

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Section

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322.01: General Provisions

(1) Scope and Purpose. 101 CMR 322.00 governs the determination of rates of payment to be used by all governmental units in making payment to eligible providers of durable medical equipment and supplies provided to publicly aided individuals. The rates set forth in 101 CMR 322.00 do not apply to individuals covered by the Workers' Compensation Act, M.G.L. c. 152. Rates for services rendered to such individuals are set forth in 114.3 CMR 40.06: *Fees*.

(2) Applicable Dates of Service. Rates contained in 101 CMR 322.00 apply for dates of service provided on or after March 1, 2026, unless otherwise specified.

(3) Coverage. 101 CMR 322.00 and the rates of payment contained herein apply to the following categories:

- (a) the purchase or rental of durable medical equipment;
- (b) the purchase of medical and surgical supplies;
- (c) the purchase or rental of seating, positioning, mobility systems, and related accessories;
- (d) the purchase or rental of prescribed oxygen delivery systems and respiratory therapy devices and related supplies;
- (e) the purchase or rental of intravenous and enteral therapy, equipment, and related supplies and services; and
- (f) the repair or modification of the above listed types of equipment.

(4) Exclusions. 101 CMR 322.00 and the rates of payment contained herein do not apply to the following services:

- (a) respiratory therapy services rendered by a qualified respiratory therapist;
- (b) all services included in the reimbursement to an institutional provider; and
- (c) all services for inpatients at a facility licensed as an acute or chronic disease and rehabilitation hospital.

(5) Disclaimer of Authorization of Services. 101 CMR 322.00 is not authorization for nor approval of the procedures for which rates are determined pursuant to 101 CMR 322.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly aided individuals.

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- (6) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. The publication of such updates and corrections will list
- (a) codes for which the code numbers only changed, with the corresponding crosswalk;
 - (b) codes for which the code numbers remain the same but the description has changed;
 - (c) deleted codes for which there is no crosswalk; and
 - (d) for entirely new codes that require new pricing, EOHHS may list these codes and price them at a percentage of the prevailing Medicare fees as described in 101 CMR 322.01(6)(d) and 101 CMR 322.03(16), when Medicare fees are available. When Medicare fees are not available or when otherwise designated by EOHHS as described in 101 CMR 322.03(16), EOHHS may apply individual consideration, adjusted acquisition cost plus a standard markup, or specify a fixed rate as described in 101 CMR 322.01(7)(e) in reimbursing for these new codes until appropriate rates can be developed.
- (7) Administrative Bulletins. EOHHS may issue administrative bulletins to
- (a) clarify its policy on substantive provisions of 101 CMR 322.00;
 - (b) specify any durable medical equipment or medical supplies subject to a preferred supplier contract or contracts between a supplier and a governmental unit or units, the governmental unit(s) and eligible providers subject to the contract, the duration of the preferred supplier contract, the prices at which such durable medical equipment or medical supplies will be available to eligible providers (as defined by the preferred supplier contract), the rates which eligible providers (as defined by the preferred supplier contract) will be paid by the relevant governmental unit(s) for such durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS;
 - (c) specify any durable medical equipment or medical supplies subject to a rebate agreement or agreements between a manufacturer and a governmental unit or units, the governmental unit(s) and eligible providers subject to the agreement, the duration of the rebate agreement, the rates which will be paid to eligible providers (as defined by the applicable rebate agreement) by the relevant governmental unit(s) for the specified durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS;
 - (d) specify upward adjustments to the standard markup defined at 101 CMR 322.02 for codes when a governmental unit determines that the standard markup requires adjustment to account for increased provider costs and/or a shift in utilization patterns or to maintain access to care;
 - (e) specify a fixed rate for codes which do not have a Medicare rate or would otherwise be priced at individual consideration based on an adjusted acquisition cost when a fixed rate can be determined by using a comparison of industry rates including Medicare crossover payments, other state Medicaid payment rates and Medicaid third-party liability/private insurance rates;
 - (f) specify upward adjustments to historical fixed rates which do not have a Medicare rate for codes when a governmental unit determines that the historical fixed rate requires adjustment to account for increased provider costs and/or a shift in utilization patterns or to maintain access to care;
 - (g) specify any durable medical equipment or medical supplies subject to the pricing methodology described at 101 CMR 322.03(20);

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- (h) describe conditions of payment for an add-on payment for certain mobility system repairs for MassHealth members under 101 CMR 322.05(1); and
- (i) describe conditions of payment for supplemental payments for certain patient lift systems or other designated services under 101 CMR 322.05(2) for MassHealth members who are eligible for both Medicare and MassHealth services (dual eligible members).

322.02: General Definitions

Terms, as used in 101 CMR 322.00, have the meanings set forth in 101 CMR 322.02.

Accessories. Products that are used primarily and customarily to modify or enhance the usefulness or functional capability of durable medical equipment and that are generally not useful in the absence of durable medical equipment.

Adjusted Acquisition Cost (AAC). The price paid to a supplier by an eligible provider for durable medical equipment, medical and surgical supplies, customized equipment, oxygen and respiratory therapy systems or devices and related supplies, enteral and intravenous therapy, equipment, and related supplies excluding all associated costs such as, but not limited to, shipping, handling, sales tax, and insurance costs. The adjusted acquisition cost must reflect all discounts, including but not limited to manufacturer, dealer, trade, and volume discounts, including rebates, in whatever form, extended to the provider for the purchase of the covered item. The only discount that does not have to be passed on to the governmental unit is the amount allowed to the provider that is attributable to a timely payment to the manufacturer or supplier, not to exceed 5% of the AAC. The methodology for pricing at AAC is set forth in 101 CMR 322.03(17).

Advertised Price. The price of a product or service as displayed or announced in a print, radio, television, or online advertisement.

Assistive Technology Professional (ATP). An individual with experience in assistive/rehabilitation technology and certification by the Rehabilitation Engineering and Assistive Technology Society of North America who analyzes the equipment needs of persons with disabilities, assists in the selection of equipment, and trains the person with a disability on how to use the specific equipment. This equipment may include manual and power wheelchairs, seating and alternative positioning, ambulation assistance, environmental control, alternate computer access, augmentative and alternative communication devices, and products of daily living.

Capped Rentals. Capped rental items are designated with the modifiers KH, KI, and KJ in the “code” column of 101 CMR 322.06 and are rented for a maximum period of 13 months, at which point the provider stops billing and turns over ownership and all warranty information to the consumer. The provider may bill for repairs as needed to maintain the proper working condition of the equipment for the consumer's use after ownership turns over to the consumer.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

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Cross-walk. A cross-reference in which a code is deleted and replaced with another code.

Customized Equipment. Durable medical equipment that

- (a) is uniquely constructed, adapted, or modified solely for the full-time use of the patient for whom it is purchased;
- (b) is made to order or adapted to meet the specific needs of the patient; and
- (c) the unique construction, adaptation, or modification of which permanently precludes the use of such equipment by another individual.

Durable Medical Equipment (DME). Equipment that

- (a) is used primarily and customarily to serve a medical purpose;
- (b) is generally not useful in the absence of disability, illness and injury;
- (c) can withstand repeated use over an extended period of time; and
- (d) is appropriate for home use (any setting in which normal life activities take place).

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized by the Commonwealth of Massachusetts to engage in the business of furnishing durable medical equipment, medical and surgical supplies, customized equipment, oxygen or respiratory therapy equipment, mobility systems, intravenous and enteral therapy equipment, and related supplies and services and who meets such conditions of participation as may be adopted by a governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any department, agency, board, or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Home Infusion Therapy (HIT) Services. The administration of medications to a patient in a home setting using delivery devices through intravenous, subcutaneous, or epidural routes. Drug therapies commonly administered include antibiotics, chemotherapy, pain management, parenteral nutrition, and immunoglobulin.

Individual Consideration (IC). Items for which there is no specified rate or when otherwise designated by EOHHS are individual consideration and are subject to the following procedure. The purchasing governmental unit analyzes the eligible provider's report of services submitted before making a determination. Providers must keep adequate records to substantiate their IC claims and must provide these documents, including a copy of the current invoice, to the purchasing agency. The methodology for pricing at IC is set forth in 101 CMR 322.03(19).

Liquid Oxygen System. Respiratory therapy equipment utilizing liquid oxygen.

Medical Supplies. Consumable or disposable supplies or devices for home use, necessary for the treatment of a specific illness, injury, disease, or disability, including, but not limited to, test strips, syringes, ostomy products, and surgical items that are

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- (a) required to address an individual medical disability, illness, or injury;
- (b) cannot withstand repeated use by more than one individual;
- (c) generally not useful in the absence of illness or injury;
- (d) consumable or disposable; and
- (e) appropriate for use in any setting in which normal life activities take place.

Mobility System. A manual or power wheelchair or other wheeled device, such as a scooter, including a base, a seating system, its components, accessories, and modifications.

Oxygen. Gaseous or liquid medical grade oxygen that conforms to United States Pharmacopeia Reference Standards.

Oxygen Delivery Systems. A comprehensive oxygen service that includes, but is not limited to the gaseous/liquid oxygen, oxygen generating device and related delivery systems container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and special oxygen administration device, tubing, and refill adapter.

Oxygen Generating Device. Any device suitable for domiciliary use that produces oxygen by any chemical or physical means, such as but not limited to, oxygen concentrators and oxygen enrichers, and that conforms to such standards as may be required by federal and state governmental units.

Patient Lift System. A hoist, jack hoist, or hydraulic lift which may be either a sling lift (or Hoyer Lift, a brand name, used for patients whose mobility is limited) or sit-to-stand lift, which may be mobile (floor) lifts or overhead lifts (suspended from ceiling-mounted or overhead tracks).

Positioning System. Equipment prescribed to meet a medical need and intended to provide an alternative position to the seated wheelchair position.

Preferred Supplier Contract. A contract between a supplier of durable medical equipment or medical supplies and EOHHS or another governmental unit under which the supplier agrees to supply specified durable medical equipment or medical supplies at specified rates to certain eligible providers defined by the contract.

Prescribing Provider. The member's physician, nurse practitioner, clinical nurse specialist, or physician's assistant who prescribes and writes the prescription.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory public program.

Rate. See 101 CMR 322.03 and 101 CMR 322.06.

Rebate Agreement. An agreement by which a manufacturer of durable medical equipment or

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medical supplies agrees to pay EOHHS or another governmental unit a rebate related to payments for specified durable medical equipment or medical supplies by the relevant government unit or units to certain eligible providers defined in the agreement.

Recall. An action taken by the manufacturer to retrieve, replace, or repair dangerous or defective DME, whether or not such action is taken at the direction of the Food and Drug Administration (FDA).

Request for Prior Authorization. A request by a provider, as required by the governmental unit, that the government unit determine the medical necessity of specified equipment or supplies for a particular individual. The provider must submit any such request to the governmental unit in accordance with all applicable laws, regulations, and policies.

Respiratory Therapy Devices and Supplies. Those modalities and necessary ancillary equipment used in the care and treatment of pulmonary insufficiencies from whatever cause as may be ordered by the prescribing provider for their therapeutic and remedial effect, and that meet such standards as may be required by federal or state governmental units. Respiratory therapy devices include, but are not limited to, the complete device and related delivery system accessories including regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device tubing and adapters.

Retail Price. The total price charged for a product sold to a customer, which includes the manufacturer's cost plus a retail markup.

Sale Price. The price at which something sells or is sold after its price has been reduced.

Seating Systems. A seated positioning system, including its components, accessories, and modifications, which may be attached to a base wheelchair and is designed to meet the individualized medical needs of the patient.

Shelf Price. The sign or tag placed by an authorized person at each point of display which clearly sets forth the retail price of the consumer item.

Standard Markup. Except where otherwise indicated in an applicable section of 101 CMR 322.03, the standard markup for durable medical equipment, medical and surgical supplies, and oxygen and respiratory equipment that is applied to the AAC, net of any discounts as specified in the definition of AAC at 101 CMR 322.02, and paid to a supplier by an eligible provider cannot exceed

- (a) the applicable standard markup set forth below for items for which the eligible provider received a timely payment discount less than or equal to 5% will be applied to the AAC, net of costs and discounts to be excluded under the definition of AAC at 101 CMR 322.02
1. 20% for medical and surgical supplies and disposable items;
 2. 25% for enteral formulas used to replace fluid electrolytes;
 3. 35% for enteral and parenteral solutions;
 4. 35% for wheeled mobility system equipment and accessories, as defined in 101 CMR

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322.02, and for certain patient lift systems; and

5. 30% for all other equipment, customized tracheostomy supplies, and certain diabetic equipment and supplies.

(b) the applicable standard markup set forth below for items for which the eligible provider received a timely payment discount greater than 5%, will be applied to the AAC net of costs and discounts to be excluded under the definition of AAC at 101 CMR 322.02

1. 25% for medical and surgical supplies and disposable items;

2. 30% for enteral formulas used to replace fluid and electrolytes;

3. 40% for enteral and parenteral solutions;

4. 40% for wheeled mobility system equipment and accessories, as defined in 101 CMR 322.02, and for certain patient lift systems; and

5. 35% for all other equipment, customized tracheostomy supplies, and certain diabetic equipment and supplies.

Used Equipment. Any item that has been previously purchased or rented, including equipment that was

(a) used by a patient for a trial period;

(b) used by the supplier as a demonstrator; or

(c) rented by a patient who now wants to buy it.

Usual and Customary Charge. The lowest price that an eligible provider charges to any payer in Massachusetts other than for publicly aided individuals for the same equipment or item, including but not limited to the shelf price, sale price, or advertised price.

322.03: General Rate Provisions

(1) Purchase or Rental of Durable Medical Equipment, Medical and Surgical Supplies. Payment to an eligible provider for the purchase of the above services will be the lowest of

(a) the eligible provider's usual and customary charge;

(b) the preferred supplier rate published in an administrative bulletin pursuant to 101 CMR 322.01(7) plus an additional percentage handling fee if applicable;

(c) the rebate agreement rate published in an administrative bulletin pursuant to 101 CMR 322.01(7); or

(d) such schedule of allowable fees set forth in 101 CMR 322.06.

(2) Direct Service Component (RE Units). Payment to an eligible DME provider for the initial evaluation of customized seating, positioning, mobility systems, installation of customized movable and fixed patient lift systems, and assembly of at the preapproved levels of time and complexity as defined below.

(a) RE 1-5 - Specialized (1-5 hours).

(b) RE 6-10 - Intermediate - More time and complexity with multiple trials of equipment, custom fabrication of some parts (6-10 hours).

(c) RE 11-15 - More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts, and may involve use of components from one or more manufactures (11-15 hours).

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- (d) RE 16-23 - Complex - More time and complexity with multiple trials of equipment, very high level of complexity and may involve extensive time for trials of multiple products, extended amount of custom fabrication, or interactions with several professionals - physicians, therapists, teachers (16-23 hours).
- (e) RE units will be billed using the K0739-U5 code and modifier combination.
- (3) Rental of Oxygen Delivery Systems.
- (a) The monthly rate of reimbursement for comprehensive oxygen services includes but is not limited to the following services:
1. the gaseous/liquid oxygen, oxygen generating device and related delivery system container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and/or special oxygen administration device, tubing, and refill adapter;
 2. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service, and repair of unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;
 3. delivery of the gaseous oxygen inclusive of 24-hour service costs;
 4. back-up gaseous oxygen and related equipment and supplies; and
 5. demonstration and instruction of safe usage of equipment, delivery, and set-up.
- (b) Payment to an eligible provider for the rental of oxygen generating devices and oxygen delivery systems will be the lower of
1. the eligible provider's usual and customary charge; or
 2. such schedule of allowable fees set forth in 101 CMR 322.06.
- (c) Payment to an eligible provider for the rental of oxygen delivery systems provided to publicly aided individuals in a nursing facility must be the lower of
1. the eligible provider's usual and customary charge; or
 2. 90% of the schedule of allowable fees set forth in 101 CMR 322.06.
- (4) Purchase and Rental of Respiratory Therapy Devices.
- (a) Respiratory Therapy Devices (Purchase).
1. The purchased respiratory therapy device includes but is not limited to the following services:
 - a. the complete device, new at the time of purchase, and in proper working condition;
 - b. service and repair of the unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications. These can be billed for purchased devices unless otherwise specified under warranty;
 - c. the device and related delivery system accessories including regulator with flow gauge, humidification and heating units, cannulas, masks, or special administration device, tubing, and adapters;
 - d. delivery of the device inclusive of 24-hour service costs; and
 - e. demonstration and instruction of safe usage of equipment, delivery, and set-up.

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2. Payment to an eligible provider for the purchase of respiratory therapy devices must be the lower of
 - a. the eligible provider's usual and customary charge; or
 - b. such schedule of allowable fees set forth in 101 CMR 322.06.
- (b) Respiratory Therapy Devices (Rental).
 1. The monthly rental of respiratory therapy devices includes but is not limited to
 - a. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service, and repair of unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;
 - b. the device and related delivery system accessories including regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device, tubing, and adapters;
 - c. delivery of the device inclusive of 24-hour service costs;
 - d. monthly cleaning and check of unit;
 - e. back-up respiratory therapy equipment; and
 - f. demonstration and instruction of safe usage of equipment, delivery, and set-up.
 2. Payment to an eligible provider for the rental of the above services must be the lower of
 - a. the eligible provider's usual and customary rental fees and terms; or
 - b. the fees set forth in 101 CMR 322.06.
 3. Payment to an eligible provider for the rental of respiratory therapy devices provided to publicly aided individuals in a nursing facility must be the lower of
 - a. the eligible provider's usual and customary rental fees and terms; or
 - b. 90% of the schedule of allowable fees set forth in 101 CMR 322.06.
- (5) General Rate Provisions for the Purchase of Home Infusion Therapy Services.
 - (a) Payment to an eligible provider for home infusion therapy services must be the lower of
 1. the eligible provider's usual and customary charge; or
 2. such schedule of allowable fees set forth in 101 CMR 322.06.
 - (b) For services designated IC, the adjusted acquisition costs to the eligible provider for items consumed per day plus a 20% markup plus \$8.00 for professional service.
 - (c) Included in the per diem fees are all necessary supplies, equipment, and administrative services. Payment for pharmacy items and services will be determined under the provisions of 101 CMR 331.00: *Prescribed Drugs*. Payment for nursing services will be determined according to purchaser specifications under the provisions of 101 CMR 350.00: *Rates for Home Health Services*. Parenteral and enteral nutrition formula must be billed separately.
- (6) Option to Purchase. Governmental units may reserve the right to purchase, at their option, durable medical equipment and respiratory therapy equipment that is being supplied on a monthly rental basis to publicly aided individuals.
 - (a) If covered, items can be purchased new or used; however, total payments cannot exceed the fee for purchase as new.
 - (b) If covered, items can be purchased at 100% of the fee.
 - (c) If covered, items that are usually purchased and fall into the inexpensive and frequently

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purchased item category can be rented for 10% of the purchase price, not to exceed 10 months of rental and the fee for purchase as new.

(d) If covered, used equipment can be rented at 10% of 75% of the fee for purchase as new.

(e) If covered, used equipment can be purchased at 75% of the fee for purchase as new.

(f) Capped rental items that are purchased prior to the end of the 13-month capped rental period are purchased at an amount not to exceed 13 months of rental.

(7) Condition of Rental Equipment Upon Delivery. All equipment that is rented on a monthly basis must be clean and in proper working condition when delivered. Respiratory therapy equipment provided on a rental basis must be in proper working condition and be free from contaminating agents. Tubing and masks must be new or unused, in proper working condition, and free from contaminating agents.

(8) Condition of Purchased Equipment Upon Delivery. All equipment that is purchased must be new and unused, clean, in proper working condition, free from defects, and meet all implied and expressed warranties. In the case of rental items purchased under 101 CMR 322.03(6), Option to Purchase, the equipment must be in proper working condition and be free from contaminating agents. Tubing and masks must be new or unused, in proper working condition, and free from contaminating agents. (*See 101 CMR 322.03(7): Condition of Rental Equipment Upon Delivery.*)

(9) Rental Services. Unless otherwise authorized under 101 CMR 322.00, rental rates include the cost of servicing, repairs, and maintenance including replacements of defective parts and disposable items.

(10) Delivery, Installation, and Patient Instructional Time. Unless otherwise authorized under 101 CMR 322.00, the maximum allowable fee for purchase or rental of durable medical equipment must include the following where required and appropriate:

(a) cost of the provider's delivery to the inside of the recipient's residence and, when appropriate, to the room in which the equipment will be used; including allowance of the delivery via UPS or a similar delivery service with a copy of the proof of delivery slip signed by the recipient or recipient's caregiver, or noted by the company driver when a signature is unobtainable, and/or a copy of the delivery service company log (route) sheet;

(b) installation and setup of the equipment; and

(c) instruction of the recipient in the safe usage of the equipment.

(11) Terms and Warranties. Other terms and warranties included under the rate provisions of 101 CMR 322.00 notwithstanding, all terms, express and implied warranties, warranties of repair and service, or any other warranties, which are extended to a specific recipient or customarily extended to any payor will apply to purchases or rentals made under authority of 101 CMR 322.00.

(12) Repairs, Maintenance Service, Replacement Parts, and Professional Services. All rates for repair and maintenance services to purchased equipment that require repair, replacement parts and/or the use of technical components (services) can be found within 101 CMR 322.06.

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(13) Modifiers. The following list of letter modifiers must be added, where appropriate, to HCPCS procedure codes to determine the percent fee to be paid on claims. Refer to purchasers' manuals for specific coding instructions.

- (a) Capped rental coding modifiers are as follows.
 1. KH—Initial claim, either rent (first month) or purchase.
 2. KI—Second or third month rental.
 3. KJ—Rental months four to 13.
- (b) Additional modifiers are as follows
 1. A1—Dressing for one wound.
 2. A2—Dressing for two wounds.
 3. A3—Dressing for three wounds.
 4. A4—Dressing for four wounds.
 5. A5—Dressing for five wounds.
 6. A6—Dressing for six wounds.
 7. A7—Dressing for seven wounds.
 8. A8—Dressing for eight wounds.
 9. A9—Dressing for nine or more wounds.
 10. AU—Item furnished in conjunction with a urological, ostomy, or tracheostomy supply.
 11. AV—Items furnished in conjunction with prosthetic/orthotic.
 12. AW—Item furnished in conjunction with a surgical dressing.
 13. AX—Item furnished in conjunction with dialysis services.
 14. AY—Item or service furnished to an end-stage renal disease (ESRD) patient that is not for the treatment of ESRD.
 15. BA—Item furnished in conjunction with parenteral enteral nutrition (PEN) services.
 16. BO—Orally administered nutrition, not by feeding tube.
 17. CS—Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities.
 18. GA—Waiver of liability statement issued as required by payer policy, individual case.
 19. GS—Dosage of epo or darbepoietin alfa has been reduced 25% of preceding month's dosage.
 20. GU—Waiver of liability statement issued as required by payer policy, routine notice.
 21. GX—Notice of liability issued, voluntary under payer policy.
 22. JB—Subcutaneous administration.
 23. KC—Replacement of special power wheelchair interface (applicable to codes E2320-E2330).
 24. KF—item designated by FDA as class III device.
 25. KK—DMEPOS item subject to DMEPOS competitive bidding program number 2.
 26. KL—DMEPOS item delivered *via* mail.
 27. KO—Single drug unit dose formulation.
 28. KP—First drug of a multiple unit dose formulation.
 29. KQ—Second or subsequent drug of a multiple drug unit dose formulation.
 30. KR—Rental item for a partial month.
 31. KS—Glucose monitor supply for diabetic beneficiary not treated with insulin.

