



## Transmittal Letter OXY-37

**DATE:** January 2024

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

**FROM:** Leslie Darcy, Director of Long-Term Services and Supports [signature of Leslie Darcy]

**RE:** ***Oxygen and Respiratory Therapy Equipment Manual: Updated Guidance for Payment of Shipping/Delivery***

### Introduction

On July 1, 2023, MassHealth published [Administrative Bulletin 23-18](#), adopting HCPCS Code A9901, and provided additional guidance through [Transmittal Letter OXY-36](#). Administrative Bulletin 23-18 remains in effect. This Transmittal Letter OXY-37 supersedes Transmittal Letter OXY-36.

For shipment dates on or after January 1, 2024, providers may bill HCPCS code A9901 as follows:

- For items that require shipping and delivery, providers may bill a claim for HCPCS Code A9901, once per member, per day, for up to 4 units.
- One unit may be submitted per shipping method. Each unit billed requires a corresponding delivery ticket or delivery service tracking slip that must be maintained in the member's record. **Please note:** A provider may not bill A9901 units for multiple tracking numbers associated with a delivery service tracking slip.
- Providers may not bill HCPCS code A9901 for rental months for items beyond the initial date of delivery.

#### **For example:**

On January 1, 2024, a provider bills:

- 1 unit for supplies delivered via provider's fleet,
- 1 unit if a member receives a separate, second shipment through a shipping service (e.g., UPS, FedEx),
- 1 unit if a member receives an additional third shipment through a shipping service (e.g., UPS, FedEx).

And the claim appears as:

Date of Service: 12/01/2023  
Line 1: A9901-3 Units

For prior authorization requirements, service limits, modifiers, and allowable place-of-service codes, providers should refer to the interactive tool: [MassHealth Durable Medical Equipment and Oxygen Payment and Coverage Guideline Tool](#).

## 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](http://www.mass.gov/regulations/101-CMR-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment). The regulation for durable medical equipment, oxygen and respiratory 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](http://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 questions about the information in this bulletin, please contact:

### Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)  
Email: [support@masshealthtss.com](mailto:support@masshealthtss.com)  
Portal: [MassHealthLTSS.com](http://MassHealthLTSS.com)  
Mail: MassHealth LTSS  
PO Box 159108  
Boston, MA 02215  
Fax: (888) 832-3006

### All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711  
Email: [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com)

## **New Material**

The pages listed here contain new or revised language.

### **Oxygen and Respiratory Therapy Equipment Manual**



Pages vi and 6-1 through 6-2

## **Obsolete Material**

The pages listed here are no longer in effect.

### **Oxygen and Respiratory Therapy Equipment Manual**

Pages vi, and 6-1 through 6-2—transmitted by Transmittal Letter OXY-36

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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](http://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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