



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place
Boston, Massachusetts 02108



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

DANIEL TSAI
Assistant Secretary for
MassHealth

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Administrative Bulletin 17-06

114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment

Effective January 1, 2017

HCPCS Updates and Corrections

Under the authority of Regulation 114.3 CMR 22.01(5) and 22.03(16), the Executive Office of Health and Human Services is updating Healthcare Common Procedure Coding System (HCPCS) codes for 2017 to add new codes, delete obsolete codes, and list description changes for existing codes for services provided on or after January 1, 2017.

For entirely new codes with associated Medicare fees as of the Administrative Bulletin adoption date, payment rates are set at a percentage of prevailing Medicare fees as described in 114.3 CMR 22.03(16)(a). For entirely new codes without associated Medicare fees as of the Administrative Bulletin adoption date, individual consideration is applied to establish payment as described in 114.3 CMR 22.03(16)(b) and 114.3CMR 22.02. For existing codes for which only the code numbers have changed, rates are unchanged, and the discontinued codes are listed with the corresponding crosswalk as described in 114.3 CMR 22.01(5)(a). For existing codes for which only the description has changed, the rates are unchanged, as described in 114.3 CMR 22.01(5)(b). For existing codes that are discontinued and crosswalked into existing codes with different payment rates, payment rates are set at the prevailing rates for the codes into which the discontinued codes are crosswalked.

MassHealth providers may only use HCPCS codes that were valid at the time the service was rendered to submit reimbursement claims. Due to the delay in publishing HCPCS updates and corrections for calendar year 2017, providers may have received denials for claims using discontinued codes for services rendered on or after January 1, 2017. MassHealth providers are encouraged to resubmit claims that were denied over this period due to the use of discontinued codes listed below and substitute the new crosswalked codes in place of the discontinued codes.

The appearance of a code in the tables below does not constitute authorization for or approval of the procedures or services for which rates are determined pursuant to 114.3 CMR 22.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly aided individuals.



New Codes that Do Not Crosswalk to Existing Codes

The following codes are entirely new and do not crosswalk to existing codes. Payment rates have been established according to 114.3 CMR 22.00.

| Code | Rate | Description |
|-------------|-----------------------|--|
| A4224 | \$16.49 | Supplies for maintenance of insulin infusion catheter, per week |
| A4225 | \$2.21 | Supplies for external insulin infusion pump, syringe type cartridge, sterile, each |
| A4553 | AAC ¹ +20% | Non-disposable underpads, all sizes |
| A9286 | AAC+20% | Hygienic item or device, disposable or non-disposable, any type, each |
| J7340 | \$181.86 | Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml |
| J8670 | \$2.65 | Rolapitant, oral, 1 mg |

Discontinued Codes Crosswalked to New Codes

Codes that have been discontinued and are being crosswalked to new codes are listed in the table below. Payment rates for these codes remain unchanged.

| Discontinued Code | Rate | Description | Crosswalk to New Code | New Description |
|--------------------------|-------------|--|------------------------------|---|
| A4466 | AAC+20% | Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each | A4467 | Belt, strap, sleeve, garment, or covering, any type |

Discontinued Codes Crosswalked to Existing Codes

Codes that have been discontinued and are being crosswalked to existing codes are listed in the table below. Payment rates for the discontinued codes are set to the existing rates for the existing codes into which the discontinued codes are crosswalked.

| Discontinued Code | Modifier | Rate | Description | Crosswalk to Existing Code² | Existing Rate |
|--------------------------|-----------------|-------------|---|---|----------------------|
| B9000 | NU | \$1,010.43 | Enteral nutrition infusion pump - without alarm | B9002 | \$1,010.43 |
| B9000 | RR | \$92.85 | Enteral nutrition infusion pump - without alarm | B9002 | \$97.86 |
| B9000 | UE | \$757.82 | Enteral nutrition infusion pump - without alarm | B9002 | \$757.82 |
| E0628 | NU | \$301.06 | Separate seat lift mechanism for use with patient-owned furniture, electric | E0627 | \$301.06 |
| E0628 | RR | \$30.12 | Separate seat lift mechanism for use with patient-owned furniture, electric | E0627 | \$30.12 |

¹ AAC = Adjusted Acquisition Cost

² See "Code Description Revisions" below for details on the existing code descriptions.

| Discontinued Code | Modifier | Rate | Description | Crosswalk to Existing Code² | Existing Rate |
|--------------------------|-----------------|-------------|---|---|----------------------|
| E0628 | UE | \$225.80 | Separate seat lift mechanism for use with patient-owned furniture, electric | E0627 | \$225.80 |

Code Description Revisions

The descriptions of the following codes have been revised, and the payment rates remain unchanged:

| Code | Old Description | New Description |
|-------------|---|---|
| A4221 | Supplies for maintenance of drug infusion catheter, per week (list drug separately) | Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately) |
| B9002 | Enteral nutrition infusion pump - with alarm | Enteral nutrition infusion pump, any type |
| E0740 | Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer | Non-implanted pelvic floor electrical stimulator, complete system |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism | Seat lift mechanism, electric, any type |
| E0629 | Separate seat lift mechanism for use with patient owned furniture-non-electric | Seat lift mechanism, non-electric, any type |
| E0967 | Manual wheelchair accessory, hand rim with projections, any type, each | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each |
| E0995 | Wheelchair accessory, calf rest/pad, each | Wheelchair accessory, calf rest/pad, replacement only, each |
| E2206 | Manual wheelchair accessory, wheel lock assembly, complete, each | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each |
| E2220 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each |
| E2221 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each |
| E2222 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each |
| E2224 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, each | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each |
| K0015 | Detachable, non-adjustable height armrest, each | Detachable, non-adjustable height armrest, replacement only, each |
| K0019 | Arm pad, each | Arm pad, replacement only, each |
| K0037 | High mount flip-up footrest, each | High mount flip-up footrest, replacement only, each |
| K0042 | Standard size footplate, each | Standard size footplate, replacement only, each |
| K0043 | Footrest, lower extension tube, each | Footrest, lower extension tube, replacement only, each |
| K0044 | Footrest, upper hanger bracket, each | Footrest, upper hanger bracket, replacement |

| Code | Old Description | New Description |
|-------------|---|--|
| | | only, each |
| K0045 | Footrest, complete assembly | Footrest, complete assembly, replacement only, each |
| K0046 | Elevating legrest, lower extension tube, each | Elevating legrest, lower extension tube, replacement only, each |
| K0047 | Elevating legrest, upper hanger bracket, each | Elevating legrest, upper hanger bracket, replacement only, each |
| K0050 | Ratchet assembly | Ratchet assembly, replacement only |
| K0051 | Cam release assembly, footrest or legrest, each | Cam release assembly, footrest or legrest, replacement only, each |
| K0052 | Swingaway, detachable footrests, each | Swingaway, detachable footrests, replacement only, each |
| K0069 | Rear wheel assembly, complete, with solid tire, spokes or molded, each | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each |
| K0070 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each |
| K0071 | Front caster assembly, complete, with pneumatic tire, each | Front caster assembly, complete, with pneumatic tire, replacement only, each |
| K0072 | Front caster assembly, complete, with semi-pneumatic tire, each | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each |
| K0077 | Front caster assembly, complete, with solid tire, each | Front caster assembly, complete, with solid tire, replacement only, each |
| K0098 | Drive belt for power wheelchair | Drive belt for power wheelchair, replacement only |
| K0552 | Supplies for external drug infusion pump, syringe type cartridge, sterile, each | Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each |