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32. KX—Specific required documentation on file (member treated with insulin).
33. KU—DMEPOS item subject to DMEPOS competitive bidding program #334.
34. LL—Lease/rental with option to purchase.
35. LT—Left side (used to identify procedures performed on the left side of the body).
36. MS—Six-month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty.
37. NU—New equipment.
38. QF—Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed.
39. QG—Prescribed amount of oxygen is greater than 4 liters per minute (LPM).
40. RA—Replacement of a DME item (for use only with K0108 for direct service component for customization purposes, MassHealth only).
41. RB—Replacement of a part of a DME furnished as part of a repair.
42. RR—Rental of durable medical equipment and oxygen/respiratory therapy equipment.
43. RT—Right side (used to identify procedures performed on the right side of the body).
44. SC—Medically necessary service or supply.
45. SD—Services provided by registered nurse with specialized, highly technical home infusion training.
46. TW when used in conjunction with code A4210: Back-up equipment; when used with codes for alternative and augmentative communication devices: MassHealth only--non-dedicated alternative and augmentative communication devices.
47. U1—Medicaid level of care 1 (used only for nonstandard power wheelchair trays and patient lift systems).
48. U2—Medicaid level of care 2 (first six months of rental, volume/pressure ventilator).
49. U3—Medicaid level of care 3 (used for supplies for maintenance of insulin infusion catheter for MassHealth or to identify a Corrective Mobility Repair add-on payment when used in conjunction with HCPCS code K0739).
50. U4—Medicaid level of care 3 (used only for supplies for maintenance of insulin infusion catheter for MassHealth).
51. U5—used for requesting direct service components for customized mobility services requiring ATP RE-1 through RE 23, for installation of patient lift systems RE-1 through RE-23, and setup of safety beds RE-1 through RE-5.
52. U6—may be used when requesting certain incontinent products or used in combination with relevant HCPCS code (K0739) when requesting labor when repairing a member's serviceable retired power wheelchair.
53. U7—to be used in combination with HCPCS code (K0739) to bill for wheelchair repair evaluation.
54. U8—Informational modifier to be used in combination with HCPCS codes (S5160, S5161RR, S5162, and S5162TW) when the unit is a cellular network Personal Emergency Response System.
55. UA—Medicaid level of care 10 (used for adults for safety beds and customized tracheostomy supplies).
56. UB—Medicaid level of care 11 (repair, RTS providers only).
57. UC—Medicaid level of care 12 (used for pediatric specialized equipment only).
58. UD—Medicaid level of care 13 (bariatric equipment).

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59. UE–Used durable medical equipment.

(14) Shop Repair of Purchased Equipment and Rental Equipment.

(a) Whenever a repair service for purchased equipment that is unusable or requires removing the equipment from the residential setting to the shop, the eligible provider must supply a substitute unit in proper working condition and comparable in all respects to the unit to be serviced. The provision of the substitute equipment will be on a rental basis; the rental rate will be established utilizing the one-month KJ fee on file for the primary HCPCS being repaired on a one-time per repair basis.

(b) No payment for rental of substitute equipment will exceed the one-month rental fee, per repair.

(c) Whenever a repair service for rental equipment requires the removal of the equipment from the residential setting, the eligible provider must supply a substitute unit in proper working condition and comparable in all aspects to unit to be repaired. No extra rental charge will be allowed for this substituted equipment.

(15) Recall Provisions. Whenever purchased or rental equipment is subject to recall, the provider will fully address the recall as specified in the manufacturer’s recall instructions. For recalls of potentially dangerous or defective DME that predictably could cause serious health problems or death, the DME provider must provide the member with a copy of the Recall Notice and fully address the Recall as specified in the Recall instructions no later than five business days from the date the DME provider receives the Recall Notice. Any costs not covered by the manufacturer or other third party for activity associated with amelioration, repair, or replacement of recalled equipment is included in the general rate provisions for each category of equipment in 101 CMR 322.03.

(16) General Rate Provisions for Pricing of New Codes. As described in 101 CMR 322.01(6), EOHHS may publish new procedure codes in the form of an administrative bulletin and set fees as follows:

(a) when Medicare fees are available, except as otherwise specified in 101 CMR 322.03(16)

1. 100% of Medicare for

- a. specialized wheeled mobility equipment and accessories
- b. first six months’ rental for volume ventilators
- c. certain diabetic equipment and supplies
- d. certain patient lifts and accessories
- e. elevating leg rests

2. 85% of Medicare for all other items, including speech generating devices and certain oxygen equipment and supplies.

(b) when Medicare fees are not available and for certain durable medical equipment or medical supplies, apply IC at adjusted acquisition cost plus the standard markup as defined in 101 CMR 322.02. MassHealth may also specify a fixed rate determined by using comparison of industry rates including Medicare crossover payments, other state Medicaid payment rates, and TPL/private insurance rates.

(17) AAC Methodology and Documentation.

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- (a) The eligible provider must accurately indicate the amount of any discounts set forth at 101 CMR 322.02 and the order in which any discounts were applied. The provider must maintain documentation evidencing the amount and application of discounts.
- (b) Current Catalogue Price. The AAC to the eligible provider must not exceed the manufacturer's current catalogue price. Eligible providers must maintain documentation of the current catalogue price or submit documentation of the Current Catalogue Price with a claim or invoice for any item priced using the AAC methodology.
- (c) Documentation of the Purchase Price and Timely Payment Discount for Items Not Subject to Prior Authorization (PA). For items not subject to PA and purchased in advance of filing a claim, the AAC must be evidenced by the purchase price to the provider from the manufacturer for the equipment listed on a copy of a current received invoice from the manufacturer. The invoice and supporting documentation submitted with claims to the applicable governmental unit must indicate
1. the date of the timely payment; and
 2. the amount and percentage of the timely payment discount. Providers must maintain documentation evidencing the percentage of the AAC that the provider's supplier allows as a timely payment discount, and how the supplier defines "timely payment" for any such discount.
- (d) Documentation of amount and percentage of timely payment discount for items subject to PA. For items subject to PA and not purchased in advance of filing a claim, the eligible provider must include the following with the PA request:
1. a copy of the quote from the manufacturer;
 2. supporting documentation of cost and discounts;
 3. documentation of the amount and percentage of the timely payment discount. The claim must reflect the actual purchase price to the provider from the manufacturer if less than the quote submitted for prior authorization. Manufacturers enrolled as DME providers must submit documentation that demonstrates the retail/catalogue/list price along with all discounts that would be passed on to a provider; and
 4. Providers are required to submit invoices on initial claims but are not required to submit invoices on subsequent claims during a PA period if the price established on the PA has not changed.

(18) The Methodology for Pricing Capped Rentals. Purchase rates for items, including power wheelchairs, otherwise designated in 101 CMR 322.06 with the capped rental modifiers KH, KI, and KJ are indicated with the modifiers NU and UE. The NU rates are established as a percentage of Medicare's rates, pursuant to 101 CMR 322.01(5) and 101 CMR 322.03(16). The purchase of capped rental items, including power wheelchairs, otherwise designated with the modifiers KH, KI, and KJ for capped rental, will be no more than the sum of the capped rental methodology applied for 13 months. *See* 101 CMR 322.03(14).

- (a) The methodology for capped rental payment of items other than power wheelchairs designated with the modifiers KH, KI, and KJ is as follows:
1. for months one through three of rental (KH, KI), 10% of the new purchase fee;
 2. for months four through 13 of rental (KJ), payment at 75% of the amount for months one through three; and
 3. no further monthly payments after the 13th month.

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- (b) The methodology for payment of power wheelchairs designated with the modifiers KH, KI, and KJ is as follows:
1. for the first three months of rental (KH, KI), 15% of the new purchase fee;
 2. for months four through 13 (KJ), payment at 40% of the amount for months one through three; and
 3. no further monthly payments after the 13th month
- (19) Except where otherwise stipulated in 101 CMR 322.03, payment to an eligible provider for IC will be the lower of
- (a) the eligible provider's usual and customary charge; or
 - (b) the following rate, as applicable:
 1. for purchases of supplies and disposable items, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 20% or 25%, as defined in 101 CMR 322.02;
 2. for purchases of enteral and parenteral solutions, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 25% or 30%, as defined in 101 CMR 322.02;
 3. for purchases of wheeled mobility system equipment and related accessories, and for certain patient lift systems, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 35% or 40%, as defined in 101 CMR 322.02;
 4. for purchases of other new equipment or customized tracheostomy supplies or certain diabetic equipment and supplies, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 30% or 35%, as defined in 101 CMR 322.02;
 5. for rental items, one-tenth of the fee paid for the item if purchased new;
 6. for capped rental items, refer to the methodology within the definition of "capped rental" in 101 CMR 322.02;
 7. for used items, 75% of the fee paid for the item if purchased new;
 8. for covered drugs, the adjusted acquisition cost, as defined in 101 CMR 322.02; and
 9. for home infusion therapy, the adjusted acquisition cost to the eligible provider for items consumed per day plus a 20% markup plus \$8.00 for professional services, as indicated in 101 CMR 322.03(5)(b).

(20) Methodology for Certain Durable Medical Equipment or Medical Supplies Purchased at Pharmacies. Payments to pharmacies billing through the pharmacy online processing system for designated durable medical equipment or medical supplies will be the lower of wholesale acquisition cost and usual and customary charge, as defined in 101 CMR 331.00 (with any references to "prescription drugs" changed, for purposes of 101 CMR 322.03 (20), to "durable medical equipment" or "medical supplies," as applicable). EOHHS will designate durable medical equipment or medical supplies subject to this pricing methodology in administrative bulletin or other appropriate written issuance.

322.04: Filing and Reporting Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*. In addition, each eligible provider that receives an add-on or supplemental payment pursuant to 101 CMR 322.05 must file or make available all records and information

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necessary to demonstrate compliance with conditions of payment upon EOHHS request, including documentation of the uses of such payments.

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 322.04(2).

322.05: Add-on and Supplemental Payment Provisions

- (1) Providers Eligible for Add-on Payment.
 - (a) To be eligible for Corrective Mobility System Repair add-on payments, as defined in 130 CMR 409.402, a provider must be
 1. a MassHealth-enrolled DME provider; and
 2. in compliance with the conditions of payment set forth in 101 CMR 322.05(1)(b).
 - (b) Conditions of Payment. Add-on payments will be made only
 1. for Corrective Mobility System Repairs. For purposes of 101 CMR 322.05, Maintenance Repairs, as defined in 130 CMR 409.402, are not Corrective Mobility System Repairs and would not qualify for an add-on payment;
 2. under federally approved payment methods and consistent with federal funding requirements and all federal payment limits as determined by the Secretary of Health and Human Services;
 3. to providers that meet service standards as defined by EOHHS via administrative bulletin or other written issuance, including standards related to timely service and turnaround times;
 4. to providers that demonstrate compliance with other conditions of payment as described by EOHHS via administrative bulletin or other written issuance; and
 5. to providers that comply with all applicable requirements of 130 CMR 409.000: *Durable Medical Equipment Services*.
 - (c) Compliance with Conditions of Payment.
 1. EOHHS may audit compliance with conditions of payment.
 2. EOHHS may, via administrative bulletin or other written issuance, establish standards governing various conditions of payment including, but not limited to, attestations, reporting requirements, compliance with payment conditions, penalties for noncompliance, and recovery.
 - (d) Timing of Payment. Add-on payments will be made at the same time as payment for the billable code is made pursuant to 101 CMR 322.06.
 - (e) Corrective Mobility System Repair Add-on Payment Documentation.
 1. MassHealth will pay DME providers an add-on payment of \$1,000.00 per eligible mobility system repair when the mobility system repair is performed within the time period established by EOHHS via administrative bulletin or other written issuance to providers for qualifying mobility system repairs.
 2. The mobility system must be thoroughly evaluated using a safety and performance evaluation or industry equivalent evaluation, and any qualifying repair must include any additional items that may not have been identified by the member at the time of the intake

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for the repair. The completed evaluation must be kept in the member's file.

3. To receive an add-on payment, providers must comply with pre-payment and post-payment reporting requirements established by EOHHS, in addition to compliance with any administrative bulletin or other written issuance described in 101 CMR

322.05(1)(b)3.

(f) Add-on Payment Reinvestment. Eighty percent (80%) of the add-on payment must be reinvested to improve the provider's timeliness of mobility system repairs.

(2) Supplemental Payments for Services Provided to Dual Eligible Members. Supplemental payments apply to certain patient lift systems (HCPCS codes E0639 and E0640) or other designated services for MassHealth members who are eligible for both Medicare and MassHealth services (dual eligible members).

(a) Provider eligibility. To be eligible to receive a supplemental payment for certain patient lift systems (HCPCS E0640 and E0639) or other designated services, a provider must be

1. a MassHealth-enrolled DME provider; and
2. in compliance with the conditions of payment set forth in 101 CMR 322.05(2)(b).

(b) Conditions of Payment. Supplemental payments will be made only under federally approved payment methods and consistent with federal funding requirements and all federal payment limits as determined by the Secretary of Health and Human Services, for providers that

1. comply with other conditions of payment as described by EOHHS via administrative bulletin or other written issuance, including reconciliation of the total Medicare and total MassHealth payments; and
2. comply with all applicable requirements of 130 CMR 409.000: *Durable Medical Equipment Services*.

(c) Compliance with Conditions of Payment.

1. EOHHS may audit compliance with conditions of payment.
2. EOHHS may, via administrative bulletin or other written issuance, establish standards governing various conditions of payment including, but not limited to, attestations, reporting requirements, compliance with payment conditions, penalties for noncompliance, and recovery.

(d) Payment Methodology. The supplemental payment is calculated based on the MassHealth allowed amount (AAC+ the applicable markup defined in 101 CMR 322.02) minus the total Medicare allowed amount for the full rental period.

322.06: Allowable Fees and Rate Schedule: For code descriptions, see the DME service code spreadsheet at <https://www.mass.gov/regulations/101-CMR-32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment->

