



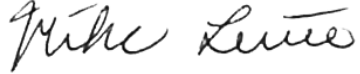
Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid

www.mass.gov/masshealth



MassHealth
Transmittal Letter OXY-36
July 2023

TO: Oxygen and Respiratory Therapy and Equipment Providers (OXY) Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth 

RE: *Oxygen and Respiratory Therapy Equipment Manual* (HCPCS Updates to Subchapter 6 and the *MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool* for shipping fee)

Introduction

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 aligns the list of service codes with the interactive [MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool](#).

Providers may consult [Administrative Bulletin 23-18](#) 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 tool.

Added Code

A9901 - DME delivery, setup, and/or dispensing service component of another HCPCS code

Provider Guidance

OXY providers may bill a shipping fee on claims that require items to be shipped or delivered to the member. HCPCS code A9901 may be used in the following circumstances:

- Providers may submit a one-time reimbursement of HCPCS code A9901 per claim with items that require shipping and delivery.
- HCPCS code A9901 may not be submitted as an individual claim and must be included in the claim for the item being shipped/delivered.
- Providers may not bill HCPCS code A9901 for rental months for items beyond the initial date of delivery.

Fee Schedule

To obtain a fee schedule, download the Executive Office of Health and Human Services regulations from www.mass.gov/regulations/101-CMR-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment. The regulation for durable medical equipment, oxygen, and respiratory therapy equipment is 101 CMR 322.00.

MassHealth Website

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

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions

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

The MassHealth Long Term Services and Supports (LTSS) Provider Service Center is open from 8:00 a.m. to 6:00 p.m. ET, Monday through Friday, excluding holidays. LTSS providers should direct questions about this bulletin or other MassHealth LTSS provider questions to the LTSS third party administrator:

Phone: Toll-free (844) 368-5184
Email: support@masshealthltss.com
Portal: 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

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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	A4623	A7013	A7035	A7508	E0465	E0565
A4217	A4624	A7014	A7036	A7509	E0466	E0570
A4481	A4625	A7015	A7037	A7520	E0467	E0572
A4483	A4626	A7017	A7038	A7521	E0470	E0585
A4556	A4627	A7018	A7039	A7522	E0471	E0600
A4557	A4628	A7020	A7044	A7523	E0472	E0601
A4601	A4629	A7025	A7045	A7524	E0480	E0619
A4604	A7000	A7026	A7046	A7525	E0482	E1372
A4605	A7001	A7027	A7047	A7526	E0483	E1390
A4606	A7002	A7028	A7501	A7527	E0484	E1392
A4608	A7003	A7029	A7502	A9901	E0487	K0730
A4611	A7004	A7030	A7503	E0424	E0500	K0738
A4612	A7005	A7031	A7504	E0431	E0550	L8501
A4613	A7006	A7032	A7505	E0434	E0560	S8186
A4614	A7010	A7033	A7506	E0439	E0561	S8210
A4619	A7012	A7034	A7507	E0445	E0562	S8999

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