Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Prosthetics Provider Bulletin 13

DATE: May 2024

TO: Prosthetics Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: **Updated Regulation 101 CMR 334.00: *Rates for Prostheses, Prosthetic Devices, and Orthotic Devices***

Introduction

The Executive Office of Health and Human Services (EOHHS) has amended 101 CMR 334.00: *Rates for Prostheses, Prosthetic Devices, and Orthotic Devices* effective April 1, 2024. These changes include revisions to the prosthetics service codes and modifiers along with a reorganization of certain sections of the regulation.

Changes to 101 CMR 334.00: *Rates for Prostheses, Prosthetic Devices, and Orthotic Devices* and code descriptions can be found in the *Prostheses, Prosthetic Devices, and Orthotic Devices Service Codes Spreadsheet.*

Modifiers and Service Codes

The revised list of service codes aligns with the interactive MassHealth Orthotics and Prosthetics Payment and Coverage Guideline Tool, and updates information previously communicated via message text, provider bulletin, or administrative bulletin.

In addition to MassHealth provider communications, providers may consult the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov for a full description of the service codes. For prior-authorization (PA) requirements, service limits, and allowable place-of-service codes, providers should refer to the interactive tool on the MassHealth Payment and Coverage Guideline Tools page.

The amendments to 101 CMR 334.03(6): *Modifiers* add informational modifiers to be used in combination with relevant procedure codes.

Payment modifiers have been added to be used in combination with miscellaneous HCPCS codes L0999, L1499, L2999, L3999, L5999, L7499, and L8499. The following modifiers must be included, where appropriate, to determine the percentage markup for rates to be paid on claims for the above-listed codes.

The interactive tool indicates the specific information for codes paired with the modifiers below:

- U1 – AAC 40% Off the Shelf
- U2 – AAC 50% Prefabricated
- U3 – AAC 70% Custom.

101 CMR 334.01: *General Provisions* Separate from 101 CMR 334.03: *General Rate Provisions*

EOHHS has reorganized portions of the regulation. Descriptions of pricing methodology for new codes with an established Medicare fee have been moved from the *General Provisions* section to create a new subsection under 101 CMR 334.03: *General Rate Provisions*:

- 101 CMR 334.03(2): *Rates for New Codes*.

101 CMR 334.02: *Definitions* Separate from 101 CMR 334.03: *General Rate Provisions*

Adjusted Acquisition Cost (AAC) documentation requirements and description of payment to providers for Individual Consideration (I.C.) have been moved from the definitions section to a new subsection under 101 CMR 334.03: *General Rate Provisions*:

- 101 CMR 334.03(08): *AAC Methodology and Documentation*; and
- 101 CMR 334.03 (09): *Individual Consideration*.

EOHHS has updated and codified policy in definitions in 101 CMR 334.02, specifically:

- Standard Markup; and
- Usual and Customary Charge.

101 CMR 334.03: *General Rate Provisions*

EOHHS has codified its policy for the recall provision and created a modifier section. Descriptions of pricing methodologies have been moved from the *General Provisions* and *Definitions* sections to the following new subsections under 101 CMR 334.03: *General Rate Provisions*:

- 101 CMR 334.03(02): *Rates for new codes*;
- 101 CMR 334.03(06): *Modifiers*;
- 101 CMR 334.03(07): *Recall Provisions*;
- 101 CMR 334.03(08): *AAC Methodology and Documentation*;
- 101 CMR 334.03(09): *Individual Consideration*.

MassHealth Website

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Questions

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