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
99601SD	\$86.99	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
99602SD	\$45.48	
A4206	\$0.22	
A4207	\$0.43	
A4208	\$0.28	
A4209	\$0.45	
A4210	AAC+ 20%	
A4210TW	\$4.98	
A4211	AAC+ 20%	
A4212	\$0.13	
A4213	\$0.76	
A4215KX	\$0.23	
A4215NU	\$0.10	
A4216	\$0.52	
A4217AU	\$3.09	
A4217NU	\$3.09	
A4218	AAC+ 20%	
A4220	AAC+ 20%	
A4221	\$20.79	
A4222	\$39.43	
A4223	AAC+ 20%	
A4224	\$20.79	
A4225	\$2.79	
A4233NU	\$0.51	
A4233NUKL	\$0.63	
A4234NU	\$2.36	
A4234NUKL	\$2.86	
A4235NU	\$1.00	
A4235NUKL	\$1.21	
A4236NU	\$1.16	
A4236NUKL	\$1.40	
A4238KF	\$268.76	
A4239	\$261.64	
A4239KF	\$304.43	
A4244	\$1.27	
A4245	\$3.61	
A4246	\$4.73	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4247	\$3.56	
A4248	AAC+ 20%	
A4250	\$18.88	
A4253NU	\$8.32	
A4253NUKL	\$10.10	
A4255	\$5.34	
A4256	\$3.38	
A4256KL	\$4.11	
A4257	\$17.41	
A4258	\$2.12	
A4258KL	\$2.57	
A4259	\$1.42	
A4259KL	\$1.73	
A4264	AAC+ 20%	
A4265	\$3.95	
A4271	\$65.25	
A4281	\$19.18	
A4282	\$28.35	
A4283	\$1.00	
A4284	\$18.45	
A4285	\$7.73	
A4286	AAC+ 20%	
A4287	\$0.20	
A4305	AAC+ 20%	
A4306	AAC+ 20%	
A4310	\$8.96	
A4311	\$16.20	
A4312	\$17.78	
A4313	\$18.26	
A4314	\$24.92	
A4315	\$26.00	
A4316	\$32.94	
A4320	\$6.20	
A4321	AAC+ 20%	
A4322	\$3.54	
A4326	\$12.03	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4327	\$49.02	
A4328	\$10.29	
A4330	\$8.31	
A4331	\$3.69	
A4332	\$0.13	
A4333	\$2.58	
A4334	\$5.70	
A4335	AAC+ 20%	
A4336	\$1.67	
A4337	AAC+ 20%	
A4338	\$14.23	
A4340	\$36.82	
A4341	\$283.00	
A4342	\$714.56	
A4344	\$17.63	
A4346	\$22.71	
A4349	\$2.33	
A4351	\$2.10	
A4352	\$7.45	
A4353	\$8.11	
A4354	\$13.69	
A4355	\$8.79	
A4356	\$44.98	
A4357	\$9.57	
A4358	\$7.69	
A4360	\$0.48	
A4361	\$20.67	
A4362	\$3.43	
A4363	\$2.75	
A4364	\$3.35	
A4366	\$1.50	
A4367	\$7.68	
A4368	\$0.29	
A4369	\$2.81	
A4371	\$4.23	
A4372	\$4.87	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4373	\$7.27	
A4375	\$19.92	
A4376	\$55.18	
A4377	\$4.97	
A4378	\$35.66	
A4379	\$17.42	
A4380	\$43.30	
A4381	\$5.36	
A4382	\$28.55	
A4383	\$32.69	
A4384	\$11.14	
A4385	\$5.91	
A4387	\$2.61	
A4388	\$5.06	
A4389	\$7.20	
A4390	\$11.14	
A4391	\$8.19	
A4392	\$9.48	
A4393	\$10.48	
A4394	\$3.01	
A4395	\$0.04	
A4396	\$46.95	
A4398	\$15.75	
A4399	\$14.23	
A4400	\$56.68	
A4402	\$1.57	
A4404	\$1.95	
A4405	\$3.96	
A4406	\$6.64	
A4407	\$10.16	
A4408	\$11.45	
A4409	\$7.20	
A4410	\$10.48	
A4411	\$5.91	
A4412	\$3.14	
A4413	\$6.39	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4414	\$5.70	
A4415	\$6.95	
A4416	\$3.20	
A4417	\$4.33	
A4418	\$2.10	
A4419	\$2.00	
A4420	AAC+ 20%	
A4421	AAC+ 20%	
A4422	\$0.13	
A4423	\$2.15	
A4424	\$5.52	
A4425	\$4.15	
A4426	\$3.16	
A4427	\$3.24	
A4428	\$7.57	
A4429	\$9.57	
A4430	\$9.88	
A4431	\$7.20	
A4432	\$4.16	
A4433	\$3.89	
A4434	\$4.36	
A4435	\$6.68	
A4436	\$18.90	
A4437	\$18.90	
A4450AU	\$0.09	
A4450AV	\$0.09	
A4450AW	\$0.12	
A4452AU	\$0.41	
A4452AV	\$0.41	
A4452AW	\$0.44	
A4453	AAC+ 20%	
A4455	\$1.65	
A4456	\$0.28	
A4457	AAC+ 30%	
A4458	AAC+ 20%	
A4459	AAC+ 20%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4461	\$3.83	
A4463	\$15.44	
A4465	\$11.52	
A4467	AAC+ 20%	
A4468	AAC+ 20%	
A4470	AAC+ 20%	
A4480	AAC+ 20%	
A4481	\$0.42	
A4483	\$69.60	
A4490	\$7.26	
A4495	\$28.85	
A4500	\$8.22	
A4510	\$11.61	
A4520	AAC+ 20%	
A4540	AAC+ 30%	
A4541	\$33.42	
A4542	\$428.75	
A4543	AAC+ 20%	
A4544	\$5.16	
A4545	\$31.37	
A4550	\$1.52	
A4553	AAC+ 20%	
A4554	\$0.29	
A4555	AAC+ 20%	
A4556	\$11.97	
A4557	\$10.53	
A4558	\$5.37	
A4559	\$0.11	
A4560	AAC+ 20%	
A4561	\$23.14	
A4562	\$57.62	
A4565	\$8.93	
A4566	AAC+ 20%	
A4570	AAC+ 20%	
A4575	AAC+ 20%	
A4580	AAC+ 20%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4590	AAC+ 20%	
A4593	AAC+ 30%	
A4594	AAC+ 30%	
A4595	\$10.40	
A4596	\$33.42	
A4600	AAC+ 20%	
A4601	AAC+ 20%	
A4602	\$4.33	
A4604NU	\$42.23	
A4605NU	\$19.02	
A4606	AAC+ 20%	
A4608	\$58.14	
A4611NU	\$175.33	
A4611RR	\$18.18	
A4611UE	\$131.50	
A4612NU	\$71.34	
A4612RR	\$7.27	
A4612UE	\$54.40	
A4613NU	\$109.40	
A4613RR	\$10.95	
A4613UE	\$79.12	
A4614	\$27.58	
A4615	\$0.85	
A4616	\$0.07	
A4617	\$3.60	
A4618NU	\$10.32	
A4618RR	\$1.20	
A4618UE	\$7.74	
A4619NU	\$2.07	
A4620	\$0.70	
A4623	\$7.61	
A4623UA	AAC+ 35%	
A4623UC	AAC+ 35%	
A4624NU	\$2.60	
A4625	\$6.83	
A4626	\$3.70	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4627	\$13.28	
A4628NU	\$4.34	
A4629	\$5.40	
A4630NU	\$7.23	
A4633NU	\$47.60	
A4634	AAC+ 20%	
A4635NU	\$5.92	
A4635RR	\$0.81	
A4635UE	\$3.95	
A4636NU	\$3.19	
A4636RR	\$0.32	
A4636UE	\$2.39	
A4637NU	\$1.77	
A4637RR	\$0.18	
A4637UE	\$1.33	
A4638NU	AAC+ 20%	
A4638RR	IC	
A4638UE	IC	
A4639KH	\$33.32	
A4639KI	\$33.32	
A4639KJ	\$24.99	
A4639NU	\$333.20	
A4639UE	\$249.90	
A4640NU	\$58.23	
A4640RR	\$5.82	
A4640UE	\$43.67	
A4649	AAC+ 20%	
A4651	AAC+ 20%	
A4652	AAC+ 20%	
A4653	AAC+ 20%	
A4657	AAC+ 20%	
A4660	\$44.52	
A4663	\$30.08	
A4670	\$63.57	
A4671	AAC+ 20%	
A4672	AAC+ 20%	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4673	AAC+ 20%	
A4674	AAC+ 20%	
A4680	AAC+ 20%	
A4690	AAC+ 20%	
A4706	AAC+ 20%	
A4707	AAC+ 20%	
A4708	AAC+ 20%	
A4709	AAC+ 20%	
A4714	AAC+ 20%	
A4719	AAC+ 20%	
A4720	AAC+ 20%	
A4721	AAC+ 20%	
A4722	AAC+ 20%	
A4723	AAC+ 20%	
A4724	AAC+ 20%	
A4725	AAC+ 20%	
A4726	AAC+ 20%	
A4728	AAC+ 20%	
A4730	AAC+ 20%	
A4736	AAC+ 20%	
A4737	AAC+ 20%	
A4740	AAC+ 20%	
A4750	AAC+ 20%	
A4755	AAC+ 20%	
A4760	AAC+ 20%	
A4765	AAC+ 20%	
A4766	AAC+ 20%	
A4770	AAC+ 20%	
A4771	AAC+ 20%	
A4773	AAC+ 20%	
A4774	AAC+ 20%	
A4802	AAC+ 20%	
A4860	AAC+ 20%	
A4870	AAC+ 20%	
A4890	AAC+ 20%	
A4911	AAC+ 20%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A4913	AAC+ 20%	
A4918	AAC+ 20%	
A4927	\$7.89	
A4930	\$0.36	
A4931	AAC+ 20%	
A4932	AAC+ 20%	
A5051	\$2.39	
A5052	\$1.73	
A5053	\$1.73	
A5054	\$2.08	
A5055	\$1.67	
A5056	\$5.42	
A5057	\$11.14	
A5061	\$4.10	
A5062	\$2.59	
A5063	\$3.14	
A5071	\$6.97	
A5072	\$4.10	
A5073	\$3.69	
A5081	\$3.84	
A5082	\$13.80	
A5083	\$0.75	
A5093	\$2.27	
A5102	\$25.98	
A5105	\$40.20	
A5112	\$34.72	
A5113	\$5.19	
A5114	\$8.82	
A5120AU	\$0.28	
A5120AV	\$0.31	
A5121	\$8.59	
A5122	\$12.66	
A5126	\$1.52	
A5131	\$18.39	
A5200	\$13.12	
A6000	AAC+ 20%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A6010	\$35.92	
A6011	\$2.65	
A6021	\$24.39	
A6022	\$24.39	
A6023	\$220.72	
A6024	\$7.17	
A6025	AAC+ 20%	
A6154	\$16.68	
A6196	\$8.53	
A6197	\$19.07	
A6198	AAC+ 20%	
A6199	\$6.12	
A6203	\$3.91	
A6204	\$7.22	
A6205	\$14.64	
A6206	AAC+ 20%	
A6207	\$8.52	
A6208	AAC+ 20%	
A6209	\$8.67	
A6210	\$23.11	
A6211	\$34.07	
A6212	\$11.26	
A6213	\$9.25	
A6214	\$11.94	
A6215	AAC+ 20%	
A6216	\$0.04	
A6217	\$0.18	
A6218	\$0.57	
A6219	\$1.11	
A6220	\$3.01	
A6221	AAC+ 20%	
A6222	\$2.47	
A6223	\$2.81	
A6224	\$4.17	
A6228	AAC+ 20%	
A6229	\$4.17	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A6230	AAC+ 20%	
A6231	\$5.42	
A6232	\$7.96	
A6233	\$22.24	
A6234	\$7.60	
A6235	\$19.51	
A6236	\$31.60	
A6237	\$9.17	
A6238	\$26.44	
A6239	\$20.53	
A6240	\$14.20	
A6241	\$2.98	
A6242	\$7.02	
A6243	\$14.30	
A6244	\$45.56	
A6245	\$8.43	
A6246	\$11.52	
A6247	\$27.58	
A6248	\$18.84	
A6250	\$9.21	
A6251	\$2.30	
A6252	\$3.77	
A6253	\$7.34	
A6254	\$1.39	
A6255	\$3.53	
A6256	\$1.38	
A6257	\$1.78	
A6258	\$5.00	
A6259	\$12.68	
A6260	\$11.23	
A6261	AAC+ 20%	
A6262	\$0.97	
A6266	\$2.22	
A6402	\$0.13	
A6403	\$0.48	
A6404	\$0.64	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A6407	\$2.17	
A6410	\$0.43	
A6411	AAC+ 20%	
A6412	AAC+ 20%	
A6413	AAC+ 20%	
A6441	\$0.79	
A6442	\$0.19	
A6443	\$0.32	
A6444	\$0.65	
A6445	\$0.37	
A6446	\$0.45	
A6447	\$0.79	
A6448	\$1.33	
A6449	\$2.03	
A6450	AAC+ 20%	
A6451	AAC+ 20%	
A6452	\$6.84	
A6453	\$0.73	
A6454	\$0.91	
A6455	\$1.62	
A6456	\$1.45	
A6457	\$1.32	
A6460	AAC+ 20%	
A6461	AAC+ 20%	
A6501	AAC+ 20%	
A6502	AAC+ 20%	
A6503	AAC+ 20%	
A6504	AAC+ 20%	
A6505	AAC+ 20%	
A6506	AAC+ 20%	
A6507	AAC+ 20%	
A6508	AAC+ 20%	
A6509	AAC+ 20%	
A6510	AAC+ 20%	
A6511	AAC+ 20%	
A6512	AAC+ 20%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A6513	AAC+ 20%	
A6550	\$25.45	
A6590	\$308.55	
A6591	\$73.76	
A7000NU	\$8.11	
A7001NU	\$36.30	
A7002NU	\$4.22	
A7003NU	\$1.51	
A7004NU	\$1.25	
A7005NU	\$11.48	
A7006NU	\$7.29	
A7007NU	\$3.22	
A7008NU	\$12.75	
A7009NU	\$46.14	
A7010NU	\$15.05	
A7012NU	\$2.81	
A7013NU	\$0.54	
A7014NU	\$3.27	
A7015NU	\$1.24	
A7016NU	\$7.94	
A7017NU	\$113.87	
A7017RR	\$11.39	
A7017UE	\$85.40	
A7018	\$0.34	
A7020	\$16.17	
A7021NU	\$116.27	
A7023	AAC+ 20%	
A7025KH	\$50.45	
A7025KI	\$50.45	
A7025KJ	\$37.84	
A7025NU	\$504.48	
A7025UE	\$378.36	
A7026NU	\$33.34	
A7027NU	\$115.81	
A7028NU	\$33.41	
A7029NU	\$16.35	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A7030NU	\$94.93	
A7031NU	\$35.01	
A7032NU	\$19.90	
A7033NU	\$16.12	
A7034NU	\$56.55	
A7035NU	\$19.63	
A7036NU	\$11.09	
A7037NU	\$12.42	
A7038NU	\$2.29	
A7039NU	\$6.16	
A7040	\$45.77	
A7041	\$86.05	
A7042	\$164.90	
A7043	\$26.13	
A7044NU	\$83.16	
A7045NU	\$13.41	
A7045RR	\$1.34	
A7045UE	\$10.06	
A7046NU	\$13.39	
A7047	\$140.22	
A7048	\$56.36	
A7049	AAC+ 20%	
A7501	\$121.80	
A7502	\$57.90	
A7503	\$13.16	
A7504	\$0.79	
A7505	\$5.44	
A7506	\$0.37	
A7507	\$2.90	
A7508	\$3.33	
A7509	\$1.63	
A7520NU	\$55.06	
A7520UA	AAC+ 35%	
A7520UC	AAC+ 35%	
A7521NU	\$54.56	
A7521UA	AAC+ 35%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A7521UC	AAC+ 35%	
A7522NU	\$52.38	
A7522UC	AAC+ 35%	
A7523	AAC+ 20%	
A7524	\$89.79	
A7525	\$2.39	
A7526	\$3.94	
A7527	\$4.15	
A8000NU	\$177.87	
A8000RR	\$17.79	
A8000UE	\$133.43	
A8001NU	\$177.87	
A8001RR	\$17.79	
A8001UE	\$133.43	
A8002NU	AAC+ 30%	
A8002RR	IC	
A8002UE	IC	
A8003NU	AAC+ 30%	
A8003RR	IC	
A8003UE	IC	
A8004NU	AAC+ 30%	
A8004RR	IC	
A8004UE	IC	
A9156	AAC+ 30%	
A9268	AAC+ 30%	
A9269	AAC+ 30%	
A9272	AAC+ 20%	
A9273	AAC+ 20%	
A9274	AAC+ 30%	
A9275	AAC+ 30%	
A9276	AAC+ 30%	
A9277	AAC+ 30%	
A9278	AAC+ 30%	
A9279	AAC+ 30%	
A9280	AAC+ 30%	
A9281	AAC+ 20%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
A9282	AAC+ 20%	
A9284	AAC+ 20%	
A9286	AAC+ 20%	
A9300	AAC+ 30%	
A9900	AAC+ 20%	
A9901	\$3.00	
A9999	AAC+ 20%	
B4034	\$3.16	
B4035	\$5.06	
B4036	\$4.34	
B4081	\$16.24	
B4082	\$11.29	
B4083	\$1.65	
B4087NU	\$29.56	
B4087UC	\$144.00	
B4088NU	\$35.39	
B4088UC	\$144.00	
B4100	AAC+ 25%	
B4100BO	AAC+ 25%	
B4102	AAC+ 25%	
B4102BA	AAC+ 25%	
B4102BO	AAC+ 25%	
B4103	AAC+ 25%	
B4103BA	AAC+ 25%	
B4103BO	AAC+ 25%	
B4104	AAC+ 25%	
B4104BA	AAC+ 25%	
B4104BO	AAC+ 25%	
B4105	AAC+ 20%	
B4148	AAC+ 25%	
B4149BA	AAC+ 35%	
B4149BO	AAC+ 35%	
B4150BA	\$0.38	
B4150BO	\$2.00	
B4152BA	\$0.32	
B4152BO	\$1.84	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
B4153BA	\$1.16	
B4153BO	\$11.26	
B4154BA	\$0.65	
B4154BO	AAC+ 35%	
B4155BA	\$0.77	
B4155BO	AAC+ 35%	
B4157BA	AAC+ 35%	
B4157BO	AAC+ 35%	
B4158BA	AAC+ 35%	
B4158BO	AAC+ 35%	
B4159BA	AAC+ 35%	
B4159BO	AAC+ 35%	
B4160BA	AAC+ 35%	
B4160BO	AAC+ 35%	
B4161BA	AAC+ 35%	
B4161BO	AAC+ 35%	
B4162BA	AAC+ 35%	
B4162BO	AAC+ 35%	
B4164	\$20.47	
B4168	\$29.85	
B4172	AAC+ 25%	
B4176	\$57.75	
B4178	\$69.30	
B4180	\$29.38	
B4185BA	\$10.97	
B4187	\$13.52	
B4189	\$214.08	
B4193	\$276.62	
B4197	\$336.78	
B4199	\$384.82	
B4216	\$9.30	
B4220	\$9.64	
B4222	\$11.89	
B4224	\$30.11	
B5000	\$14.32	
B5100	\$5.59	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
B5200	AAC+ 25%	
B9002MS	\$30.82	
B9002NU	\$616.42	
B9002RR	\$61.64	
B9002UE	\$462.32	
B9004MS	\$240.52	
B9004NU	\$3,038.76	
B9004RR	\$481.04	
B9004UE	\$2,279.06	
B9006NU	\$3,038.76	
B9006RR	\$481.04	
B9006UE	\$2,279.06	
B9998	AAC+ 20%	
B9999	AAC+ 20%	
E0100NU	\$23.53	
E0100RR	\$6.18	
E0100UE	\$17.63	
E0105NU	\$56.18	
E0105RR	\$8.75	
E0105UD	AAC+ 30%	
E0105UE	\$42.17	
E0110NU	\$89.99	
E0110RR	\$18.54	
E0110UD	AAC+ 30%	
E0110UE	\$67.46	
E0111NU	\$61.75	
E0111RR	\$9.78	
E0111UD	AAC+ 30%	
E0111UE	\$47.68	
E0112NU	\$36.49	
E0112RR	\$9.80	
E0112UD	AAC+ 30%	
E0112UE	\$27.83	
E0113NU	\$24.52	
E0113RR	\$5.96	
E0113UD	AAC+ 30%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0113UE	\$18.39	
E0114NU	\$46.52	
E0114RR	\$8.45	
E0114UD	AAC+ 30%	
E0114UE	\$35.17	
E0116NU	\$32.18	
E0116RR	\$5.34	
E0116UD	AAC+ 30%	
E0116UE	\$24.23	
E0117KH	\$22.34	
E0117KI	\$22.34	
E0117KJ	\$16.75	
E0117NU	\$223.38	
E0117UD	AAC+ 30%	
E0117UE	\$167.54	
E0118NU	AAC+ 30%	
E0118RR	IC	
E0118UE	IC	
E0130NU	\$44.23	
E0130RR	\$4.42	
E0130UD	AAC+ 30%	
E0130UE	\$33.18	
E0135NU	\$44.23	
E0135RR	\$4.42	
E0135UD	AAC+ 30%	
E0135UE	\$33.18	
E0140KH	\$27.38	
E0140KI	\$27.38	
E0140KJ	\$20.53	
E0140NU	\$273.79	
E0140UC	AAC+ 30%	
E0140UD	AAC+ 30%	
E0140UE	\$205.34	
E0141NU	\$44.64	
E0141RR	\$4.46	
E0141UC	AAC+ 30%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0141UD	AAC+ 30%	
E0141UE	\$33.48	
E0143NU	\$44.64	
E0143RR	\$4.46	
E0143UC	AAC+ 30%	
E0143UD	AAC+ 30%	
E0143UE	\$33.48	
E0144KH	\$27.61	
E0144KI	\$27.61	
E0144KJ	\$20.71	
E0144NU	\$276.08	
E0144UC	AAC+ 30%	
E0144UD	AAC+ 30%	
E0144UE	\$207.06	
E0147NU	\$412.37	
E0147RR	\$41.24	
E0147UD	AAC+ 30%	
E0147UE	\$309.28	
E0148NU	\$80.60	
E0148RR	\$8.06	
E0148UD	AAC+ 30%	
E0148UE	\$60.45	
E0149KH	\$9.89	
E0149KI	\$9.89	
E0149KJ	\$7.41	
E0149NU	\$98.86	
E0149UD	AAC+ 30%	
E0149UE	\$74.14	
E0152	AAC+ 30%	
E0153NU	\$68.42	
E0153RR	\$7.74	
E0153UC	AAC+ 30%	
E0153UD	AAC+ 30%	
E0153UE	\$51.30	
E0154NU	\$50.50	
E0154RR	\$5.05	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0154UC	AAC+ 30%	
E0154UD	AAC+ 30%	
E0154UE	\$37.88	
E0155NU	\$21.34	
E0155RR	\$2.13	
E0155UD	AAC+ 30%	
E0155UE	\$16.01	
E0156NU	\$15.65	
E0156RR	\$1.56	
E0156UD	AAC+ 30%	
E0156UE	\$11.74	
E0157NU	\$54.89	
E0157RR	\$5.49	
E0157UE	\$41.17	
E0158NU	\$22.27	
E0158RR	\$2.23	
E0158UD	AAC+ 30%	
E0158UE	\$16.70	
E0159NU	\$14.48	
E0159RR	\$1.45	
E0159UD	AAC+ 30%	
E0159UE	\$10.86	
E0160NU	\$30.58	
E0160RR	\$3.06	
E0160UE	\$22.94	
E0161NU	\$24.42	
E0161RR	\$2.44	
E0161UE	\$18.32	
E0162NU	\$168.99	
E0162RR	\$17.74	
E0162UE	\$131.04	
E0163NU	\$48.33	
E0163RR	\$4.84	
E0163UD	AAC+ 30%	
E0163UE	\$36.25	
E0165KH	\$11.58	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0165KI	\$11.58	
E0165KJ	\$8.68	
E0165NU	\$115.77	
E0165UD	AAC+ 30%	
E0165UE	\$86.83	
E0167NU	\$11.89	
E0167RR	\$1.19	
E0167UD	AAC+ 30%	
E0167UE	\$8.93	
E0168NU	\$117.62	
E0168RR	\$11.76	
E0168UE	\$88.21	
E0170KH	\$166.40	
E0170KI	\$166.40	
E0170KJ	\$124.80	
E0170NU	\$1,664.05	
E0170UD	AAC+ 30%	
E0170UE	\$1,248.03	
E0171KH	\$31.37	
E0171KI	\$31.37	
E0171KJ	\$23.53	
E0171NU	\$313.74	
E0171UD	AAC+ 30%	
E0171UE	\$235.30	
E0172	AAC+ 30%	
E0175NU	\$75.37	
E0175RR	\$7.57	
E0175UE	\$56.54	
E0181KH	\$14.48	
E0181KI	\$14.48	
E0181KJ	\$10.86	
E0181NU	\$144.76	
E0181UE	\$108.57	
E0182KH	\$20.49	
E0182KI	\$20.49	
E0182KJ	\$15.37	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0182NU	\$204.94	
E0182UE	\$153.70	
E0183KH	\$14.48	
E0183KI	\$14.48	
E0183KJ	\$10.86	
E0184NU	\$160.99	
E0184RR	\$16.10	
E0184UE	\$120.74	
E0185NU	\$164.36	
E0185RR	\$16.44	
E0185UE	\$123.28	
E0186KH	\$19.33	
E0186KI	\$19.33	
E0186KJ	\$14.50	
E0186NU	\$193.29	
E0186UE	\$144.97	
E0187KH	\$22.03	
E0187KI	\$22.03	
E0187KJ	\$16.52	
E0187NU	\$220.32	
E0187UE	\$165.24	
E0188NU	\$23.69	
E0188RR	\$2.37	
E0188UE	\$17.77	
E0189NU	\$50.92	
E0189RR	\$5.09	
E0189UE	\$38.19	
E0190NU	AAC+ 30%	
E0190RR	IC	
E0190UE	IC	
E0191NU	\$11.59	
E0191RR	\$1.20	
E0191UE	\$8.64	
E0193KH	\$676.83	
E0193KI	\$676.83	
E0193KJ	\$507.62	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0194KH	\$3,774.31	
E0194KI	\$3,774.31	
E0194KJ	\$2,830.73	
E0196KH	\$32.03	
E0196KI	\$32.03	
E0196KJ	\$24.02	
E0196NU	\$320.28	
E0196UE	\$240.21	
E0197KH	\$18.96	
E0197KI	\$18.96	
E0197KJ	\$14.22	
E0197NU	\$189.55	
E0197UE	\$142.16	
E0198KH	\$21.85	
E0198KI	\$21.85	
E0198KJ	\$16.38	
E0198NU	\$218.45	
E0198UE	\$163.84	
E0199NU	\$31.29	
E0199RR	\$3.13	
E0199UE	\$23.47	
E0200NU	\$78.15	
E0200RR	\$10.62	
E0200UE	\$58.65	
E0201NU	\$122.10	
E0201RR	\$12.21	
E0201UE	\$91.58	
E0202RR	\$125.00	
E0203	AAC+ 30%	
E0205NU	\$191.31	
E0205RR	\$21.05	
E0205UE	\$143.48	
E0210NU	\$37.88	
E0210RR	\$3.09	
E0210UE	\$28.38	
E0215NU	\$69.84	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0215RR	\$7.31	
E0215UE	\$52.39	
E0217NU	\$575.79	
E0217RR	\$64.10	
E0217UE	\$431.82	
E0218	AAC+ 30%	
E0221	\$1,690.77	
E0225NU	\$383.14	
E0225RR	\$37.77	
E0225UE	\$287.35	
E0231	AAC+ 30%	
E0232	AAC+ 30%	
E0235KH	\$18.29	
E0235KI	\$18.29	
E0235KJ	\$13.72	
E0235NU	\$182.92	
E0235UE	\$137.19	
E0236KH	\$51.31	
E0236KI	\$51.31	
E0236KJ	\$38.49	
E0236NU	\$513.15	
E0236UE	\$384.86	
E0239NU	\$521.70	
E0239RR	\$52.18	
E0239UE	\$391.29	
E0240NU	AAC+ 30%	
E0240RR	IC	
E0240UE	IC	
E0241	\$32.36	
E0242	\$69.79	
E0243	\$38.14	
E0244	\$60.76	
E0244UD	AAC+ 30%	
E0245	\$42.37	
E0245UD	AAC+ 30%	
E0246	\$99.65	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0247NU	AAC+ 30%	
E0247RR	IC	
E0247UE	IC	
E0248NU	AAC+ 30%	
E0248RR	IC	
E0248UE	IC	
E0249NU	\$115.52	
E0249RR	\$12.69	
E0249UE	\$86.62	
E0250KH	\$58.50	
E0250KI	\$58.50	
E0250KJ	\$43.87	
E0250NU	\$584.97	
E0250RB	AAC+ 30%	
E0250UE	\$438.73	
E0251KH	\$56.19	
E0251KI	\$56.19	
E0251KJ	\$42.15	
E0251NU	\$561.94	
E0251RB	AAC+ 30%	
E0251UE	\$421.45	
E0255KH	\$58.50	
E0255KI	\$58.50	
E0255KJ	\$43.87	
E0255NU	\$584.97	
E0255RB	AAC+ 30%	
E0255UE	\$438.73	
E0256KH	\$58.50	
E0256KI	\$58.50	
E0256KJ	\$43.87	
E0256NU	\$584.97	
E0256RB	AAC+ 30%	
E0256UE	\$438.73	
E0260KH	\$58.50	
E0260KI	\$58.50	
E0260KJ	\$43.87	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0260NU	\$584.97	
E0260RB	AAC+ 30%	
E0260UE	\$438.73	
E0261KH	\$58.50	
E0261KI	\$58.50	
E0261KJ	\$43.87	
E0261NU	\$584.97	
E0261RB	AAC+ 30%	
E0261UE	\$438.73	
E0265KH	\$147.86	
E0265KI	\$147.86	
E0265KJ	\$110.89	
E0265NU	\$1,478.58	
E0265RB	AAC+ 30%	
E0265UE	\$1,108.93	
E0266KH	\$128.66	
E0266KI	\$128.66	
E0266KJ	\$96.49	
E0266NU	\$1,286.56	
E0266RB	AAC+ 30%	
E0266UE	\$964.92	
E0270	AAC+ 30%	
E0271NU	\$114.91	
E0271RR	\$11.49	
E0271UE	\$86.18	
E0272NU	\$143.84	
E0272RR	\$14.38	
E0272UE	\$107.87	
E0273	\$44.73	
E0274NU	\$60.99	
E0274RR	\$6.10	
E0274UE	\$45.74	
E0275NU	\$15.00	
E0275RR	\$1.50	
E0275UE	\$11.25	
E0276NU	\$12.23	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0276RR	\$1.22	
E0276UE	\$9.17	
E0277KH	\$188.45	
E0277KI	\$188.45	
E0277KJ	\$141.34	
E0277NU	\$1,884.54	
E0277UE	\$1,413.40	
E0280NU	\$30.97	
E0280RR	\$3.09	
E0280UE	\$23.23	
E0290KH	\$57.10	
E0290KI	\$57.10	
E0290KJ	\$42.83	
E0290NU	\$571.03	
E0290RB	AAC+ 30%	
E0290UE	\$428.27	
E0291KH	\$47.49	
E0291KI	\$47.49	
E0291KJ	\$35.62	
E0291NU	\$474.90	
E0291RB	AAC+ 30%	
E0291UE	\$356.17	
E0292KH	\$58.50	
E0292KI	\$58.50	
E0292KJ	\$43.87	
E0292NU	\$584.97	
E0292RB	AAC+ 30%	
E0292UE	\$438.73	
E0293	AAC+ 30%	
E0293KH	\$56.85	
E0293KI	\$56.85	
E0293KJ	\$42.64	
E0293NU	\$568.48	
E0293UE	\$426.36	
E0294KH	\$58.50	
E0294KI	\$58.50	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0294KJ	\$43.87	
E0294NU	\$584.97	
E0294RB	AAC+ 30%	
E0294UE	\$438.73	
E0295KH	\$58.50	
E0295KI	\$58.50	
E0295KJ	\$43.87	
E0295NU	\$584.97	
E0295RB	AAC+ 30%	
E0295UE	\$438.73	
E0296KH	\$115.36	
E0296KI	\$115.36	
E0296KJ	\$86.52	
E0296NU	\$1,153.62	
E0296RB	AAC+ 30%	
E0296UE	\$865.22	
E0297KH	\$101.80	
E0297KI	\$101.80	
E0297KJ	\$76.35	
E0297NU	\$1,018.05	
E0297RB	AAC+ 30%	
E0297UE	\$763.53	
E0300KH	\$257.07	
E0300KI	\$257.07	
E0300KJ	\$192.80	
E0300NU	AAC+ 30%	
E0300RB	AAC+ 30%	
E0300UE	IC	
E0301KH	\$150.95	
E0301KI	\$150.95	
E0301KJ	\$113.21	
E0301NU	\$1,509.52	
E0301RB	AAC+ 30%	
E0301UE	\$1,132.14	
E0302KH	\$470.76	
E0302KI	\$470.76	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0302KJ	\$353.07	
E0302NU	\$4,707.56	
E0302RB	AAC+ 30%	
E0302UE	\$3,530.67	
E0303KH	\$152.87	
E0303KI	\$152.87	
E0303KJ	\$114.65	
E0303NU	\$1,528.73	
E0303RB	AAC+ 30%	
E0303UE	\$1,146.54	
E0304KH	\$478.38	
E0304KI	\$478.38	
E0304KJ	\$358.79	
E0304NU	\$4,783.80	
E0304RB	AAC+ 30%	
E0304UE	\$3,587.85	
E0305KH	\$10.88	
E0305KI	\$10.88	
E0305KJ	\$8.16	
E0305NU	\$108.80	
E0305UE	\$81.60	
E0310NU	\$114.22	
E0310RR	\$11.42	
E0310UE	\$85.67	
E0315NU	\$74.32	
E0315RR	\$7.43	
E0315UE	\$55.74	
E0316KH	\$210.93	
E0316KI	\$210.93	
E0316KJ	\$158.20	
E0316NU	\$2,109.28	
E0316UE	\$1,581.96	
E0325NU	\$9.66	
E0325RR	\$0.97	
E0325UE	\$7.24	
E0326NU	\$10.39	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0326RR	\$1.04	
E0326UE	\$7.79	
E0328	AAC+ 30%	
E0328UA	AAC+ 30%	
E0329	AAC+ 30%	
E0329UA	AAC+ 30%	
E0350	AAC+ 30%	
E0352	AAC+ 20%	
E0370	AAC+ 20%	
E0371KH	\$188.45	
E0371KI	\$188.45	
E0371KJ	\$141.34	
E0371NU	\$1,884.54	
E0371UE	\$1,413.40	
E0372KH	\$188.45	
E0372KI	\$188.45	
E0372KJ	\$141.34	
E0372NU	\$1,884.54	
E0372UE	\$1,413.40	
E0373KH	\$188.45	
E0373KI	\$188.45	
