# Transmittal Letter OXY-37

Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**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](https://www.mass.gov/doc/administrative-bulletin-23-18-101-cmr-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-payment-for-shipping-fee-and-mobility-system-repair-evaluation-effective-july-1-2023-2/download),adopting HCPCS Code A9901, and provided additional guidance through [Transmittal Letter OXY-36](https://www.mass.gov/doc/oxy-36-hcpcs-updates-to-subchapter-6-and-the-masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool-for-shipping-fee-0/download). 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](http://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#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](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) 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@masshealthltss.com

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com/s/?language=en_US)

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

## 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

**[*MassHealth on Facebook*](https://www.facebook.com/MassHealth1/) **[*MassHealth on X (Twitter)*](https://www.twitter.com/MassHealth) **[*MassHealth on YouTube*](https://www.youtube.com/channel/UC1QQ61nTN7LNKkhjrjnYOUg)

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

A7018

A7020

A7025

A7026

A7027

A7028

A7029

A7030

A7031

A7032

A7033

A7034

A7035

A7036

A7037

A7038

A7039

A7044

A7045

A7046

A7047

A7501

A7502

A7503

A7504

A7505

A7506

A7507

A7508

A7509

A7520

A7521

A7522

A7523

A7524

A7525

A7526

A7527

A9901

E0424

E0431

E0434

E0439

E0445

E0465

E0466

E0467

E0470

E0471

E0472

E0480

E0482

E0483

E0484

E0487

E0500

E0550

E0560

E0561

E0562

E0565

E0570

E0572

E0585

E0600

E0601

E0619

E1372

E1390

E1392

K0730

K0738

L8501

S8186

S8210

S8999

This page is reserved.