MassHealth

Transmittal Letter OXY-33

February 2019

 **TO:** Oxygen and Respiratory Therapy and Equipment Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE:** *Oxygen and Respiratory Therapy Equipment Manual* (2018 HCPCS Updates)

This letter transmits revisions to the list of service codes described in Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2018. The revised Subchapter 6 is effective for dates of service on or after March 1, 2018.

Providers may consult the CMS website at [www.cms.gov](http://www.cms.gov) for a full description of the service codes.

For prior-authorization (PA) requirements, service limits, and place-of-service codes, providers should refer to the updated version of the interactive *MassHealth DME and Oxygen Payment and Coverage Guidelines Tool* posted on the MassHealth website at:

[www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools).

**Added Codes:**

E0472

**Deleted codes:**

A7011

E0457

E0459

**Updated Modifiers**

The modifier KE has been replaced with KU per CMS guidance for items subject to CMS’s competitive bid program number 3 (refer to EOHHS administrative bulletin 18-09 for codes with the KU modifier at: <https://www.mass.gov/files/documents/2018/03/27/ab-18-09.pdf>).

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

**Questions**

LTSS providers should direct their questions about this transmittal letter or other questions to the MassHealth Long-Term Services & Supports (LTSS) Provider Service Center by phone at  
(844) 368-5184 (toll-free) or via email at [support@masshealthltss.com](mailto:support@masshealthltss.com).

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

Page vi — transmitted by Transmittal Letter OXY-30

Pages 6-1 and 6-2 — transmitted by Transmittal Letter OXY-32

6. Service Codes

601 Introduction 6-1

602 Service Codes 6-1

Appendix A. Directory A-1

Appendix C. Third-Party-Liability Codes C-1

Appendix T. CMSP Covered Services T-1

Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider-Preventable Conditions U-1

Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions V-1

Appendix W. EPSDT Services Medical and Dental Protocols and Periodicity Schedules W-1

Appendix X. Family Assistance Copayments and Deductibles X-1

Appendix Y. EVS Codes and Messages Y-1

Appendix Z. EPSDT/PPHSD Screening Services Codes Z-1

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 consult *Transmittal Letter OXY-33* 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 can calculate the payable amount, based on information entered into certain fields on the tool.

The *MassHealth DME and Oxygen Payment and Coverage Guidelines Tool* is on the MassHealth website at [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools).

602 Service Codes

A4216

A4217

A4481

A4483

A4556

A4557

A4601

A4604

A4605

A4606

A4608

A4611

A4612

A4613

A4614

A4619

A4623

A4624

A4625

A4626

A4627

A4628

A4629

A7000

A7001

A7002

A7003

A7004

A7005

A7006

A7010

A7012

A7013

A7014

A7015

A7017

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A7045

A7046

A7047

A7501

A7502

A7503

A7504

A7505

A7506

A7507

A7508

A7509

A7520

A7521

A7522

A7523

A7524

A7525

A7526

A7527

E0424

E0431

E0434

E0439

E0445

E0465

E0466

E0470

E0471

E0472

E0480

E0482

E0483

E0484

E0487

E0500

E0550

E0560

E0561

E0562

E0565

E0570

E0572

E0585

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E0619

E1372

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L8501

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S8210

S899

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