E0373KJ	\$141.34	
E0373NU	\$1,884.54	
E0373UE	\$1,413.40	
E0424RR	\$79.98	
E0425	AAC+ 30%	
E0430	AAC+ 30%	
E0431RR	\$17.76	
E0433RR	\$40.83	
E0434RR	\$40.83	
E0435	AAC+ 30%	
E0439QF	\$79.98	
E0439QG	\$79.98	
E0439RR	\$79.98	
E0440	AAC+ 30%	
E0441	\$53.17	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0442	\$53.17	
E0443RR	\$49.16	
E0444RR	\$49.16	
E0445NU	\$856.30	
E0445RR	\$85.63	
E0445UE	\$642.23	
E0446	AAC+ 30%	
E0447	\$73.75	
E0455	AAC+ 20%	
E0457NU	\$548.45	
E0457RR	\$54.84	
E0457UE	\$411.31	
E0459KH	\$45.42	
E0459KI	\$45.42	
E0459KJ	\$34.06	
E0459NU	\$476.86	
E0459UE	\$357.65	
E0462KH	\$287.28	
E0462KI	\$287.28	
E0462KJ	\$215.46	
E0462NU	\$2,872.83	
E0462UE	\$2,154.62	
E0465RR	\$1,107.04	
E0465U2	\$1,302.40	
E0466RR	\$1,107.04	
E0466U2	\$1,302.40	
E0467RR	\$1,293.44	
E0467U2	\$1,521.69	
E0468RR	\$1,190.16	
E0468U2	\$1,400.19	
E0469KH	\$1,500.68	
E0469KI	\$1,500.68	
E0469KJ	\$1,125.51	
E0469NU	\$15,006.80	
E0469UE	\$11,255.10	
E0470KH	\$108.88	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0470KI	\$108.88	
E0470KJ	\$81.66	
E0470NU	\$1,088.77	
E0470UE	\$816.57	
E0471KH	\$270.53	
E0471KI	\$270.53	
E0471KJ	\$202.90	
E0471NU	\$2,705.30	
E0471UE	\$2,028.97	
E0472KH	\$388.38	
E0472KI	\$388.38	
E0472KJ	\$291.29	
E0472NU	\$3,883.82	
E0472UE	\$2,912.87	
E0480KH	\$50.97	
E0480KI	\$50.97	
E0480KJ	\$38.23	
E0480NU	\$509.75	
E0480UE	\$382.31	
E0481	AAC+ 30%	
E0482KH	\$498.75	
E0482KI	\$498.75	
E0482KJ	\$374.06	
E0482NU	\$4,987.46	
E0482UE	\$3,740.60	
E0483KH	\$1,233.01	
E0483KI	\$1,233.01	
E0483KJ	\$924.76	
E0483NU	\$12,330.10	
E0483UE	\$9,247.58	
E0484NU	\$42.84	
E0484RR	\$4.28	
E0484UE	\$32.13	
E0485NU	AAC+ 30%	
E0485RR	IC	
E0485UE	IC	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0486NU	\$1,881.22	
E0487	AAC+ 30%	
E0490KH	\$103.83	
E0490KI	\$103.83	
E0490KJ	\$77.87	
E0490NU	\$1,221.50	
E0490RR	\$122.15	
E0490UE	\$916.13	
E0491	\$85.75	
E0492	AAC+ 30%	
E0493	AAC+ 30%	
E0500RR	\$127.30	
E0530KH	\$35.54	
E0530KI	\$35.54	
E0530KJ	\$22.66	
E0530NU	\$355.40	
E0530UE	\$266.55	
E0550KH	\$49.43	
E0550KI	\$49.43	
E0550KJ	\$37.07	
E0550NU	\$494.28	
E0550UE	\$370.71	
E0555	AAC+ 30%	
E0560NU	\$171.44	
E0560RR	\$20.09	
E0560UE	\$128.59	
E0561NU	\$74.34	
E0561RR	\$7.44	
E0561UE	\$55.76	
E0562NU	\$141.81	
E0562RR	\$14.18	
E0562UE	\$106.35	
E0565KH	\$43.54	
E0565KI	\$43.54	
E0565KJ	\$32.65	
E0565NU	\$435.37	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0565UE	\$326.53	
E0570KH	\$6.01	
E0570KI	\$6.01	
E0570KJ	\$4.51	
E0570NU	\$60.10	
E0570UE	\$45.07	
E0572KH	\$27.01	
E0572KI	\$27.01	
E0572KJ	\$20.26	
E0572NU	\$270.13	
E0572UE	\$202.60	
E0574KH	\$46.68	
E0574KI	\$46.68	
E0574KJ	\$35.01	
E0574NU	\$466.82	
E0574UE	\$350.12	
E0575KH	\$119.20	
E0575KI	\$119.20	
E0575KJ	\$89.40	
E0575NU	\$1,192.04	
E0575UE	\$894.03	
E0580NU	\$133.99	
E0580RR	\$13.40	
E0580UE	\$100.48	
E0585KH	\$28.44	
E0585KI	\$28.44	
E0585KJ	\$21.33	
E0585NU	\$284.41	
E0585UE	\$213.31	
E0600KH	\$53.10	
E0600KI	\$53.10	
E0600KJ	\$39.82	
E0600NU	\$531.00	
E0600UE	\$398.25	
E0601KH	\$40.89	
E0601KI	\$40.89	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0601KJ	\$30.66	
E0601NU	\$408.85	
E0601UE	\$306.64	
E0602NU	\$34.23	
E0602RR	\$3.45	
E0602UE	\$25.68	
E0603NU	\$213.20	
E0604RR	\$70.00	
E0605NU	\$36.04	
E0605RR	\$3.63	
E0605UE	\$27.08	
E0606KH	\$26.61	
E0606KI	\$26.61	
E0606KJ	\$19.96	
E0606NU	\$266.14	
E0606UE	\$199.60	
E0607NU	\$77.49	
E0607RR	\$7.74	
E0607UE	\$58.11	
E0610NU	\$234.47	
E0610RR	\$24.74	
E0610UE	\$175.88	
E0615NU	\$555.29	
E0615RR	\$67.85	
E0615UE	\$416.52	
E0616	AAC+ 30%	
E0617KH	\$352.61	
E0617KHKF	\$352.61	
E0617KI	\$352.61	
E0617KIKF	\$352.61	
E0617KJ	\$264.46	
E0617KJKF	\$264.46	
E0617NU	\$3,526.14	
E0617NUKF	\$3,526.14	
E0617UE	\$2,644.61	
E0617UEKF	\$2,644.61	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0618KH	\$325.16	
E0618KI	\$325.16	
E0618KJ	\$243.87	
E0619KH	\$224.28	
E0619KI	\$224.28	
E0619KJ	\$168.21	
E0620KH	\$101.40	
E0620KI	\$101.40	
E0620KJ	\$76.05	
E0620NU	\$1,013.97	
E0620UE	\$760.47	
E0621NU	\$91.84	
E0621RR	\$9.19	
E0621UE	\$68.88	
E0625NU	AAC+ 30%	
E0625RR	IC	
E0625UE	IC	
E0627NU	\$251.71	
E0627RR	\$25.17	
E0627UE	\$188.78	
E0629NU	\$251.37	
E0629RR	\$25.13	
E0629UE	\$188.53	
E0630KH	\$58.22	
E0630KI	\$58.22	
E0630KJ	\$43.66	
E0630NU	\$582.17	
E0630RB	AAC+ 30%	
E0630UE	\$436.62	
E0635KH	\$117.68	
E0635KI	\$117.68	
E0635KJ	\$88.26	
E0635NU	\$1,176.83	
E0635RB	AAC+ 30%	
E0635U1	AAC+ 35%	
E0635UE	\$882.62	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0636KH	\$966.11	
E0636KI	\$966.11	
E0636KJ	\$724.58	
E0636NU	\$9,661.10	
E0636RB	AAC+ 30%	
E0636UE	\$7,245.83	
E0637NU	\$2,104.97	
E0637RR	\$210.51	
E0637UE	\$1,578.72	
E0638NU	\$853.57	
E0638RR	\$85.36	
E0638UC	AAC+ 35%	
E0638UD	AAC+ 35%	
E0638UE	\$640.18	
E0639KH	\$129.38	
E0639KI	\$129.38	
E0639KJ	\$97.03	
E0639NU	AAC+ 35%	
E0639RB	AAC+ 35%	
E0639UE	\$970.34	
E0640KH	\$129.38	
E0640KI	\$129.38	
E0640KJ	\$97.03	
E0640NU	AAC+ 35%	
E0640RB	AAC+ 35%	
E0640UE	\$970.34	
E0641	AAC+ 30%	
E0642	AAC+ 30%	
E0650NU	\$835.28	
E0650RR	\$103.08	
E0650UE	\$626.47	
E0651NU	\$905.38	
E0651RR	\$107.25	
E0651UE	\$679.06	
E0652NU	\$6,148.53	
E0652RR	\$516.51	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0652UE	\$4,607.27	
E0655NU	\$118.01	
E0655RR	\$12.50	
E0655UE	\$88.50	
E0656KH	\$67.02	
E0656KI	\$67.02	
E0656KJ	\$50.27	
E0656NU	\$670.23	
E0656UE	\$502.67	
E0657KH	\$62.96	
E0657KI	\$62.96	
E0657KJ	\$47.22	
E0657NU	\$629.60	
E0657UE	\$472.20	
E0660NU	\$183.52	
E0660RR	\$16.39	
E0660UE	\$137.65	
E0665NU	\$158.89	
E0665RR	\$15.33	
E0665UE	\$119.31	
E0666NU	\$160.16	
E0666RR	\$16.49	
E0666UE	\$120.14	
E0667NU	\$319.18	
E0667RR	\$42.40	
E0667UE	\$239.39	
E0668NU	\$512.48	
E0668RR	\$50.58	
E0668UE	\$384.38	
E0669NU	\$201.88	
E0669RR	\$20.18	
E0669UE	\$151.41	
E0670NU	\$1,239.22	
E0670RR	\$156.06	
E0670UE	\$929.36	
E0671NU	\$481.72	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0671RR	\$48.20	
E0671UE	\$361.26	
E0672NU	\$374.28	
E0672RR	\$37.46	
E0672UE	\$280.73	
E0673NU	\$311.01	
E0673RR	\$31.10	
E0673UE	\$233.30	
E0675KH	\$445.99	
E0675KI	\$445.99	
E0675KJ	\$334.49	
E0675NU	\$4,459.87	
E0675UE	\$3,344.90	
E0676	AAC+ 30%	
E0677KHKI	\$67.02	
E0677KJ	\$59.14	
E0677NU	\$788.50	
E0677UE	\$591.38	
E0678KH	\$37.55	
E0678KI	\$37.55	
E0678KJ	\$28.16	
E0678NU	\$375.50	
E0678UE	\$281.63	
E0679KH	\$23.75	
E0679KI	\$23.75	
E0679KJ	\$17.81	
E0679NU	\$237.50	
E0679UE	\$178.13	
E0680KH	\$723.36	
E0680KI	\$723.36	
E0680KJ	\$542.52	
E0680NU	\$7,233.60	
E0680UE	\$5,425.20	
E0681KH	\$106.52	
E0681KI	\$106.52	
E0681KJ	\$79.89	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0681NU	\$1,065.20	
E0681UE	\$798.90	
E0682KH	\$60.29	
E0682KI	\$60.29	
E0682KJ	\$45.22	
E0682NU	\$602.90	
E0682UE	\$452.18	
E0683KH	\$78.06	
E0683KI	\$78.06	
E0683KJ	\$58.55	
E0683NU	\$780.60	
E0683UE	\$585.45	
E0691NU	\$1,042.16	
E0691RR	\$104.21	
E0691UE	\$781.63	
E0692NU	\$1,308.68	
E0692RR	\$130.85	
E0692UE	\$981.50	
E0693NU	\$1,613.22	
E0693RR	\$161.33	
E0693UE	\$1,209.92	
E0694NU	\$5,134.75	
E0694RR	\$513.47	
E0694UE	\$3,851.09	
E0700	AAC+ 30%	
E0705NU	\$44.12	
E0705NUKU	\$74.88	
E0705RR	\$4.41	
E0705RRKU	\$7.65	
E0705UE	\$33.08	
E0705UEKU	\$55.08	
E0710	AAC+ 20%	
E0711	AAC+ 20%	
E0715	AAC + 30%	
E0716	AAC + 20%	
E0720NU	\$66.34	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0721	AAC+ 30%	
E0730NU	\$66.01	
E0731NU	\$79.60	
E0732KH	\$50.15	
E0732KI	\$50.15	
E0732KJ	\$37.61	
E0732NU	\$501.50	
E0732UE	\$376.13	
E0733KH	\$50.15	
E0733KI	\$50.15	
E0733KJ	\$37.61	
E0733NU	\$501.50	
E0733UE	\$376.13	
E0734KH	\$429.24	
E0734KI	\$429.24	
E0734KJ	\$321.93	
E0734NU	\$4,292.40	
E0734UE	\$3,219.30	
E0735KH	\$50.15	
E0735KI	\$50.15	
E0735KJ	\$37.61	
E0735NU	\$501.50	
E0735UE	\$376.13	
E0736	AAC+ 30%	
E0737	AAC+ 30%	
E0738	AAC+ 30%	
E0739	AAC+ 30%	
E0740KH	\$60.65	
E0740KI	\$60.65	
E0740KJ	\$45.49	
E0740NU	\$606.48	
E0740UE	\$454.86	
E0743KH	\$231.88	
E0743KI	\$231.88	
E0743KJ	\$173.91	
E0743NU	\$2,318.80	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0743UE	\$1,739.10	
E0744KH	\$106.21	
E0744KI	\$106.21	
E0744KJ	\$79.66	
E0744NU	\$1,062.08	
E0744UE	\$796.56	
E0745KH	\$103.83	
E0745KI	\$103.83	
E0745KJ	\$77.87	
E0745NU	\$1,038.28	
E0745UE	\$778.71	
E0746	AAC+ 30%	
E0747NUKF	\$3,860.51	
E0747RRKF	\$383.62	
E0747UEKF	\$2,868.29	
E0748NUKF	\$4,512.37	
E0748RRKF	\$451.21	
E0748UEKF	\$3,384.28	
E0749KHKF	\$329.80	
E0749KIKF	\$329.80	
E0749KJKF	\$247.35	
E0749NUKF	\$3,298.00	
E0749UEKF	\$2,473.50	
E0755	AAC+ 30%	
E0760NUKF	\$3,749.69	
E0760RRKF	\$374.97	
E0760UEKF	\$2,812.23	
E0761	AAC+ 30%	
E0762KH	\$108.40	
E0762KI	\$108.40	
E0762KJ	\$81.30	
E0762NU	\$1,084.01	
E0762UE	\$813.00	
E0764KHKF	\$1,283.48	
E0764KIKF	\$1,283.48	
E0764KJKF	\$962.61	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0764NUKF	\$12,834.83	
E0764UEKF	\$9,626.12	
E0765NU	\$97.57	
E0765RR	\$9.78	
E0765UE	\$73.20	
E0766RRKF	\$13,333.92	
E0767	AAC+ 30%	
E0769	AAC+ 30%	
E0770NU	AAC+ 30%	
E0776NU	\$147.63	
E0776NUBA	\$52.51	
E0776RR	\$14.76	
E0776RRBA	\$5.25	
E0776UE	\$110.72	
E0776UEBA	\$39.39	
E0779KH	\$19.15	
E0779KI	\$19.15	
E0779KJ	\$14.36	
E0779NU	\$191.51	
E0779UE	\$143.63	
E0780NU	\$12.03	
E0781KH	\$248.56	
E0781KI	\$248.56	
E0781KJ	\$186.42	
E0781NU	\$2,485.57	
E0781UE	\$1,864.18	
E0782NUKF	\$4,232.52	
E0782RRKF	\$423.27	
E0782UEKF	\$3,174.38	
E0783NUKF	\$9,495.00	
E0783RRKF	\$949.52	
E0783UEKF	\$7,121.28	
E0784KH	\$448.18	
E0784KI	\$448.18	
E0784KJ	\$336.13	
E0784NU	AAC+ 30%	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0784UE	\$3,361.35	
E0785KF	\$548.01	
E0786NUKF	\$8,927.54	
E0786RRKF	\$892.76	
E0786UEKF	\$6,695.67	
E0787	IC	
E0791KH	\$295.28	
E0791KI	\$295.28	
E0791KJ	\$221.46	
E0791NU	\$2,952.82	
E0791UE	\$2,214.61	
E0830NU	AAC+ 30%	
E0840NU	\$84.97	
E0840RR	\$16.86	
E0840UE	\$63.71	
E0849KH	\$59.77	
E0849KI	\$59.77	
E0849KJ	\$44.83	
E0849NU	\$597.72	
E0849UE	\$448.29	
E0850NU	\$121.83	
E0850RR	\$14.23	
E0850UE	\$91.38	
E0855KH	\$58.29	
E0855KI	\$58.29	
E0855KJ	\$43.72	
E0855NU	\$582.93	
E0855UE	\$437.20	
E0856KH	\$17.85	
E0856KI	\$17.85	
E0856KJ	\$13.39	
E0856NU	\$178.50	
E0856UE	\$133.88	
E0860NU	\$44.69	
E0860RR	\$7.57	
E0860UE	\$34.22	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0870NU	\$134.90	
E0870RR	\$15.56	
E0870UE	\$101.63	
E0880NU	\$145.60	
E0880RR	\$22.86	
E0880UE	\$110.20	
E0890NU	\$139.64	
E0890RR	\$38.08	
E0890UE	\$112.49	
E0900NU	\$148.61	
E0900RR	\$32.05	
E0900UE	\$111.49	
E0910KH	\$10.85	
E0910KI	\$10.85	
E0910KJ	\$8.14	
E0910NU	\$108.55	
E0910UE	\$81.41	
E0911KH	\$42.52	
E0911KI	\$42.52	
E0911KJ	\$31.89	
E0911NU	\$425.17	
E0911UE	\$318.88	
E0912KH	\$77.21	
E0912KI	\$77.21	
E0912KJ	\$57.90	
E0912NU	\$772.06	
E0912UE	\$579.04	
E0920KH	\$53.53	
E0920KI	\$53.53	
E0920KJ	\$40.15	
E0920NU	\$535.33	
E0920UE	\$401.50	
E0930KH	\$52.97	
E0930KI	\$52.97	
E0930KJ	\$39.73	
E0930NU	\$529.72	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0930UE	\$397.29	
E0935RR	\$26.38	
E0936	AAC+ 30%	
E0940KH	\$21.82	
E0940KI	\$21.82	
E0940KJ	\$16.36	
E0940NU	\$218.20	
E0940UE	\$163.65	
E0941KH	\$42.79	
E0941KI	\$42.79	
E0941KJ	\$32.09	
E0941NU	\$427.89	
E0941UE	\$320.92	
E0942NU	\$23.02	
E0942RR	\$2.32	
E0942UE	\$17.22	
E0944NU	\$53.20	
E0944RR	\$4.61	
E0944UE	\$39.90	
E0945NU	\$51.40	
E0945RR	\$4.36	
E0945UE	\$39.80	
E0946KH	\$68.62	
E0946KI	\$68.62	
E0946KJ	\$51.47	
E0946NU	\$686.21	
E0946UE	\$514.65	
E0947NU	\$703.36	
E0947RR	\$72.92	
E0947UE	\$527.50	
E0948NU	\$680.30	
E0948RR	\$68.01	
E0948UE	\$479.83	
E0950NU	\$83.92	
E0950NUKU	\$103.92	
E0950RR	\$8.39	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0950RRKU	\$10.41	
E0950U1	AAC+ 35%	
E0950UE	\$62.94	
E0950UEKU	\$77.94	
E0951NU	\$14.22	
E0951NUKU	\$20.07	
E0951RR	\$1.42	
E0951RRKU	\$2.29	
E0951UE	\$10.66	
E0951UEKU	\$15.07	
E0952NU	\$19.61	
E0952NUKU	\$19.87	
E0952RR	\$1.96	
E0952RRKU	\$2.29	
E0952UE	\$14.71	
E0952UEKU	\$14.88	
E0953NU	\$73.29	
E0953NUKU	\$115.92	
E0953RR	\$7.33	
E0953RRKU	\$11.58	
E0953UE	\$54.96	
E0953UEKU	\$86.94	
E0954NU	\$52.45	
E0954NUKU	\$68.49	
E0954RR	\$5.24	
E0954RRKU	\$7.42	
E0954UE	\$39.34	
E0954UEKU	\$51.34	
E0955KH	\$14.52	
E0955KHKU	\$14.52	
E0955KI	\$14.52	
E0955KIKU	\$14.52	
E0955KJ	\$10.89	
E0955KJKU	\$10.89	
E0955NU	\$145.18	
E0955NUKU	\$145.18	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0955UE	\$108.89	
E0955UEKU	\$108.89	
E0956NU	\$86.22	
E0956NUKU	\$115.92	
E0956RR	\$8.62	
E0956RRKU	\$11.58	
E0956UE	\$64.66	
E0956UEKU	\$86.94	
E0957NU	\$139.14	
E0957NUKU	\$162.23	
E0957RR	\$13.91	
E0957RRKU	\$16.24	
E0957UE	\$104.36	
E0957UEKU	\$121.65	
E0958KH	\$39.57	
E0958KHKU	\$39.57	
E0958KI	\$39.57	
E0958KIKU	\$39.57	
E0958KJ	\$29.68	
E0958KJKU	\$29.68	
E0958NU	\$395.68	
E0958NUKU	\$395.68	
E0958UE	\$296.76	
E0958UEKU	\$296.76	
E0959NU	\$53.20	
E0959NUKU	\$60.30	
E0959RR	\$5.32	
E0959RRKU	\$5.34	
E0959UE	\$39.90	
E0959UEKU	\$45.66	
E0960NU	\$76.36	
E0960NUKU	\$107.00	
E0960RR	\$7.64	
E0960RRKU	\$10.73	
E0960UE	\$57.27	
E0960UEKU	\$80.26	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0961NU	\$24.78	
E0961NUKU	\$40.60	
E0961RR	\$2.48	
E0961RRKU	\$3.60	
E0961UE	\$17.22	
E0961UEKU	\$17.20	
E0966NU	\$80.99	
E0966NUKU	\$97.39	
E0966RR	\$8.10	
E0966RRKU	\$9.03	
E0966UE	\$60.75	
E0966UEKU	\$73.03	
E0967NU	\$86.04	
E0967NUKU	\$89.61	
E0967RR	\$8.60	
E0967RRKU	\$8.98	
E0967UE	\$64.53	
E0967UEKU	\$67.17	
E0968KH	\$19.66	
E0968KI	\$19.66	
E0968KJ	\$14.75	
E0968NU	\$196.61	
E0968UE	\$147.45	
E0969NU	\$213.71	
E0969RR	\$18.03	
E0969UE	\$160.29	
E0971NU	\$34.90	
E0971NUKU	\$59.20	
E0971RR	\$3.49	
E0971RRKU	\$5.93	
E0971UE	\$26.17	
E0971UEKU	\$44.44	
E0973NU	\$58.19	
E0973NUKU	\$135.22	
E0973RR	\$5.82	
E0973RRKU	\$10.94	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0973UE	\$43.64	
E0973UEKU	\$101.40	
E0974NU	\$82.30	
E0974NUKU	\$101.05	
E0974RR	\$8.23	
E0974RRKU	\$9.64	
E0974UD	AAC+ 35%	
E0974UE	\$61.72	
E0974UEKU	\$75.79	
E0978NU	\$28.06	
E0978NUKU	\$50.21	
E0978RR	\$2.80	
E0978RRKU	\$5.04	
E0978UE	\$21.05	
E0978UEKU	\$37.22	
E0980NU	\$45.10	
E0980RR	\$4.52	
E0980UE	\$33.63	
E0981NU	\$49.13	
E0981NUKU	\$55.43	
E0981RR	\$4.79	
E0981RRKU	\$4.79	
E0981UC	AAC+ 35%	
E0981UE	\$36.85	
E0981UEKU	\$41.97	
E0982NU	\$54.40	
E0982NUKU	\$60.59	
E0982RR	\$5.15	
E0982RRKU	\$5.13	
E0982UE	\$40.80	
E0982UEKU	\$45.47	
E0983KH	\$289.87	
E0983KI	\$289.87	
E0983KJ	\$217.40	
E0983NU	\$2,898.67	
E0983UE	\$2,174.00	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0984KH	\$204.22	
E0984KI	\$204.22	
E0984KJ	\$153.17	
E0984NU	\$2,042.21	
E0984UE	\$1,531.66	
E0985KH	\$21.54	
E0985KHKU	\$21.54	
E0985KI	\$21.54	
E0985KIKU	\$21.54	
E0985KJ	\$16.15	
E0985KJKU	\$16.15	
E0985NU	\$215.39	
E0985NUKU	\$215.39	
E0985UE	\$161.54	
E0985UEKU	\$161.54	
E0986KH	\$564.16	
E0986KI	\$564.16	
E0986KJ	\$423.12	
E0986NU	\$5,641.62	
E0986UE	\$4,231.22	
E0988KH	\$333.82	
E0988KI	\$333.82	
E0988KJ	\$250.37	
E0988NU	\$3,338.21	
E0988UE	\$2,503.65	
E0990NU	\$75.02	
E0990NUKU	\$138.10	
E0990RR	\$7.50	
E0990RRKU	\$15.56	
E0990UE	\$56.26	
E0990UEKU	\$107.91	
E0992NU	\$85.06	
E0992NUKU	\$129.85	
E0992RR	\$8.51	
E0992RRKU	\$10.81	
E0992UE	\$63.79	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E0992UEKU	\$97.39	
E0994NU	\$24.06	
E0994RR	\$2.43	
E0994UE	\$18.04	
E0995NU	\$30.39	
E0995NUKU	\$30.38	
E0995RR	\$3.13	
E0995RRKU	\$3.15	
E0995UE	\$22.77	
E0995UEKU	\$22.77	
E1002KH	\$372.39	
E1002KHKU	\$372.39	
E1002KI	\$372.39	
E1002KIKU	\$372.39	
E1002KJ	\$279.30	
E1002KJKU	\$279.30	
E1002NU	\$3,723.94	
E1002NUKU	\$3,723.94	
E1002UE	\$2,792.95	
E1002UEKU	\$2,792.95	
E1003KH	\$435.88	
E1003KHKU	\$435.88	
E1003KI	\$435.88	
E1003KIKU	\$435.88	
E1003KJ	\$326.91	
E1003KJKU	\$326.91	
E1003NU	\$4,358.80	
E1003NUKU	\$4,358.80	
E1003UE	\$3,269.10	
E1003UEKU	\$3,269.10	
E1004KH	\$479.09	
E1004KHKU	\$479.09	
E1004KI	\$479.09	
E1004KIKU	\$479.09	
E1004KJ	\$359.32	
E1004KJKU	\$359.32	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1004NU	\$4,790.94	
E1004NUKU	\$4,790.94	
E1004UE	\$3,593.21	
E1004UEKU	\$3,593.21	
E1005KH	\$524.09	
E1005KHKU	\$524.09	
E1005KI	\$524.09	
E1005KIKU	\$524.09	
E1005KJ	\$393.07	
E1005KJKU	\$393.07	
E1005NU	\$5,240.93	
E1005NUKU	\$5,240.93	
E1005UE	\$3,930.70	
E1005UEKU	\$3,930.70	
E1006KH	\$645.30	
E1006KHKU	\$645.30	
E1006KI	\$645.30	
E1006KIKU	\$645.30	
E1006KJ	\$483.98	
E1006KJKU	\$483.98	
E1006NU	\$6,453.03	
E1006NUKU	\$6,453.03	
E1006UE	\$4,839.77	
E1006UEKU	\$4,839.77	
E1007KH	\$802.10	
E1007KHKU	\$802.10	
E1007KI	\$802.10	
E1007KIKU	\$802.10	
E1007KJ	\$601.58	
E1007KJKU	\$601.58	
E1007NU	\$8,021.03	
E1007NUKU	\$8,021.03	
E1007UE	\$6,015.77	
E1007UEKU	\$6,015.77	
E1008KH	\$822.74	
E1008KHKU	\$822.74	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1008KI	\$822.74	
E1008KIKU	\$822.74	
E1008KJ	\$617.06	
E1008KJKU	\$617.06	
E1008NU	\$8,227.41	
E1008NUKU	\$8,227.41	
E1008UE	\$6,170.55	
E1008UEKU	\$6,170.55	
E1009NU	AAC+ 35%	
E1009RR	IC	
E1009UE	IC	
E1010KH	\$111.81	
E1010KHKU	\$111.81	
E1010KI	\$111.81	
E1010KIKU	\$111.81	
E1010KJ	\$83.86	
E1010KJKU	\$83.86	
E1010NU	\$1,118.09	
E1010NUKU	\$1,118.09	
E1010UE	\$838.57	
E1010UEKU	\$838.57	
E1011NU	AAC+ 35%	
E1011RR	IC	
E1011UE	IC	
E1012KH	\$111.81	
E1012KHKU	\$111.81	
E1012KI	\$111.81	
E1012KIKU	\$111.81	
E1012KJ	\$83.86	
E1012KJKU	\$83.86	
E1012NU	\$1,118.09	
E1012NUKU	\$1,118.09	
E1012UE	\$838.57	
E1012UEKU	\$838.57	
E1014KH	\$42.36	
E1014KI	\$42.36	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1014KJ	\$31.77	
E1014NU	\$423.64	
E1014UE	\$317.73	
E1015NU	\$133.95	
E1015NUKU	\$156.52	
E1015RR	\$13.39	
E1015RRKU	\$15.65	
E1015UE	\$100.47	
E1015UEKU	\$117.38	
E1016NU	\$132.50	
E1016NUKU	\$154.44	
E1016RR	\$13.25	
E1016RRKU	\$15.47	
E1016UE	\$99.38	
E1016UEKU	\$115.81	
E1017NU	AAC+ 35%	
E1017RR	IC	
E1017UE	IC	
E1018NU	AAC+ 35%	
E1018RR	IC	
E1018UE	IC	
E1020KH	\$17.08	
E1020KHKU	\$17.08	
E1020KI	\$17.08	
E1020KIKU	\$17.08	
E1020KJ	\$12.81	
E1020KJKU	\$12.81	
E1020NU	\$170.77	
E1020NUKU	\$170.77	
E1020UE	\$128.07	
E1020UEKU	\$128.07	
E1022NU	AAC+ 35%	
E1023NU	AAC+ 35%	
E1028KH	\$13.33	
E1028KHKU	\$13.33	
E1028KI	\$13.33	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1028KIKU	\$13.33	
E1028KJ	\$10.00	
E1028KJKU	\$10.00	
E1028NU	\$133.28	
E1028NUKU	\$133.28	
E1028UE	\$99.96	
E1028UEKU	\$99.96	
E1029KH	\$36.92	
E1029KHKU	\$36.92	
E1029KI	\$36.92	
E1029KIKU	\$36.92	
E1029KJ	\$27.69	
E1029KJKU	\$27.69	
E1029NU	\$369.24	
E1029NUKU	\$369.24	
E1029UE	\$276.93	
E1029UEKU	\$276.93	
E1030KH	\$116.48	
E1030KHKU	\$116.48	
E1030KI	\$116.48	
E1030KIKU	\$116.48	
E1030KJ	\$87.36	
E1030KJKU	\$87.36	
E1030NU	\$1,164.84	
E1030NUKU	\$1,164.84	
E1030UE	\$873.63	
E1030UEKU	\$873.63	
E1031KH	\$39.82	
E1031KI	\$39.82	
E1031KJ	\$29.87	
E1031NU	\$398.23	
E1031UE	\$298.67	
E1032KH	\$13.73	
E1032KHKU	\$13.73	
E1032KI	\$13.73	
E1032KIKU	\$13.73	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1032KJ	\$10.30	
E1032KJKU	\$10.30	
E1032NU	\$137.28	
E1032NUKU	\$137.28	
E1032UE	\$102.96	
E1032UEKU	\$102.96	
E1033KH	\$13.73	
E1033KHKU	\$13.73	
E1033KI	\$13.73	
E1033KIKU	\$13.73	
E1033KJ	\$10.30	
E1033KJKU	\$10.30	
E1033NU	\$137.28	
E1033NUKU	\$137.28	
E1033UE	\$102.96	
E1033UEKU	\$102.96	
E1034KH	\$13.73	
E1034KHKU	\$13.73	
E1034KI	\$13.73	
E1034KIKU	\$13.73	
E1034KJ	\$10.30	
E1034KJKU	\$10.30	
E1034NU	\$137.28	
E1034NUKU	\$137.28	
E1034UE	\$102.96	
E1034UEKU	\$102.96	
E1035KH	\$563.37	
E1035KI	\$563.37	
E1035KJ	\$422.53	
E1035NU	\$5,633.72	
E1035UE	\$4,225.29	
E1036KH	\$859.17	
E1036KI	\$859.17	
E1036KJ	\$644.38	
E1036NU	\$8,591.72	
E1036UE	\$6,443.79	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1037KH	\$109.15	
E1037KI	\$109.15	
E1037KJ	\$81.86	
E1037NU	\$1,091.49	
E1037UE	\$818.61	
E1038KH	\$13.68	
E1038KI	\$13.68	
E1038KJ	\$10.26	
E1038NU	\$136.77	
E1038UE	\$102.57	
E1039KH	\$31.59	
E1039KI	\$31.59	
E1039KJ	\$23.70	
E1039NU	\$315.95	
E1039UE	\$236.96	
E1050KH	\$100.40	
E1050KI	\$100.40	
E1050KJ	\$75.30	
E1050NU	\$1,004.02	
E1050UE	\$753.02	
E1060KH	\$146.20	
E1060KI	\$146.20	
E1060KJ	\$109.65	
E1060NU	\$1,462.00	
E1060UE	\$1,096.50	
E1070KH	\$127.04	
E1070KI	\$127.04	
E1070KJ	\$95.28	
E1070NU	\$1,270.41	
E1070UE	\$952.81	
E1083KH	\$84.33	
E1083KI	\$84.33	
E1083KJ	\$63.25	
E1083NU	\$843.29	
E1083UE	\$632.46	
E1084KH	\$112.00	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1084KI	\$112.00	
E1084KJ	\$84.00	
E1084NU	\$1,119.96	
E1084UE	\$839.97	
E1087KH	\$146.75	
E1087KI	\$146.75	
E1087KJ	\$110.06	
E1087NU	\$1,467.53	
E1087UE	\$1,100.64	
E1088KH	\$174.86	
E1088KI	\$174.86	
