on MassHealth Payment and Coverage Guideline Tools, and go to the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.

602 Service Codes

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

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|-------|-------|-------|-------|-------|-------|
| A4216 | A4627 | A7026 | A7503 | E0450 | E0570 |
| A4217 | A4628 | A7027 | A7504 | E0457 | E0572 |
| A4481 | A4629 | A7028 | A7505 | E0459 | E0585 |
| A4483 | A7000 | A7029 | A7506 | E0460 | E0600 |
| A4556 | A7001 | A7030 | A7507 | E0461 | E0601 |
| A4557 | A7002 | A7031 | A7508 | E0463 | E0619 |
| A4601 | A7003 | A7032 | A7509 | E0464 | E1372 |
| A4604 | A7004 | A7033 | A7520 | E0470 | E1390 |
| A4605 | A7005 | A7034 | A7521 | E0471 | E1392 |
| A4606 | A7006 | A7035 | A7522 | E0480 | K0730 |
| A4608 | A7010 | A7036 | A7523 | E0482 | K0738 |
| A4611 | A7011 | A7037 | A7524 | E0483 | L8501 |
| A4612 | A7012 | A7038 | A7525 | E0484 | S8186 |
| A4613 | A7013 | A7039 | A7526 | E0487 | S8210 |
| A4614 | A7014 | A7044 | A7527 | E0500 | S8999 |
| A4619 | A7015 | A7045 | E0424 | E0550 | |
| A4623 | A7017 | A7046 | E0431 | E0560 | |
| A4624 | A7018 | A7047 | E0434 | E0561 | |
| A4625 | A7020 | A7501 | E0439 | E0562 | |
| A4626 | A7025 | A7502 | E0445 | E0565 | |

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