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 [Signature of Daniel Tsai]

 **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](http://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](http://www.mass.gov/masshealth-transmittal-letters).

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**Questions**

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

Phone: Toll-free (844) 368-5184

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Portal: [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com)

Mail: MassHealth LTSS

PO Box 159108

Boston, MA 02215

Fax: (888) 832-3006

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

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E0470

E0471

E0472

E0480

E0482

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E0500

E0550

E0560

E0561

E0562

E0565

E0570

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