E1088KJ	\$131.15	
E1088NU	\$1,748.62	
E1088UE	\$1,311.47	
E1092KH	\$126.69	
E1092KI	\$126.69	
E1092KJ	\$95.02	
E1092NU	\$1,266.93	
E1092UE	\$950.19	
E1093KH	\$108.95	
E1093KI	\$108.95	
E1093KJ	\$81.71	
E1093NU	\$1,089.53	
E1093UE	\$817.15	
E1100KH	\$120.39	
E1100KI	\$120.39	
E1100KJ	\$90.29	
E1100NU	\$1,203.86	
E1100UE	\$902.89	
E1110KH	\$117.89	
E1110KI	\$117.89	
E1110KJ	\$88.41	
E1110NU	\$1,178.87	
E1110UE	\$884.15	
E1150KH	\$94.61	
E1150KI	\$94.61	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1150KJ	\$70.95	
E1150NU	\$946.05	
E1150UE	\$709.54	
E1160KH	\$72.50	
E1160KI	\$72.50	
E1160KJ	\$54.37	
E1160NU	\$724.97	
E1160UE	\$543.72	
E1161KH	\$274.41	
E1161KI	\$274.41	
E1161KJ	\$205.80	
E1161NU	\$2,744.06	
E1161UE	\$2,058.04	
E1170KH	\$103.60	
E1170KI	\$103.60	
E1170KJ	\$77.70	
E1170NU	\$1,035.98	
E1170UE	\$776.99	
E1171KH	\$92.96	
E1171KI	\$92.96	
E1171KJ	\$69.72	
E1171NU	\$929.56	
E1171UE	\$697.17	
E1172KH	\$113.64	
E1172KI	\$113.64	
E1172KJ	\$85.23	
E1172NU	\$1,136.37	
E1172UE	\$852.27	
E1180KH	\$117.53	
E1180KI	\$117.53	
E1180KJ	\$88.15	
E1180NU	\$1,175.30	
E1180UE	\$881.47	
E1190KH	\$125.18	
E1190KI	\$125.18	
E1190KJ	\$93.88	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1190NU	\$1,251.80	
E1190UE	\$938.85	
E1195KH	\$145.69	
E1195KI	\$145.69	
E1195KJ	\$109.27	
E1195NU	\$1,456.90	
E1195UE	\$1,092.68	
E1200KH	\$100.91	
E1200KI	\$100.91	
E1200KJ	\$75.68	
E1200NU	\$1,009.12	
E1200UE	\$756.84	
E1221KH	\$55.11	
E1221KI	\$55.11	
E1221KJ	\$41.33	
E1221NU	\$551.06	
E1221UE	\$413.29	
E1222KH	\$78.60	
E1222KI	\$78.60	
E1222KJ	\$58.95	
E1222NU	\$786.00	
E1222UE	\$589.50	
E1223KH	\$85.84	
E1223KI	\$85.84	
E1223KJ	\$64.38	
E1223NU	\$858.42	
E1223UE	\$643.81	
E1224KH	\$94.12	
E1224KI	\$94.12	
E1224KJ	\$70.59	
E1224NU	\$941.21	
E1224UE	\$705.90	
E1225KH	\$34.67	
E1225KHKU	\$34.67	
E1225KI	\$34.67	
E1225KIKU	\$34.67	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1225KJ	\$26.00	
E1225KJKU	\$26.00	
E1225NU	\$346.72	
E1225NUKU	\$346.72	
E1225UE	\$260.04	
E1225UEKU	\$260.04	
E1226NU	\$351.26	
E1226NUKU	\$632.83	
E1226RR	\$35.13	
E1226RRKU	\$65.12	
E1226UE	\$263.45	
E1226UEKU	\$474.57	
E1227NU	\$321.84	
E1227RR	\$32.19	
E1227UE	\$241.42	
E1228KH	\$32.50	
E1228KI	\$32.50	
E1228KJ	\$24.38	
E1228NU	\$325.04	
E1228UE	\$243.78	
E1229	AAC+ 35%	
E1230NU	\$2,623.20	
E1230RR	\$303.53	
E1230UE	\$2,440.75	
E1231NU	AAC+ 35%	
E1231RR	IC	
E1231UE	IC	
E1232KH	\$248.03	
E1232KI	\$248.03	
E1232KJ	\$186.02	
E1232NU	\$2,480.30	
E1232UE	\$1,860.23	
E1233KH	\$256.96	
E1233KI	\$256.96	
E1233KJ	\$192.72	
E1233NU	\$2,569.64	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1233UE	\$1,927.23	
E1234KH	\$223.72	
E1234KI	\$223.72	
E1234KJ	\$167.79	
E1234NU	\$2,237.20	
E1234UE	\$1,677.90	
E1235KH	\$215.43	
E1235KI	\$215.43	
E1235KJ	\$161.57	
E1235NU	\$2,154.33	
E1235UE	\$1,615.74	
E1236KH	\$190.06	
E1236KI	\$190.06	
E1236KJ	\$142.55	
E1236NU	\$1,900.60	
E1236UE	\$1,425.45	
E1237KH	\$191.71	
E1237KI	\$191.71	
E1237KJ	\$143.78	
E1237NU	\$1,917.09	
E1237UE	\$1,437.82	
E1238KH	\$190.06	
E1238KI	\$190.06	
E1238KJ	\$142.55	
E1238NU	\$1,900.60	
E1238UE	\$1,425.45	
E1239	AAC+ 35%	
E1240KH	\$119.49	
E1240KI	\$119.49	
E1240KJ	\$89.62	
E1240NU	\$1,194.93	
E1240UE	\$896.20	
E1270KH	\$91.55	
E1270KI	\$91.55	
E1270KJ	\$68.67	
E1270NU	\$915.54	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1270UE	\$686.65	
E1280KH	\$152.23	
E1280KI	\$152.23	
E1280KJ	\$114.17	
E1280NU	\$1,522.27	
E1280UE	\$1,141.70	
E1295KH	\$140.87	
E1295KI	\$140.87	
E1295KJ	\$105.65	
E1295NU	\$1,408.71	
E1295UE	\$1,056.53	
E1296NU	\$670.83	
E1296RR	\$68.17	
E1296UE	\$503.14	
E1297NU	\$121.32	
E1297RR	\$13.48	
E1297UE	\$90.98	
E1298NU	\$491.35	
E1298RR	\$50.27	
E1298UE	\$368.51	
E1300	AAC+ 30%	
E1301	AAC+ 30%	
E1310NU	\$2,116.95	
E1310RR	\$181.05	
E1310UE	\$1,587.70	
E1352	AAC+ 20%	
E1353	\$32.84	
E1354	AAC+ 30%	
E1355	\$24.75	
E1356	AAC+ 30%	
E1357	AAC+ 30%	
E1358	AAC+ 30%	
E1372NU	\$124.83	
E1372RR	\$12.49	
E1372UE	\$93.63	
E1390RR	\$79.98	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1391RR	\$79.98	
E1392RR	\$40.83	
E1399NU	AAC+ 30%	
E1399RB	AAC+ 30%	
E1399U1	AAC+ 35%	
E1399U3	AAC+ 30%	
E1399U4	AAC+ 30%	
E1399UC	AAC+ 35%	
E1405RR	\$108.42	
E1406RR	\$85.99	
E1500	AAC+ 30%	
E1510	AAC+ 30%	
E1520	AAC+ 30%	
E1530	AAC+ 30%	
E1540	AAC+ 20%	
E1550	AAC+ 20%	
E1560	AAC+ 20%	
E1570	AAC+ 30%	
E1575	AAC+ 30%	
E1580	AAC+ 20%	
E1590	AAC+ 30%	
E1592	AAC+ 30%	
E1594	AAC+ 30%	
E1610	AAC+ 30%	
E1615	AAC+ 30%	
E1620	AAC+ 30%	
E1625	AAC+ 30%	
E1630	AAC+ 30%	
E1632	AAC+ 30%	
E1634	AAC+ 30%	
E1635	AAC+ 30%	
E1636	AAC+ 30%	
E1637	AAC+ 30%	
E1639	AAC+ 30%	
E1699	AAC+ 30%	
E1700KH	\$36.21	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1700KI	\$36.21	
E1700KJ	\$27.16	
E1700NU	\$362.10	
E1700UE	\$271.58	
E1701	\$12.03	
E1702	\$26.16	
E1800KH	\$120.77	
E1800KI	\$120.77	
E1800KJ	\$90.58	
E1800NU	\$1,207.68	
E1800UE	\$905.76	
E1801KH	\$149.63	
E1801KI	\$149.63	
E1801KJ	\$112.22	
E1801NU	\$1,496.26	
E1801UE	\$1,122.19	
E1802KH	\$379.03	
E1802KI	\$379.03	
E1802KJ	\$284.27	
E1802NU	\$3,790.32	
E1802UE	\$2,842.74	
E1803KH	\$145.49	
E1803KI	\$145.49	
E1803KJ	\$109.12	
E1803NU	\$1,454.90	
E1803UE	\$1,091.18	
E1804KH	\$145.49	
E1804KI	\$145.49	
E1804KJ	\$109.12	
E1804NU	\$1,454.90	
E1804UE	\$1,091.18	
E1805KH	\$146.54	
E1805KI	\$146.54	
E1805KJ	\$109.91	
E1805NU	\$1,465.40	
E1805UE	\$1,099.05	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1806KH	\$122.86	
E1806KI	\$122.86	
E1806KJ	\$92.14	
E1806NU	\$1,228.59	
E1806UE	\$921.44	
E1807KH	\$176.54	
E1807KI	\$176.54	
E1807KJ	\$132.41	
E1807NU	\$1,765.40	
E1807UE	\$1,324.05	
E1808KH	\$176.54	
E1808KI	\$176.54	
E1808KJ	\$132.41	
E1808NU	\$1,765.40	
E1808UE	\$1,324.05	
E1810KH	\$122.83	
E1810KI	\$122.83	
E1810KJ	\$92.12	
E1810NU	\$1,228.25	
E1810UE	\$921.19	
E1811KH	\$155.54	
E1811KI	\$155.54	
E1811KJ	\$116.66	
E1811NU	\$1,555.42	
E1811UE	\$1,166.56	
E1812KH	\$99.73	
E1812KI	\$99.73	
E1812KJ	\$74.80	
E1812NU	\$997.31	
E1812UE	\$747.98	
E1813KH	\$147.97	
E1813KI	\$147.97	
E1813KJ	\$110.98	
E1813NU	\$1,479.70	
E1813UE	\$1,109.78	
E1814KH	\$147.97	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1814KI	\$147.97	
E1814KJ	\$110.98	
E1814NU	\$1,479.70	
E1814UE	\$1,109.78	
E1815KH	\$146.54	
E1815KI	\$146.54	
E1815KJ	\$109.91	
E1815NU	\$1,465.40	
E1815UE	\$1,099.05	
E1816KH	\$158.02	
E1816KI	\$158.02	
E1816KJ	\$118.51	
E1816NU	\$1,580.15	
E1816UE	\$1,185.11	
E1818KH	\$161.30	
E1818KI	\$161.30	
E1818KJ	\$120.98	
E1818NU	\$1,613.05	
E1818UE	\$1,209.78	
E1820NU	\$94.81	
E1820RR	\$9.46	
E1820UE	\$71.12	
E1821NU	\$122.05	
E1821RR	\$12.17	
E1821UE	\$91.57	
E1822KH	\$176.54	
E1822KI	\$176.54	
E1822KJ	\$132.41	
E1822NU	\$1,765.40	
E1822UE	\$1,324.05	
E1823KH	\$176.54	
E1823KI	\$176.54	
E1823KJ	\$132.41	
E1823NU	\$1,765.40	
E1823UE	\$1,324.05	
E1825KH	\$146.54	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1825KI	\$146.54	
E1825KJ	\$109.91	
E1825NU	\$1,465.40	
E1825UE	\$1,099.05	
E1826KH	\$176.54	
E1826KI	\$176.54	
E1826KJ	\$132.41	
E1826NU	\$1,765.40	
E1826UE	\$1,324.05	
E1827KH	\$176.54	
E1827KI	\$176.54	
E1827KJ	\$132.41	
E1827NU	\$1,765.40	
E1827UE	\$1,324.05	
E1828KH	\$176.54	
E1828KI	\$176.54	
E1828KJ	\$132.41	
E1828NU	\$1,765.40	
E1828UE	\$1,324.05	
E1829KH	\$176.54	
E1829KI	\$176.54	
E1829KJ	\$132.41	
E1829NU	\$1,765.40	
E1829UE	\$1,324.05	
E1830KH	\$146.54	
E1830KI	\$146.54	
E1830KJ	\$109.91	
E1830NU	\$1,465.40	
E1830UE	\$1,099.05	
E1831KH	\$73.70	
E1831KI	\$73.70	
E1831KJ	\$55.27	
E1831NU	\$736.95	
E1831UE	\$552.71	
E1832KH	\$75.46	
E1832KI	\$75.46	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E1832KJ	\$56.60	
E1832NU	\$754.63	
E1832UE	\$565.97	
E1840KH	\$443.87	
E1840KI	\$443.87	
E1840KJ	\$332.90	
E1840NU	\$4,438.70	
E1840UE	\$3,329.03	
E1841KH	\$525.37	
E1841KI	\$525.37	
E1841KJ	\$394.03	
E1841NU	\$5,253.68	
E1841UE	\$3,940.26	
E1902	AAC+ 30%	
E1905	\$549.13	
E2000KH	\$60.11	
E2000KI	\$60.11	
E2000KJ	\$45.08	
E2000NU	\$601.12	
E2000UE	\$450.84	
E2001KH	\$62.47	
E2001KI	\$62.47	
E2001KJ	\$46.85	
E2001NU	\$624.70	
E2001UE	\$468.53	
E2100NU	\$745.94	
E2100RR	\$74.61	
E2100UE	\$559.48	
E2101NU	\$218.68	
E2101RR	\$21.87	
E2101UE	\$164.02	
E2102NUKF	\$171.89	
E2102RRKF	\$17.20	
E2102UEKF	\$128.91	
E2103NU	\$264.25	
E2103NUCG	\$264.25	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2103NUKF	\$293.39	
E2103NUKFCG	\$293.39	
E2103RR	\$26.43	
E2103RRCG	\$26.43	
E2103RRKF	\$29.34	
E2103RRKFCG	\$29.34	
E2103UE	\$198.19	
E2103UECG	\$198.19	
E2103UEKF	\$220.03	
E2103UEKFCG	\$220.03	
E2120KH	\$328.82	
E2120KI	\$328.82	
E2120KJ	\$246.62	
E2120NU	\$3,288.23	
E2120UE	\$2,466.17	
E2201NU	\$332.87	
E2201NUKU	\$509.09	
E2201RR	\$33.29	
E2201RRKU	\$50.92	
E2201UE	\$249.65	
E2201UEKU	\$381.81	
E2202NU	\$492.15	
E2202NUKU	\$646.71	
E2202RR	\$49.22	
E2202RRKU	\$64.68	
E2202UE	\$369.11	
E2202UEKU	\$485.05	
E2203NU	\$466.63	
E2203NUKU	\$653.64	
E2203RR	\$46.66	
E2203RRKU	\$65.36	
E2203UE	\$349.98	
E2203UEKU	\$490.19	
E2204NU	\$814.88	
E2204NUKU	\$1,109.85	
E2204RR	\$81.49	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2204RRKU	\$111.00	
E2204UE	\$611.16	
E2204UEKU	\$832.38	
E2205NU	\$41.41	
E2205NUKU	\$44.58	
E2205RR	\$4.14	
E2205RRKU	\$4.44	
E2205UE	\$31.06	
E2205UEKU	\$33.46	
E2206NU	\$42.54	
E2206NUKU	\$55.49	
E2206RR	\$4.25	
E2206RRKU	\$5.52	
E2206UE	\$31.90	
E2206UEKU	\$41.62	
E2207NU	\$47.42	
E2207NUKU	\$59.14	
E2207RR	\$4.74	
E2207RRKU	\$5.93	
E2207UE	\$35.57	
E2207UEKU	\$44.37	
E2208NU	\$66.79	
E2208NUKU	\$139.70	
E2208RR	\$6.68	
E2208RRKU	\$13.96	
E2208UE	\$50.10	
E2208UEKU	\$104.78	
E2209NU	\$101.29	
E2209NUKU	\$126.01	
E2209RR	\$10.13	
E2209RRKU	\$12.62	
E2209UE	\$75.97	
E2209UEKU	\$94.53	
E2210NU	\$5.47	
E2210NUKU	\$7.68	
E2210RR	\$0.55	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2210RRKU	\$0.65	
E2210UE	\$4.10	
E2210UEKU	\$5.79	
E2211NU	\$40.10	
E2211NUKU	\$55.83	
E2211RR	\$4.01	
E2211RRKU	\$5.39	
E2211UE	\$30.08	
E2211UEKU	\$39.99	
E2212NU	\$7.46	
E2212NUKU	\$8.00	
E2212RR	\$0.75	
E2212RRKU	\$0.86	
E2212UE	\$5.60	
E2212UEKU	\$6.02	
E2213NU	\$35.75	
E2213NUKU	\$41.51	
E2213RR	\$3.58	
E2213RRKU	\$4.18	
E2213UE	\$26.82	
E2213UEKU	\$31.11	
E2214NU	\$40.12	
E2214NUKU	\$49.11	
E2214RR	\$4.01	
E2214RRKU	\$5.39	
E2214UE	\$30.09	
E2214UEKU	\$36.81	
E2215NU	\$12.25	
E2215NUKU	\$13.09	
E2215RR	\$1.23	
E2215RRKU	\$1.30	
E2215UE	\$9.19	
E2215UEKU	\$9.82	
E2216NU	\$50.43	
E2216NUKU	\$62.16	
E2216RR	\$5.04	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2216RRKU	\$6.22	
E2216UE	\$37.82	
E2216UEKU	\$46.61	
E2217NU	\$44.63	
E2217NUKU	\$54.99	
E2217RR	\$4.46	
E2217RRKU	\$5.48	
E2217UE	\$33.47	
E2217UEKU	\$41.27	
E2218NU	\$50.43	
E2218NUKU	\$62.16	
E2218RR	\$5.04	
E2218RRKU	\$6.22	
E2218UE	\$37.82	
E2218UEKU	\$46.61	
E2219NU	\$44.63	
E2219NUKU	\$54.99	
E2219RR	\$4.46	
E2219RRKU	\$5.48	
E2219UE	\$33.47	
E2219UEKU	\$41.27	
E2220NU	\$35.88	
E2220NUKU	\$38.94	
E2220RR	\$3.59	
E2220RRKU	\$3.76	
E2220UE	\$26.92	
E2220UEKU	\$29.77	
E2221NU	\$31.50	
E2221NUKU	\$34.86	
E2221RR	\$3.15	
E2221RRKU	\$3.54	
E2221UE	\$23.63	
E2221UEKU	\$26.15	
E2222NU	\$25.88	
E2222NUKU	\$28.75	
E2222RR	\$2.59	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2222RRKU	\$2.83	
E2222UE	\$19.41	
E2222UEKU	\$21.57	
E2224NU	\$119.17	
E2224NUKU	\$133.80	
E2224RR	\$11.92	
E2224RRKU	\$14.05	
E2224UE	\$89.38	
E2224UEKU	\$100.35	
E2225NU	\$22.41	
E2225NUKU	\$23.73	
E2225RR	\$2.24	
E2225RRKU	\$2.35	
E2225UE	\$16.80	
E2225UEKU	\$17.79	
E2226NU	\$46.40	
E2226NUKU	\$51.76	
E2226RR	\$4.64	
E2226RRKU	\$5.18	
E2226UE	\$34.80	
E2226UEKU	\$38.83	
E2227KH	\$208.60	
E2227KI	\$208.60	
E2227KJ	\$156.45	
E2227NU	\$2,085.99	
E2227UE	\$1,564.49	
E2228KH	\$94.41	
E2228KHKU	\$94.41	
E2228KI	\$94.41	
E2228KIKU	\$94.41	
E2228KJ	\$70.81	
E2228KJKU	\$70.81	
E2228NU	\$944.10	
E2228NUKU	\$944.10	
E2228UE	\$708.07	
E2228UEKU	\$708.07	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2230	AAC+ 35%	
E2231NU	\$153.64	
E2231NUKU	\$209.68	
E2231RR	\$15.36	
E2231RRKU	\$20.98	
E2231UE	\$115.24	
E2231UEKU	\$157.24	
E2291	AAC+ 35%	
E2292	AAC+ 35%	
E2293	AAC+ 35%	
E2294	AAC+ 35%	
E2295	AAC+ 35%	
E2298KH	\$201.39	
E2298KI	\$201.39	
E2298KJ	\$151.04	
E2298NU	\$2,013.90	
E2298UE	\$1,510.43	
E2300	AAC+ 35%	
E2301	AAC+ 35%	
E2310KH	\$128.29	
E2310KHKU	\$128.29	
E2310KI	\$128.29	
E2310KIKU	\$128.29	
E2310KJ	\$51.32	
E2310KJKU	\$51.32	
E2310NU	\$855.27	
E2310NUKU	\$855.27	
E2310UE	\$641.45	
E2310UEKU	\$641.45	
E2311KH	\$258.88	
E2311KHKU	\$258.88	
E2311KI	\$258.88	
E2311KIKU	\$258.88	
E2311KJ	\$103.55	
E2311KJKU	\$103.55	
E2311NU	\$1,725.87	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2311NUKU	\$1,725.87	
E2311UE	\$1,294.40	
E2311UEKU	\$1,294.40	
E2312KH	\$264.60	
E2312KHKC	\$264.60	
E2312KI	\$264.60	
E2312KIKC	\$264.60	
E2312KJ	\$105.84	
E2312KJJC	\$105.84	
E2312NU	\$1,764.00	
E2312NUKC	\$1,764.00	
E2312UE	\$1,323.00	
E2312UEKC	\$1,323.00	
E2313KH	\$42.05	
E2313KI	\$42.05	
E2313KJ	\$16.82	
E2313NU	\$280.33	
E2313UE	\$210.25	
E2321KH	\$174.31	
E2321KHKC	\$174.31	
E2321KHKU	\$174.31	
E2321KI	\$174.31	
E2321KIKC	\$174.31	
E2321KIKU	\$174.31	
E2321KJ	\$69.72	
E2321KJJC	\$69.72	
E2321KJKU	\$69.72	
E2321NU	\$1,162.07	
E2321NUKC	\$1,162.07	
E2321NUKU	\$1,162.07	
E2321UE	\$871.55	
E2321UEKC	\$871.55	
E2321UEKU	\$871.55	
E2322KH	\$164.68	
E2322KHKC	\$164.68	
E2322KHKU	\$164.68	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2322KI	\$164.68	
E2322KIKC	\$164.68	
E2322KIKU	\$164.68	
E2322KJ	\$164.68	
E2322KJKC	\$65.87	
E2322KJKU	\$65.87	
E2322NU	\$1,097.87	
E2322NUKC	\$1,097.87	
E2322NUKU	\$1,097.87	
E2322UE	\$823.40	
E2322UEKC	\$823.40	
E2322UEKU	\$823.40	
E2323NU	\$80.27	
E2323NUKU	\$81.35	
E2323RR	\$8.03	
E2323RRKU	\$8.11	
E2323UE	\$60.21	
E2323UEKU	\$60.99	
E2324NU	\$51.53	
E2324NUKU	\$51.53	
E2324RR	\$5.13	
E2324RRKU	\$5.13	
E2324UE	\$38.65	
E2324UEKU	\$38.64	
E2325KH	\$157.39	
E2325KHKU	\$157.39	
E2325KI	\$157.39	
E2325KIKU	\$157.39	
E2325KJ	\$62.96	
E2325KJKU	\$62.96	
E2325NU	\$1,049.27	
E2325NUKU	\$1,049.27	
E2325UE	\$786.95	
E2325UEKU	\$786.95	
E2326KH	\$40.84	
E2326KHKU	\$40.84	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2326KI	\$40.84	
E2326KIKU	\$40.84	
E2326KJ	\$16.34	
E2326KJKU	\$16.34	
E2326NU	\$272.27	
E2326NUKU	\$272.27	
E2326UE	\$204.20	
E2326UEKU	\$204.20	
E2327KH	\$307.21	
E2327KHKC	\$307.21	
E2327KHKU	\$307.21	
E2327KI	\$307.21	
E2327KIKC	\$307.21	
E2327KIKU	\$307.21	
E2327KJ	\$122.88	
E2327KJKC	\$122.88	
E2327KJKU	\$122.88	
E2327NU	\$2,048.07	
E2327NUKC	\$2,048.07	
E2327NUKU	\$2,048.07	
E2327UE	\$1,536.05	
E2327UEKC	\$1,536.05	
E2327UEKU	\$1,536.05	
E2328KH	\$581.11	
E2328KHKU	\$581.11	
E2328KI	\$581.11	
E2328KIKU	\$581.11	
E2328KJ	\$232.44	
E2328KJKU	\$232.44	
E2328NU	\$3,874.07	
E2328NUKU	\$3,874.07	
E2328UE	\$2,905.55	
E2328UEKU	\$2,905.55	
E2329KH	\$207.70	
E2329KHKU	\$207.70	
E2329KI	\$207.70	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2329KIKU	\$207.70	
E2329KJ	\$83.08	
E2329KJKU	\$83.08	
E2329NU	\$1,384.67	
E2329NUKU	\$1,384.67	
E2329UE	\$1,038.50	
E2329UEKU	\$1,038.50	
E2330KH	\$402.43	
E2330KHKU	\$402.43	
E2330KI	\$402.43	
E2330KIKU	\$402.43	
E2330KJ	\$160.97	
E2330KJKU	\$160.97	
E2330NU	\$2,682.87	
E2330NUKU	\$2,682.87	
E2330UE	\$2,012.15	
E2330UEKU	\$2,012.15	
E2331NU	AAC+ 35%	
E2331RR	IC	
E2331UE	IC	
E2340NU	\$488.95	
E2340RR	\$48.92	
E2340UE	\$366.76	
E2341NU	\$733.50	
E2341RR	\$73.34	
E2341UE	\$550.15	
E2342NU	\$611.26	
E2342RR	\$61.12	
E2342UE	\$458.45	
E2343NU	\$978.02	
E2343RR	\$97.79	
E2343UE	\$733.50	
E2351NU	\$821.90	
E2351NUKU	\$821.61	
E2351RR	\$82.19	
E2351RRKU	\$82.19	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2351UE	\$616.42	
E2351UEKU	\$616.18	
E2358NU	AAC+ 35%	
E2358RR	IC	
E2358UE	IC	
E2359NU	\$183.30	
E2359NUKU	\$228.44	
E2359RR	\$18.33	
E2359RRKU	\$22.84	
E2359UE	\$137.48	
E2359UEKU	\$171.32	
E2360NU	\$148.73	
E2360NUKU	\$153.29	
E2360RR	\$14.87	
E2360RRKU	\$15.41	
E2360UE	\$111.55	
E2360UEKU	\$114.95	
E2361NU	\$140.23	
E2361NUKU	\$164.03	
E2361RR	\$14.03	
E2361RRKU	\$16.40	
E2361UE	\$105.17	
E2361UEKU	\$123.03	
E2362NU	\$125.51	
E2362NUKU	\$125.50	
E2362RR	\$12.55	
E2362RRKU	\$12.56	
E2362UE	\$94.13	
E2362UEKU	\$94.10	
E2363NU	\$169.10	
E2363NUKU	\$218.74	
E2363RR	\$16.91	
E2363RRKU	\$21.87	
E2363UE	\$126.83	
E2363UEKU	\$164.06	
E2364NU	\$131.21	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2364NUKU	\$153.29	
E2364RR	\$13.12	
E2364RRKU	\$15.41	
E2364UE	\$98.41	
E2364UEKU	\$114.95	
E2365NU	\$90.20	
E2365NUKU	\$131.90	
E2365RR	\$9.02	
E2365RRKU	\$13.17	
E2365UE	\$67.65	
E2365UEKU	\$98.98	
E2366NU	\$164.00	
E2366NUKU	\$310.02	
E2366RR	\$16.40	
E2366RRKU	\$31.10	
E2366UE	\$123.00	
E2366UEKU	\$232.54	
E2367NU	\$429.60	
E2367NUKU	\$492.84	
E2367RR	\$42.96	
E2367RRKU	\$49.26	
E2367UE	\$322.20	
E2367UEKU	\$369.65	
E2368KH	\$47.16	
E2368KHKU	\$47.16	
E2368KI	\$47.16	
E2368KIKU	\$47.16	
E2368KJ	\$18.86	
E2368KJKU	\$18.86	
E2368NU	\$314.40	
E2368NUKU	\$314.40	
E2368UE	\$235.80	
E2368UEKU	\$235.80	
E2369KH	\$46.86	
E2369KHKU	\$46.86	
E2369KI	\$46.86	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2369KIKU	\$46.86	
E2369KJ	\$18.74	
E2369KJKU	\$18.74	
E2369NU	\$312.40	
E2369NUKU	\$312.40	
E2369UE	\$234.30	
E2369UEKU	\$234.30	
E2370KH	\$61.70	
E2370KHKU	\$61.70	
E2370KI	\$61.70	
E2370KIKU	\$61.70	
E2370KJ	\$24.68	
E2370KJKU	\$24.68	
E2370NU	\$411.33	
E2370NUKU	\$411.33	
E2370UE	\$308.50	
E2370UEKU	\$308.50	
E2371NU	\$166.91	
E2371NUKU	\$177.27	
E2371RR	\$16.69	
E2371RRKU	\$17.73	
E2371UE	\$125.18	
E2371UEKU	\$132.97	
E2372NU	AAC+ 35%	
E2372RR	IC	
E2372UE	IC	
E2373KH	\$92.25	
E2373KHKC	\$92.25	
E2373KHKU	\$92.25	
E2373KI	\$92.25	
E2373KIKC	\$92.25	
E2373KIKU	\$92.25	
E2373KJ	\$36.90	
E2373KJKC	\$36.90	
E2373KJKU	\$36.90	
E2373NU	\$615.00	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2373NUKC	\$615.00	
E2373NUKU	\$615.00	
E2373UE	\$461.25	
E2373UEKC	\$461.25	
E2373UEKU	\$461.25	
E2374KH	\$59.11	
E2374KHKU	\$59.11	
E2374KI	\$59.11	
E2374KIKU	\$59.11	
E2374KJ	\$23.64	
E2374KJKU	\$23.64	
E2374NU	\$394.07	
E2374NUKU	\$394.07	
E2374UE	\$295.55	
E2374UEKU	\$295.55	
E2375KH	\$79.04	
E2375KHKU	\$79.04	
E2375KI	\$79.04	
E2375KIKU	\$79.04	
E2375KJ	\$31.62	
E2375KJKU	\$31.62	
E2375NU	\$526.93	
E2375NUKU	\$526.93	
E2375UE	\$395.20	
E2375UEKU	\$395.20	
E2376KH	\$146.86	
E2376KHKU	\$146.86	
E2376KI	\$146.86	
E2376KIKU	\$146.86	
E2376KJ	\$58.74	
E2376KJKU	\$58.74	
E2376NU	\$979.07	
E2376NUKU	\$979.07	
E2376UE	\$734.30	
E2376UEKU	\$734.30	
E2377KH	\$54.40	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2377KHKU	\$54.40	
E2377KI	\$54.40	
E2377KIKU	\$54.40	
E2377KJ	\$21.76	
E2377KJKU	\$21.76	
E2377NU	\$362.67	
E2377NUKU	\$362.67	
E2377UE	\$272.00	
E2377UEKU	\$272.00	
E2378KH	\$67.91	
E2378KHKU	\$67.91	
E2378KI	\$67.91	
E2378KIKU	\$67.91	
E2378KJ	\$27.16	
E2378KJKU	\$27.16	
E2378NU	\$452.73	
E2378NUKU	\$452.73	
E2378UE	\$339.55	
E2378UEKU	\$339.55	
E2381NU	\$70.94	
E2381NUKU	\$89.58	
E2381RR	\$7.09	
E2381RRKU	\$8.99	
E2381UE	\$53.21	
E2381UEKU	\$67.17	
E2382NU	\$21.55	
E2382NUKU	\$24.41	
E2382RR	\$2.15	
E2382RRKU	\$2.43	
E2382UE	\$16.17	
E2382UEKU	\$18.32	
E2383NU	\$157.03	
E2383NUKU	\$178.61	
E2383RR	\$15.70	
E2383RRKU	\$17.86	
E2383UE	\$117.77	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2383UEKU	\$133.95	
E2384NU	\$65.17	
E2384NUKU	\$95.15	
E2384RR	\$6.52	
E2384RRKU	\$9.54	
E2384UE	\$48.88	
E2384UEKU	\$71.38	
E2385NU	\$51.71	
E2385NUKU	\$58.20	
E2385RR	\$5.17	
E2385RRKU	\$5.84	
E2385UE	\$38.78	
E2385UEKU	\$43.64	
E2386NU	\$102.99	
E2386NUKU	\$176.99	
E2386RR	\$10.30	
E2386RRKU	\$17.70	
E2386UE	\$77.25	
E2386UEKU	\$132.76	
E2387NU	\$52.58	
E2387NUKU	\$79.36	
E2387RR	\$5.26	
E2387RRKU	\$7.94	
E2387UE	\$39.44	
E2387UEKU	\$59.57	
E2388NU	\$56.27	
E2388NUKU	\$59.24	
E2388RR	\$5.63	
E2388RRKU	\$5.93	
E2388UE	\$42.20	
E2388UEKU	\$44.46	
E2389NU	\$31.45	
E2389NUKU	\$32.18	
E2389RR	\$3.14	
E2389RRKU	\$3.23	
E2389UE	\$23.59	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2389UEKU	\$24.11	
E2390NU	\$48.69	
E2390NUKU	\$50.33	
E2390RR	\$4.87	
E2390RRKU	\$5.04	
E2390UE	\$36.52	
E2390UEKU	\$37.72	
E2391NU	\$21.39	
E2391NUKU	\$24.10	
E2391RR	\$2.14	
E2391RRKU	\$2.42	
E2391UE	\$16.04	
E2391UEKU	\$18.08	
E2392NU	\$45.99	
E2392NUKU	\$63.36	
E2392RR	\$4.60	
E2392RRKU	\$6.38	
E2392UE	\$34.49	
E2392UEKU	\$47.53	
E2394NU	\$67.85	
E2394NUKU	\$90.28	
E2394RR	\$6.79	
E2394RRKU	\$9.05	
E2394UE	\$50.89	
E2394UEKU	\$67.71	
E2395NU	\$46.04	
E2395NUKU	\$64.15	
E2395RR	\$4.61	
E2395RRKU	\$6.43	
E2395UE	\$34.53	
E2395UEKU	\$48.11	
E2396NU	\$65.98	
