




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid

www.mass.gov/masshealth



MassHealth
Transmittal Letter OXY-34
January 2021

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 (2020 HCPCS Update)*

This letter transmits revisions to the list of service codes described in Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual*. The revised Subchapter 6 is effective for dates of service on or after October 1, 2020.

Providers may consult Administrative Bulletin 21-01: *Multifunction Respiratory Device* for a full description and established rate for the added 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.

Added Code

E0467—Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions.

This code will be paired with modifiers U2 and RR.

Provider Guidance

MassHealth is adopting the code and modifier combinations E0467 U2 and E0467 RR for medically necessary multifunction home ventilators that combine multiple traditional devices into a single device, including either an invasive or noninvasive home ventilator, oxygen concentrator, cough stimulating device, suction system, nebulizer compressor for aerosolized medication administration, and related accessories and supplies.

The multifunction ventilator is covered

- for MassHealth members who require ventilator support to maintain or improve respiratory functioning and also require at least one of the following treatments or devices: cough assist, oxygen, suction, or nebulizer;
- if there are no less-costly, comparable alternatives available; and
- if a multifunction ventilator would not be duplicative of other devices delivered with separately billed accessories that the member already receives.

The devices and accessories included in the multifunction ventilator, which traditionally are provided separately when used with other home ventilators, such as cough assist, oxygen, suction,

or nebulizers are included in the monthly fee for multifunction ventilators and *cannot* be billed separately.

When to Bill E0465 or E0466

For members who require ventilator support to maintain or improve respiratory function but *do not* also require one of the following treatments or devices—cough assist, oxygen, suction, or nebulizer—providers should bill HCPCS code E0465 (ventilator with invasive interface), or HCPCS code E0466 (ventilator with noninvasive interface).

Providers should continue to bill E0465 or E0466 for members who have already received devices under HCPCS code E0465 (ventilator with invasive interface) or under HCPCS code E0466 used (ventilator with non-invasive interface) together with any of the stand-alone devices (cough assist, oxygen, suction, or nebulizer), and the devices remain in working order.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at 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. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact the LTSS Provide Service Center.

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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

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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 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.

602 Service Codes

A4216	A7012	A7506	E0561
A4217	A7013	A7507	E0562
A4481	A7014	A7508	E0565
A4483	A7015	A7509	E0570
A4556	A7017	A7520	E0572
A4557	A7018	A7521	E0585
A4601	A7020	A7522	E0600
A4604	A7025	A7523	E0601
A4605	A7026	A7524	E0619
A4606	A7027	A7525	E1372
A4608	A7028	A7526	E1390
A4611	A7029	A7527	E1392
A4612	A7030	E0424	K0730
A4613	A7031	E0431	K0738
A4614	A7032	E0434	L8501
A4619	A7033	E0439	S8186
A4623	A7034	E0445	S8210
A4624	A7035	E0465	S899
A4625	A7036	E0466	
A4626	A7037	E0467	
A4627	A7038	E0470	
A4628	A7039	E0471	
A4629	A7044	E0472	
A7000	A7045	E0480	
A7001	A7046	E0482	
A7002	A7047	E0483	
A7003	A7501	E0484	
A7004	A7502	E0487	
A7005	A7503	E0500	
A7006	A7504	E0550	
A7010	A7505	E0560	

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