E2396NUKU	\$75.35	
E2396RR	\$6.60	
E2396RRKU	\$8.36	
E2396UE	\$49.48	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2396UEKU	\$56.54	
E2397NU	\$531.23	
E2397NUKU	\$565.06	
E2397RR	\$53.12	
E2397RRKU	\$56.52	
E2397UE	\$398.42	
E2397UEKU	\$423.77	
E2398NU	\$156.52	
E2398NUKU	\$156.52	
E2398RR	\$15.65	
E2398RRKU	\$15.65	
E2398UE	\$117.38	
E2398UEKU	\$117.38	
E2402KH	\$601.27	
E2402KI	\$601.27	
E2402KJ	\$450.95	
E2402NU	\$6,012.73	
E2402UE	\$4,509.55	
E2500NU	\$453.53	
E2500RR	\$45.36	
E2500UE	\$340.14	
E2502NU	\$1,386.85	
E2502RR	\$138.70	
E2502UE	\$1,040.15	
E2504NU	\$1,829.46	
E2504RR	\$182.96	
E2504UE	\$1,372.10	
E2506NU	\$2,682.52	
E2506RR	\$268.24	
E2506UE	\$2,011.85	
E2508NU	\$4,148.08	
E2508RR	\$414.81	
E2508UE	\$3,111.07	
E2510NU	\$7,849.68	
E2510RR	\$784.97	
E2510TW	\$0.00	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2510UE	\$5,887.24	
E2511NU	AAC+ 30%	
E2511RR	IC	
E2511TW	\$0.00	
E2511UE	IC	
E2512NU	AAC+ 30%	
E2512RR	IC	
E2512TW	\$0.00	
E2512UE	IC	
E2513NU	\$3,654.79	
E2513RR	\$365.49	
E2513UE	\$2,741.10	
E2599NU	AAC+ 30%	
E2599RR	AAC+ 30%	
E2599TW	\$0.00	
E2599UE	IC	
E2601NU	\$47.16	
E2601NUKU	\$71.92	
E2601RR	\$4.72	
E2601RRKU	\$7.20	
E2601UE	\$35.37	
E2601UEKU	\$53.95	
E2602NU	\$92.73	
E2602NUKU	\$140.41	
E2602RR	\$9.27	
E2602RRKU	\$14.06	
E2602UE	\$69.55	
E2602UEKU	\$105.33	
E2603NU	\$109.16	
E2603NUKU	\$178.26	
E2603RR	\$10.92	
E2603RRKU	\$17.84	
E2603UE	\$81.87	
E2603UEKU	\$133.72	
E2604NU	\$154.73	
E2604NUKU	\$221.59	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2604RR	\$15.47	
E2604RRKU	\$22.16	
E2604UE	\$116.05	
E2604UEKU	\$166.19	
E2605NU	\$239.42	
E2605NUKU	\$316.55	
E2605RR	\$23.94	
E2605RRKU	\$31.66	
E2605UE	\$179.57	
E2605UEKU	\$237.45	
E2606NU	\$383.01	
E2606NUKU	\$493.84	
E2606RR	\$38.30	
E2606RRKU	\$49.39	
E2606UE	\$287.26	
E2606UEKU	\$370.34	
E2607NU	\$218.50	
E2607NUKU	\$340.87	
E2607RR	\$21.85	
E2607RRKU	\$34.09	
E2607UE	\$163.87	
E2607UEKU	\$255.65	
E2608NU	\$282.20	
E2608NUKU	\$409.35	
E2608RR	\$28.22	
E2608RRKU	\$40.93	
E2608UE	\$211.65	
E2608UEKU	\$307.01	
E2609NU	AAC+ 35%	
E2609RR	IC	
E2609UE	IC	
E2610NU	AAC+ 35%	
E2610RR	IC	
E2610UE	IC	
E2611NU	\$184.00	
E2611NUKU	\$367.34	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2611RR	\$18.40	
E2611RRKU	\$36.72	
E2611UE	\$138.00	
E2611UEKU	\$275.52	
E2612NU	\$330.29	
E2612NUKU	\$496.91	
E2612RR	\$33.03	
E2612RRKU	\$49.69	
E2612UE	\$247.72	
E2612UEKU	\$372.66	
E2613NU	\$350.24	
E2613NUKU	\$462.23	
E2613RR	\$35.03	
E2613RRKU	\$46.23	
E2613UE	\$262.69	
E2613UEKU	\$346.66	
E2614NU	\$558.73	
E2614NUKU	\$639.69	
E2614RR	\$55.87	
E2614RRKU	\$63.96	
E2614UE	\$419.05	
E2614UEKU	\$479.79	
E2615NU	\$409.53	
E2615NUKU	\$531.92	
E2615RR	\$40.95	
E2615RRKU	\$53.20	
E2615UE	\$307.15	
E2615UEKU	\$398.94	
E2616NU	\$535.88	
E2616NUKU	\$715.71	
E2616RR	\$53.59	
E2616RRKU	\$71.56	
E2616UE	\$401.92	
E2616UEKU	\$536.78	
E2617NU	AAC+ 35%	
E2617RR	IC	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2617UE	IC	
E2619NU	\$57.93	
E2619NUKU	\$60.33	
E2619RR	\$5.79	
E2619RRKU	\$6.02	
E2619UE	\$43.45	
E2619UEKU	\$45.30	
E2620NU	\$405.17	
E2620NUKU	\$644.08	
E2620RR	\$40.52	
E2620RRKU	\$64.42	
E2620UE	\$303.88	
E2620UEKU	\$483.10	
E2621NU	\$507.96	
E2621NUKU	\$675.93	
E2621RR	\$50.80	
E2621RRKU	\$67.59	
E2621UE	\$380.98	
E2621UEKU	\$506.96	
E2622NU	\$367.50	
E2622NUKU	\$389.81	
E2622RR	\$36.75	
E2622RRKU	\$39.00	
E2622UE	\$275.63	
E2622UEKU	\$292.36	
E2623NU	\$464.74	
E2623NUKU	\$496.01	
E2623RR	\$46.47	
E2623RRKU	\$49.62	
E2623UE	\$348.55	
E2623UEKU	\$372.01	
E2624NU	\$373.45	
E2624NUKU	\$393.02	
E2624RR	\$37.35	
E2624RRKU	\$39.32	
E2624UE	\$280.09	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2624UEKU	\$294.79	
E2625NU	\$462.17	
E2625NUKU	\$497.54	
E2625RR	\$46.22	
E2625RRKU	\$49.73	
E2625UE	\$346.63	
E2625UEKU	\$373.16	
E2626NU	\$796.69	
E2626NUKU	\$847.51	
E2626RR	\$79.67	
E2626RRKU	\$84.72	
E2626UE	\$597.52	
E2626UEKU	\$635.55	
E2627NU	\$1,253.20	
E2627NUKU	\$1,352.33	
E2627RR	\$125.32	
E2627RRKU	\$135.28	
E2627UE	\$939.90	
E2627UEKU	\$1,014.23	
E2628NU	\$952.97	
E2628NUKU	\$1,018.77	
E2628RR	\$95.30	
E2628RRKU	\$101.86	
E2628UE	\$714.73	
E2628UEKU	\$764.05	
E2629NU	\$1,163.37	
E2629NUKU	\$1,172.02	
E2629RR	\$116.34	
E2629RRKU	\$117.18	
E2629UE	\$872.53	
E2629UEKU	\$879.04	
E2630NU	\$809.36	
E2630NUKU	\$901.56	
E2630RR	\$80.94	
E2630RRKU	\$90.14	
E2630UE	\$607.02	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
E2630UEKU	\$676.16	
E2631NU	\$302.13	
E2631NUKU	\$306.54	
E2631RR	\$30.21	
E2631RRKU	\$30.63	
E2631UE	\$226.60	
E2631UEKU	\$229.89	
E2632NU	\$212.26	
E2632NUKU	\$229.31	
E2632RR	\$21.23	
E2632RRKU	\$22.94	
E2632UE	\$159.20	
E2632UEKU	\$171.98	
E2633NU	\$174.61	
E2633NUKU	\$194.50	
E2633RR	\$17.46	
E2633RRKU	\$19.46	
E2633UE	\$130.96	
E2633UEKU	\$145.90	
E3000KH	\$234.41	
E3000KI	\$234.41	
E3000KJ	\$175.81	
E3000NU	\$2,344.10	
E3000UE	\$1,758.08	
E3200	AAC+ 30%	
E8000	AAC+ 35%	
E8001	AAC+ 35%	
E8002	AAC+ 35%	
G0333	\$48.45	
J0133	\$0.03	
J0134	\$0.04	
J0136	\$0.04	
J0137	\$0.05	
J0138	IC	
J0139	IC	
J0153	AAC+ 20%	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
J0173	\$1.58	
J0211	IC	
J0281	\$1.11	
J0285	\$39.86	
J0287	AAC+ 20%	
J0288	\$12.92	
J0289	\$18.39	
J0401	\$5.95	
J0651	IC	
J0652	IC	
J0666	\$1.23	
J0687	\$0.92	
J0870	IC	
J0872	\$0.28	
J0873	\$0.02	
J0882	AAC+ 20%	
J0893	IC	
J0895	\$5.87	
J1072	IC	
J1171	\$0.07	
J1250	\$6.44	
J1265	\$0.67	
J1271	\$0.10	
J1299	\$38.09	
J1307	IC	
J1308	\$0.01	
J1325	\$14.00	
J1414	IC	
J1455	\$11.11	
J1459	\$41.37	
J1551	\$12.35	
J1552	\$124.86	
J1554	\$417.69	
J1555	\$14.36	
J1557	\$46.38	
J1559	\$11.21	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
J1561	\$42.14	
J1561JB	\$42.14	
J1562	\$9.69	
J1566	\$67.91	
J1568	\$40.58	
J1569	\$38.31	
J1569JB	\$38.31	
J1570	\$27.21	
J1572	AAC+ 20%	
J1574	IC	
J1575	\$14.65	
J1576	\$59.30	
J1597	IC	
J1598	IC	
J1599	AAC	
J1644AX	AAC+ 20%	
J1748	IC	
J1749	IC	
J1806	\$0.34	
J1808	\$0.05	
J1811	\$6.41	
J1813	\$13.20	
J1815	AAC+ 30%	
J1817	\$2.08	
J1921	\$1.81	
J1938	\$0.02	
J2002	\$0.0026	
J2003	IC	
J2004	IC	
J2021	\$12.19	
J2175	\$5.12	
J2183	\$1.36	
J2184	\$1.79	
J2246	IC	
J2251	\$0.15	
J2252	IC	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
J2253	IC	
J2260	\$43.84	
J2267	\$29.53	
J2270	\$2.76	
J2272	\$3.87	
J2274	\$8.91	
J2281	\$6.43	
J2290	IC	
J2351	\$38.41	
J2373	\$0.18	
J2407	AAC+ 20%	
J2428	IC	
J2468	IC	
J2470	IC	
J2471	IC	
J2472	IC	
J2545	\$72.94	
J2599	\$1.34	
J2601	IC	
J2802	\$8.96	
J2804	\$0.12	
J2865	\$0.05	
J2919	\$0.25	
J3010	\$0.71	
J3090	AAC+ 20%	
J3244	IC	
J3247	\$14.93	
J3263	\$33.38	
J3285	\$47.16	
J3371	\$5.05	
J3372	\$5.51	
J3380	AAC+ 20%	
J3392	IC	
J3393	IC	
J3394	IC	
J3489	AAC+ 20%	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
J7340	\$199.67	
J7500	\$1.56	
J7501	\$77.66	
J7502	\$1.86	
J7503	\$1.50	
J7504	\$3,385.20	
J7505	\$982.67	
J7507	\$0.20	
J7508	\$0.48	
J7509	\$0.21	
J7510	\$0.20	
J7511	\$812.61	
J7512	\$0.01	
J7513	\$447.39	
J7514	IC	
J7515	\$0.68	
J7516	AAC+ 25%	
J7517	\$0.14	
J7518	\$0.32	
J7520	\$1.13	
J7521	\$1.13	
J7525	\$215.57	
J7527	\$1.87	
J7601	IC	
J7605KO	AAC+ 20%	
J7606KO	AAC+ 20%	
J7608KO	AAC+ 20%	
J7609	\$0.05	
J7611	\$0.14	
J7612	\$0.23	
J7613KO	AAC+ 20%	
J7614KO	AAC+ 20%	
J7620	\$0.16	
J7626KO	AAC+ 20%	
J7631KO	AAC+ 20%	
J7639KO	AAC+ 20%	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
J7644KO	AAC+ 20%	
J7669KO	\$0.37	
J7682KO	AAC+ 20%	
J7686KO	AAC+ 20%	
J7999	AAC	
J8501	\$2.89	
J8522	\$0.05	
J8530	\$0.82	
J8540	\$0.06	
J8541	IC	
J8610	\$0.20	
J8611	IC	
J8612	IC	
J8650	\$28.99	
J8655	\$334.78	
J8670	\$2.65	
J9000	\$2.77	
J9024	\$26.24	
J9026	IC	
J9028	\$80.64	
J9032	AAC+ 20%	
J9033	\$1.53	
J9038	IC	
J9039	\$129.16	
J9040	\$21.37	
J9046	IC	
J9054	IC	
J9065	\$11.28	
J9072	IC	
J9073	\$0.67	
J9076	IC	
J9100	\$0.65	
J9161	IC	
J9172	IC	
J9190	\$2.74	
J9200	\$3,278.55	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
J9208	\$21.86	
J9271	AAC+ 20%	
J9292	IC	
J9294	\$1.67	
J9296	IC	
J9299	AAC+ 20%	
J9308	AAC+ 20%	
J9314	\$9.35	
J9322	IC	
J9329	IC	
J9360	\$3.30	
J9361	IC	
J9370	\$7.22	
J9390	AAC+ 20%	
J9393	IC	
K0001KH	\$20.27	
K0001KI	\$20.27	
K0001KJ	\$15.20	
K0001NU	\$202.73	
K0001UE	\$152.04	
K0002KH	\$31.28	
K0002KI	\$31.28	
K0002KJ	\$23.46	
K0002NU	\$312.80	
K0002UE	\$234.60	
K0003KH	\$30.18	
K0003KI	\$30.18	
K0003KJ	\$22.63	
K0003NU	\$301.75	
K0003UE	\$226.31	
K0004KH	\$39.19	
K0004KI	\$39.19	
K0004KJ	\$29.39	
K0004NU	\$391.85	
K0004UE	\$293.89	
K0005NU	\$2,144.18	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0005RR	\$214.40	
K0005UE	\$1,608.08	
K0006KH	\$55.26	
K0006KI	\$55.26	
K0006KJ	\$41.44	
K0006NU	\$552.59	
K0006UE	\$414.44	
K0007KH	\$77.46	
K0007KI	\$77.46	
K0007KJ	\$58.10	
K0007NU	\$774.61	
K0007UE	\$580.95	
K0008	AAC+ 35%	
K0009KH	\$82.89	
K0009KI	\$82.89	
K0009KJ	\$62.17	
K0009NU	\$828.92	
K0009UE	\$621.69	
K0010KH	\$494.05	
K0010KI	\$494.05	
K0010KJ	\$370.54	
K0010NU	\$4,940.54	
K0010UE	\$3,705.41	
K0011KH	\$594.12	
K0011KHKF	\$594.12	
K0011KI	\$594.12	
K0011KIKF	\$594.12	
K0011KJ	\$445.59	
K0011KJKF	\$445.59	
K0011NU	\$5,941.25	
K0011NUKF	\$5,941.25	
K0011UE	\$4,455.93	
K0011UEKF	\$4,455.93	
K0012KH	\$376.83	
K0012KI	\$376.83	
K0012KJ	\$282.62	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0012NU	\$3,768.31	
K0012UE	\$2,826.23	
K0013	AAC+ 35%	
K0015KH	\$12.40	
K0015KHKU	\$12.40	
K0015KI	\$12.40	
K0015KIKU	\$12.40	
K0015KJ	\$9.30	
K0015JKU	\$9.30	
K0015NU	\$124.02	
K0015NUKU	\$124.02	
K0015UE	\$93.01	
K0015UEKU	\$93.01	
K0017NU	\$55.77	
K0017NUKU	\$60.09	
K0017RR	\$5.58	
K0017RRKU	\$6.00	
K0017UE	\$41.83	
K0017UEKU	\$45.08	
K0018NU	\$31.53	
K0018NUKU	\$33.57	
K0018RR	\$3.15	
K0018RRKU	\$3.36	
K0018UE	\$23.65	
K0018UEKU	\$25.20	
K0019NU	\$15.88	
K0019NUKU	\$20.17	
K0019RR	\$1.59	
K0019RRKU	\$2.02	
K0019UE	\$11.91	
K0019UEKU	\$15.16	
K0020NU	\$54.64	
K0020NUKU	\$54.63	
K0020RR	\$5.46	
K0020RRKU	\$5.47	
K0020UE	\$40.97	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0020UEKU	\$40.98	
K0037NU	\$52.47	
K0037NUKU	\$56.64	
K0037RR	\$4.67	
K0037RRKU	\$4.67	
K0037UE	\$39.36	
K0037UEKU	\$42.49	
K0038NU	\$27.88	
K0038NUKU	\$28.55	
K0038RR	\$2.79	
K0038RRKU	\$2.84	
K0038UE	\$20.91	
K0038UEKU	\$21.39	
K0039NU	\$59.86	
K0039NUKU	\$63.36	
K0039RR	\$5.99	
K0039RRKU	\$6.38	
K0039UE	\$44.89	
K0039UEKU	\$47.53	
K0040NU	\$57.22	
K0040NUKU	\$87.83	
K0040RR	\$5.72	
K0040RRKU	\$8.76	
K0040UE	\$42.92	
K0040UEKU	\$65.82	
K0041NU	\$57.20	
K0041NUKU	\$62.23	
K0041RR	\$5.72	
K0041RRKU	\$6.28	
K0041UE	\$42.90	
K0041UEKU	\$46.66	
K0042NU	\$36.74	
K0042NUKU	\$42.84	
K0042RR	\$3.68	
K0042RRKU	\$4.28	
K0042UE	\$27.55	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0042UEKU	\$32.12	
K0043NU	\$22.68	
K0043NUKU	\$22.96	
K0043RR	\$2.27	
K0043RRKU	\$2.28	
K0043UE	\$17.01	
K0043UEKU	\$17.26	
K0044NU	\$19.57	
K0044NUKU	\$19.58	
K0044RR	\$1.97	
K0044RRKU	\$1.96	
K0044UE	\$14.68	
K0044UEKU	\$14.66	
K0045NU	\$64.91	
K0045NUKU	\$66.59	
K0045RR	\$6.49	
K0045RRKU	\$6.86	
K0045UE	\$48.68	
K0045UEKU	\$49.96	
K0046NU	\$22.83	
K0046NUKU	\$22.96	
K0046RR	\$2.28	
K0046RRKU	\$2.28	
K0046UE	\$17.13	
K0046UEKU	\$17.26	
K0047NU	\$80.67	
K0047NUKU	\$89.94	
K0047RR	\$8.07	
K0047RRKU	\$9.02	
K0047UE	\$60.50	
K0047UEKU	\$67.42	
K0050NU	\$37.43	
K0050NUKU	\$38.23	
K0050RR	\$3.74	
K0050RRKU	\$3.82	
K0050UE	\$28.07	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0050UEKU	\$28.69	
K0051NU	\$59.21	
K0051NUKU	\$61.87	
K0051RR	\$5.92	
K0051RRKU	\$6.24	
K0051UE	\$44.41	
K0051UEKU	\$46.39	
K0052NU	\$74.15	
K0052NUKU	\$108.74	
K0052RR	\$7.42	
K0052RRKU	\$10.87	
K0052UE	\$55.61	
K0052UEKU	\$81.52	
K0053NU	\$102.15	
K0053NUKU	\$119.97	
K0053RR	\$10.22	
K0053RRKU	\$11.99	
K0053UD	AAC+ 35%	
K0053UE	\$76.61	
K0053UEKU	\$89.97	
K0056NU	\$107.14	
K0056NUKU	\$129.77	
K0056RR	\$10.71	
K0056RRKU	\$12.99	
K0056UE	\$80.35	
K0056UEKU	\$97.35	
K0065NU	\$56.57	
K0065NUKU	\$60.64	
K0065RR	\$5.66	
K0065RRKU	\$6.06	
K0065UE	\$42.43	
K0065UEKU	\$45.50	
K0069NU	\$110.16	
K0069NUKU	\$136.36	
K0069RR	\$11.02	
K0069RRKU	\$14.20	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0069UE	\$82.62	
K0069UEKU	\$102.26	
K0070KH	\$14.42	
K0070KHKU	\$14.42	
K0070KI	\$14.42	
K0070KIKU	\$14.42	
K0070KJ	\$10.81	
K0070KJKU	\$10.81	
K0070NU	\$144.16	
K0070NUKU	\$144.16	
K0070UE	\$108.12	
K0070UEKU	\$108.12	
K0071NU	\$132.64	
K0071NUKU	\$149.07	
K0071RR	\$13.26	
K0071RRKU	\$14.91	
K0071UE	\$99.48	
K0071UEKU	\$111.76	
K0072NU	\$81.83	
K0072NUKU	\$89.73	
K0072RR	\$8.18	
K0072RRKU	\$8.98	
K0072UE	\$61.37	
K0072UEKU	\$67.29	
K0073NU	\$42.74	
K0073NUKU	\$47.50	
K0073RR	\$4.27	
K0073RRKU	\$4.76	
K0073UE	\$32.06	
K0073UEKU	\$35.61	
K0077NU	\$56.82	
K0077NUKU	\$80.31	
K0077RR	\$5.68	
K0077RRKU	\$8.00	
K0077UE	\$42.61	
K0077UEKU	\$60.21	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0098NU	\$28.80	
K0098NUKU	\$32.00	
K0098RR	\$2.88	
K0098RRKU	\$3.21	
K0098UE	\$21.60	
K0098UEKU	\$23.97	
K0105NU	\$119.22	
K0105NUKU	\$135.66	
K0105RR	\$11.92	
K0105RRKU	\$13.56	
K0105UE	\$89.42	
K0105UEKU	\$101.75	
K0108NU	AAC+ 35%	
K0108RA	\$47.03	
K0108RB	AAC+ 35%	
K0195KH	\$10.51	
K0195KHKU	\$10.51	
K0195KI	\$10.51	
K0195KIKU	\$10.51	
K0195KJ	\$7.89	
K0195KJKU	\$7.89	
K0195NU	\$105.15	
K0195NUKU	\$105.15	
K0195UE	\$78.86	
K0195UEKU	\$78.86	
K0455RR	\$307.18	
K0462	IC	
K0552	\$2.79	
K0601NU	\$1.27	
K0602NU	\$7.13	
K0603NU	\$0.64	
K0604NU	\$6.88	
K0605NU	\$16.43	
K0606KHKF	\$2,920.65	
K0606KIKF	\$2,920.65	
K0606KJKF	\$2,190.49	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0606NUKF	\$29,206.51	
K0606UEKF	\$21,904.88	
K0607KH	\$22.53	
K0607KHKF	\$22.53	
K0607KI	\$22.53	
K0607KIKF	\$22.53	
K0607KJ	\$16.90	
K0607KJKF	\$16.90	
K0607NU	\$225.34	
K0607NUKF	\$225.34	
K0607UE	\$169.00	
K0607UEKF	\$169.00	
K0608NU	\$140.57	
K0608NUKF	\$156.08	
K0608RR	\$14.08	
K0608RRKF	\$15.63	
K0608UE	\$105.43	
K0608UEKF	\$117.05	
K0609NU	\$934.87	
K0609NUKF	\$1,037.96	
K0669	AAC+ 35%	
K0730KH	\$199.94	
K0730KI	\$199.94	
K0730KJ	\$149.95	
K0730NU	\$1,999.37	
K0730UE	\$1,499.53	
K0733NU	\$29.04	
K0733NUKU	\$35.52	
K0733RR	\$2.91	
K0733RRKU	\$3.59	
K0733UE	\$21.79	
K0733UEKU	\$26.67	
K0738RR	\$40.83	
K0739RB	\$21.11	
K0739RBU6	\$21.11	
K0739U3	\$1,000.00	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0739U5	\$46.33	
K0739U7	\$46.33	
K0739UB	\$31.74	
K0739UBU6	\$24.83	
K0740RB	\$24.83	
K0743RR	IC	
K0744	AAC+ 20%	
K0745	AAC+ 20%	
K0746	AAC+ 20%	
K0800NU	\$976.39	
K0800RR	\$97.64	
K0800UE	\$732.29	
K0801NU	\$1,826.66	
K0801RR	\$182.67	
K0801UE	\$1,369.99	
K0802NU	\$2,450.89	
K0802RR	\$245.09	
K0802UE	\$1,838.17	
K0806NU	\$1,653.26	
K0806RR	\$165.33	
K0806UE	\$1,239.95	
K0807NU	\$2,562.14	
K0807RR	\$256.21	
K0807UE	\$1,921.61	
K0808NU	\$3,960.65	
K0808RR	\$396.07	
K0808UE	\$2,970.49	
K0812NU	AAC+ 35%	
K0812RR	IC	
K0812UE	IC	
K0813KH	\$305.10	
K0813KI	\$305.10	
K0813KJ	\$122.04	
K0813NU	\$2,034.00	
K0813UE	\$1,525.50	
K0814KH	\$307.50	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0814KI	\$307.50	
K0814KJ	\$123.00	
K0814NU	\$2,050.00	
K0814UE	\$1,537.50	
K0815KH	\$347.74	
K0815KI	\$347.74	
K0815KJ	\$139.10	
K0815NU	\$2,318.27	
K0815UE	\$1,738.70	
K0816KH	\$310.29	
K0816KI	\$310.29	
K0816KJ	\$124.12	
K0816NU	\$2,068.60	
K0816UE	\$1,551.45	
K0820KH	\$307.61	
K0820KI	\$307.61	
K0820KJ	\$123.04	
K0820NU	\$2,050.73	
K0820UE	\$1,538.05	
K0821KH	\$310.29	
K0821KI	\$310.29	
K0821KJ	\$124.12	
K0821NU	\$2,068.60	
K0821UE	\$1,551.45	
K0822KH	\$347.74	
K0822KI	\$347.74	
K0822KJ	\$139.10	
K0822NU	\$2,318.27	
K0822UE	\$1,738.70	
K0823KH	\$310.29	
K0823KI	\$310.29	
K0823KJ	\$124.12	
K0823NU	\$2,068.60	
K0823UE	\$1,551.45	
K0824KH	\$452.59	
K0824KI	\$452.59	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0824KJ	\$181.04	
K0824NU	\$3,017.27	
K0824UE	\$2,262.95	
K0825KH	\$443.78	
K0825KI	\$443.78	
K0825KJ	\$177.51	
K0825NU	\$2,958.53	
K0825UE	\$2,218.90	
K0826KH	\$790.16	
K0826KI	\$790.16	
K0826KJ	\$316.06	
K0826NU	\$5,267.73	
K0826UE	\$3,950.80	
K0827KH	\$698.00	
K0827KI	\$698.00	
K0827KJ	\$279.20	
K0827NU	\$4,653.33	
K0827UE	\$3,490.00	
K0828KH	\$1,092.67	
K0828KI	\$1,092.67	
K0828KJ	\$437.07	
K0828NU	\$7,284.47	
K0828UE	\$5,463.35	
K0829KH	\$1,061.38	
K0829KI	\$1,061.38	
K0829KJ	\$424.55	
K0829NU	\$7,075.87	
K0829UE	\$5,306.90	
K0830NU	\$3,914.10	
K0830RR	\$391.41	
K0830UE	\$2,935.58	
K0831NU	\$3,914.10	
K0831RR	\$391.41	
K0831UE	\$2,935.58	
K0835KH	\$424.79	
K0835KI	\$424.79	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0835KJ	\$169.92	
K0835NU	\$2,831.93	
K0835UE	\$2,123.95	
K0836KH	\$440.60	
K0836KI	\$440.60	
K0836KJ	\$176.24	
K0836NU	\$2,937.33	
K0836UE	\$2,203.00	
K0837KH	\$544.85	
K0837KI	\$544.85	
K0837KJ	\$217.94	
K0837NU	\$3,632.33	
K0837UE	\$2,724.25	
K0838KH	\$482.92	
K0838KI	\$482.92	
K0838KJ	\$193.17	
K0838NU	\$3,219.47	
K0838UE	\$2,414.60	
K0839KH	\$723.74	
K0839KI	\$723.74	
K0839KJ	\$289.50	
K0839NU	\$4,824.93	
K0839UE	\$3,618.70	
K0840KH	\$1,111.17	
K0840KI	\$1,111.17	
K0840KJ	\$444.47	
K0840NU	\$7,407.80	
K0840UE	\$5,555.85	
K0841KH	\$478.70	
K0841KI	\$478.70	
K0841KJ	\$191.48	
K0841NU	\$3,191.33	
K0841UE	\$2,393.50	
K0842KH	\$478.01	
K0842KI	\$478.01	
K0842KJ	\$191.20	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0842NU	\$3,186.73	
K0842UE	\$2,390.05	
K0843KH	\$567.46	
K0843KI	\$567.46	
K0843KJ	\$226.98	
K0843NU	\$3,783.07	
K0843UE	\$2,837.30	
K0848KH	\$932.20	
K0848KI	\$932.20	
K0848KJ	\$372.88	
K0848NU	\$6,214.67	
K0848UE	\$4,661.00	
K0849KH	\$896.24	
K0849KI	\$896.24	
K0849KJ	\$358.50	
K0849NU	\$5,974.93	
K0849UE	\$4,481.20	
K0850KH	\$1,081.29	
K0850KI	\$1,081.29	
K0850KJ	\$432.52	
K0850NU	\$7,208.60	
K0850UE	\$5,406.45	
K0851KH	\$1,039.68	
K0851KI	\$1,039.68	
K0851KJ	\$415.87	
K0851NU	\$6,931.20	
K0851UE	\$5,198.40	
K0852KH	\$1,249.37	
K0852KI	\$1,249.37	
K0852KJ	\$499.75	
K0852NU	\$8,329.13	
K0852UE	\$6,246.85	
K0853KH	\$1,283.43	
K0853KI	\$1,283.43	
K0853KJ	\$513.37	
K0853NU	\$8,556.20	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0853UE	\$6,417.15	
K0854KH	\$1,700.26	
K0854KI	\$1,700.26	
K0854KJ	\$680.10	
K0854NU	\$11,335.07	
K0854UE	\$8,501.30	
K0855KH	\$1,606.14	
K0855KI	\$1,606.14	
K0855KJ	\$642.46	
K0855NU	\$10,707.60	
K0855UE	\$8,030.70	
K0856KH	\$1,000.59	
K0856KI	\$1,000.59	
K0856KJ	\$400.24	
K0856NU	\$6,670.60	
K0856UE	\$5,002.95	
K0857KH	\$1,020.65	
K0857KI	\$1,020.65	
K0857KJ	\$408.26	
K0857NU	\$6,804.33	
K0857UE	\$5,103.25	
K0858KH	\$1,241.45	
K0858KI	\$1,241.45	
K0858KJ	\$496.58	
K0858NU	\$8,276.33	
K0858UE	\$6,207.25	
K0859KH	\$1,183.96	
K0859KI	\$1,183.96	
K0859KJ	\$473.58	
K0859NU	\$7,893.07	
K0859UE	\$5,919.80	
K0860KH	\$1,773.57	
K0860KI	\$1,773.57	
K0860KJ	\$709.43	
K0860NU	\$11,823.80	
K0860UE	\$8,867.85	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0861KH	\$1,002.20	
K0861KHKF	\$1,002.20	
K0861KI	\$1,002.20	
K0861KIKF	\$1,002.20	
K0861KJ	\$400.88	
K0861KJKF	\$400.88	
K0861NU	\$6,681.33	
K0861NUKF	\$6,681.33	
K0861UE	\$5,011.00	
K0861UEKF	\$5,011.00	
K0862KH	\$1,241.45	
K0862KI	\$1,241.45	
K0862KJ	\$496.58	
K0862NU	\$8,276.33	
K0862UE	\$6,207.25	
K0863KH	\$1,773.57	
K0863KI	\$1,773.57	
K0863KJ	\$709.43	
K0863NU	\$11,823.80	
K0863UE	\$8,867.85	
K0864KH	\$2,110.55	
K0864KI	\$2,110.55	
K0864KJ	\$844.22	
K0864NU	\$14,070.33	
K0864UE	\$10,552.75	
K0868NU	AAC+ 35%	
K0868RR	IC	
K0868UE	IC	
K0869NU	AAC+ 35%	
K0869RR	IC	
K0869UE	IC	
K0870NU	AAC+ 35%	
K0870RR	IC	
K0870UE	IC	
K0871NU	AAC+ 35%	
K0871RR	IC	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K0871UE	IC	
K0877NU	AAC+ 35%	
K0877RR	IC	
K0877UE	IC	
K0878NU	AAC+ 35%	
K0878RR	IC	
K0878UE	IC	
K0879NU	AAC+ 35%	
K0879RR	IC	
K0879UE	IC	
K0880NU	AAC+ 35%	
K0880RR	IC	
K0880UE	IC	
K0884NU	AAC+ 35%	
K0884RR	IC	
K0884UE	IC	
K0885NU	AAC+ 35%	
K0885RR	IC	
K0885UE	IC	
K0886NU	AAC+ 35%	
K0886RR	IC	
K0886UE	IC	
K0890NU	AAC+ 35%	
K0890RR	IC	
K0890UE	IC	
K0891NU	AAC+ 35%	
K0891RR	IC	
K0891UE	IC	
K0898NU	AAC+ 35%	
K0898RR	IC	
K0898UE	IC	
K0899NU	AAC+ 35%	
K0899RR	IC	
K0899UE	IC	
K0900	AAC+ 30%	
K1027	AAC+ 30%	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
K1035	AAC+ 30%	
K1036	AAC+ 30%	
K1037	AAC+ 30%	
L8501	\$160.46	
Q0155	IC	
Q0161	AAC	
Q0162	\$0.01	
Q0163	\$0.22	
Q0164	AAC+ 20%	
Q0166	AAC+ 20%	
Q0167	\$2.28	
Q0169	\$0.03	
Q0173	\$0.30	
Q0174	AAC	
Q0175	\$1.72	
Q0177	\$0.12	
Q0180	\$94.79	
Q0510	\$42.50	
Q0511	\$20.40	
Q0512	\$13.60	
Q0513	\$28.05	
Q0514	\$56.10	
Q0521	IC	
Q2052	AAC	
Q2055	\$427,936.35	
Q4074	\$125.09	
Q5101	\$0.82	
Q5135	IC	
Q5136	IC	
Q5137	IC	
Q5138	IC	
Q5140	IC	
Q5141	IC	
Q5142	IC	
Q5143	IC	
Q5144	IC	

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101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
Q5145	IC	
Q5146	IC	
Q5147	\$676.48	
Q5148	IC	
Q5149	IC	
Q5150	IC	
Q5151	IC	
Q5152	IC	
S5035	IC	
S5036	IC	
S5160	\$38.53	
S5160U8	\$38.53	
S5161RR	\$20.00	
S5161RRU8	\$20.00	
S5162	AAC+ 30%	
S5162TW	\$30.00	
S5162TWU8	\$30.00	
S5162U8	AAC+ 30%	
S5497	\$13.95	
S5498	\$13.95	
S5501	\$13.95	
S5502	\$13.95	
S5517	\$13.95	
S5518	\$13.95	
S5520	\$125.83	
S5521	\$120.79	
S5522SD	\$86.99	
S5523SD	\$86.99	
S8097	AAC+ 20%	
S8186	AAC+ 20%	
S8189	AAC+ 20%	
S8210	AAC+ 20%	
S8262	AAC+ 30%	
S8265	AAC+ 20%	
S8420	AAC+ 20%	
S8421	AAC+ 20%	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
S8422	AAC+ 20%	
S8423	AAC+ 20%	
S8424	AAC+ 20%	
S8425	AAC+ 20%	
S8426	AAC+ 20%	
S8427	AAC+ 20%	
S8428	AAC+ 20%	
S8429	AAC+ 20%	
S8430	AAC+ 20%	
S8431	AAC+ 20%	
S8450	AAC+ 20%	
S8451	AAC+ 20%	
S8452	AAC+ 20%	
S8490	AAC+ 20%	
S8999	AAC+ 20%	
S9325	\$37.51	
S9326	\$37.51	
S9327	\$37.51	
S9328	\$37.51	
S9329	\$46.68	
S9330	\$46.68	
S9331	\$46.68	
S9336	\$44.86	
S9338	\$51.51	
S9339	\$35.58	
S9340	\$14.84	
S9341	\$12.28	
S9342	\$14.84	
S9343	\$12.28	
S9345	\$51.51	
S9346	\$44.86	
S9347	\$44.86	
S9348	\$73.22	
S9349	\$44.86	
S9351	\$44.86	
S9353	\$44.86	

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RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
S9355	\$73.22	
S9357	\$73.22	
S9359	\$73.22	
S9361	\$73.22	
S9363	\$73.22	
S9364	\$43.95	
S9365	\$43.95	
S9366	\$43.95	
S9367	\$43.95	
S9368	\$43.95	
S9370	\$9.62	
S9372	\$9.62	
S9373	\$30.04	
S9374	\$30.04	
S9375	\$30.04	
S9376	\$30.04	
S9377	\$30.04	
S9379	AAC+20%+\$8.00	
S9434	AAC+ 20%	
S9435	AAC+ 20%	
S9490	\$44.86	
S9494	\$44.86	
S9497	\$51.51	
S9500	\$44.86	
S9501	\$51.73	
S9502	\$56.20	
S9503	\$61.87	
S9504	\$73.22	
S9537	\$9.62	
S9538	\$51.51	
S9542	\$9.62	
S9558	\$9.62	
S9559	\$9.62	
S9560	\$9.62	
S9562	\$9.62	
S9590	\$23.55	

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Code	Rate	Description (see the DME code spreadsheet at https://www.mass.gov/regulations/101-CMR32200-rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-)
T4521	\$0.77	
T4522	\$0.65	
T4522U6	\$0.65	
T4523	\$0.72	
T4523U6	\$0.87	
T4524	\$0.86	
T4524U6	\$1.04	
T4525	\$0.71	
T4526	\$0.54	
T4527	\$0.60	
T4528	\$0.77	
T4529	\$0.31	
T4530	\$0.59	
T4531	\$0.67	
T4532	\$0.80	
T4533	\$0.67	
T4534	\$0.82	
T4535	\$0.29	
T4535UD	\$0.79	
T4536	\$2.28	
T4537	\$7.42	
T4538	AAC+ 20%	
T4539	\$31.73	
T4540	\$6.82	
T4541	\$0.26	
T4542	\$0.19	
T4543	\$1.29	
T4543UD	\$2.28	
T4544	\$1.41	
T5001NU	AAC+ 35%	
T5001RR	IC	
T5001UE	IC	

322.07: Severability

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: RATES FOR DURABLE MEDICAL EQUIPMENT, OXYGEN AND
RESPIRATORY THERAPY EQUIPMENT

The provisions of 101 CMR 322.00 are severable. If any provision of 101 CMR 322.00 or the application of any provision to the sale or rental of durable medical equipment, medical/surgical supplies, or oxygen and respiratory therapy equipment should be held invalid or unconstitutional, such determination will not be construed to affect the validity or constitutionality of any other provision of 101 CMR 322.00 or the application of any other provision.

REGULATORY AUTHORITY

101 CMR 322.00: M.G.L. c. 118E.