



Commonwealth of Massachusetts
Executive Office of Health and Human Services
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MASSHEALTH
 TRANSMITTAL LETTER DME-26
 May 2005

TO: Durable Medical Equipment Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Durable Medical Equipment Manual* (Revised Service Codes and Modifiers)

This letter transmits revisions to Subchapter 6 of the *Durable Medical Equipment Manual*. These revisions update service codes and modifiers, and are effective for dates of service on and after April 15, 2005. In addition, this letter provides clarification of MassHealth policy for certain services and some billing reminders.

A. HCPCS Codes

A summary of updates to HCPCS codes is provided below. All of these changes are reflected in the attached revisions to Subchapter 6.

1. Pediatric Gait Trainers. The federal government has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2005. MassHealth has adopted HCPCS codes E8000-E8002, for pediatric gait trainers, but has not adopted any other new 2005 HCPCS codes at this time. MassHealth will continue to review the remaining 2005 HCPCS codes (additions and deletions) and will provide additional information to providers at a later date, if necessary. Information about the codes for pediatric gait trainers is summarized below.

<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required</u>	<u>POS Required</u>	<u>Requirements/Limits</u>
E8000	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 yrs
E8001	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 yrs
E8002	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 yrs

2. Prior Authorization (PA) Requirement. The following service codes no longer require PA.

- E0955
- E0956
- E0957
- E1028
- E2320
- E2321
- E2324
- E2326
- K0004
- K0005
- K0112
- K0113
- K0114
- K0115
- K0116

3. Place of Service Codes (POS) Permitted. MassHealth now permits POS code 06 (nursing facility), in addition to POS codes 02 (member's home) and 07 (rest home), for the following HCPCS codes.

- E0140
- E0141
- E0950

4. Requirements and Limits. MassHealth has revised requirements and limits for the following service codes, as indicated below.

<u>HCPCS Code</u>	<u>Revised Requirements and Limits</u>	<u>HCPCS Code</u>	<u>Revised Requirements and Limits</u>
A6411	1 unit = each, 124 per month	K0116	1 unit = each. Refer to Section 607.
B4100	1 unit = 1 ounce	S8420	1 unit = each, 4 per month
E0175	2 per 12 months	S8421	1 unit = each, 4 per month
E0243	2 per 12 months	S8422	1 unit = each, 4 per month
E2320	--	S8423	1 unit = each, 4 per month
E2321	--	S8424	1 unit = each, 4 per month
E2324	--	S8425	1 unit = each, 4 per month
E2326	--	S8426	1 unit = each, 4 per month
K0112	1 unit = each. Refer to Section 607.	S8427	1 unit = each, 4 per month
K0113	1 unit = each. Refer to Section 607.	S8428	1 unit = each, 4 per month
K0114	1 unit = each. Refer to Section 607.	S8430	1 unit = each, 4 per month
K0115	1 unit = each. Refer to Section 607.		

5. Service Codes added to Subchapter 6. The following service codes were adopted July 1, 2004, but were inadvertently omitted from the Subchapter 6 dated July 1, 2004. These codes have been included in the accompanying Subchapter 6.

<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required</u>	<u>POS Required</u>	<u>Requirements/Limits</u>
A4210	IN	--	No	02 07	1 unit = each
A4483	IN	--	No	02 07	1 unit = 1 box (50), 3 per month
A9280	IN	--	Yes	02 07	This code is to be used for enuresis alarm only.
K0009	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each. Refer to Section 607.
S8210	IN	--	Yes	02 07	1 unit = box (50), 3 per month

B. Modifiers

1. Modifiers Added. MassHealth has added modifiers to the following HCPCS codes as indicated below. Definitions of these modifiers can be found in Subchapter 6, Section 603. Please note that modifier UD is new and that UC has a revised definition.

<u>HCPCS Code</u>	<u>Modifiers</u>	<u>HCPCS Code</u>	<u>Modifiers</u>	<u>HCPCS Code</u>	<u>Modifiers</u>
E0105	UD	E0155	UD	E0981	UC UD
E0110	UD	E0156	UD	E0990	UD
E0111	UD	E0157	UD	E1019	UD
E0112	UD	E0159	UD	E1230	UD
E0113	UD	E0163	UD	E1399	RP
E0114	UD	E0165	UD	E2500	UC
E0116	UD	E0166	UD	E2502	UC
E0117	UD	E0167	UD	E2504	UC
E0130	UD	E0168	UD	E2506	UC
E0135	UD	E0169	UD	E2508	UC
E0140	UC UD	E0240	UC UD	E2510	UC
E0141	UC UD	E0244	NU UD	E2511	UC
E0143	UC UD	E0245	NU UD	E2512	UC
E0144	UC UD	E0300	UC	E2599	UC
E0147	UC UD	E0636	UC UD	K0052	UD
E0148	UD	E0637	UC UD	K0053	UD
E0149	UC UD	E0638	UC UD	K0070	UC
E0153	UC UD	E0701	UC		
E0154	UC UD	E0974	UD		

2. Modifiers Removed. MassHealth has removed the following modifiers from use with the indicated HCPCS codes.

<u>HCPCS Code</u>	<u>Modifiers Removed</u>	<u>HCPCS Code</u>	<u>Modifiers Removed</u>	<u>HCPCS Code</u>	<u>Modifiers Removed</u>
A4216	NU	A4495	NU	A4663	NU
A4217	NU	A4500	NU	A6410	A1 - A9
A4220	NU	A4510	NU	A6411	A1 - A9
A4423	NU	A4632	NU RR UE		
A4490	NU	A4660	NU		

C. Clarifications

1. Specialized Rehabilitation Equipment. MassHealth uses E1399 UC for specialized pediatric rehabilitation equipment only, and only if there is no specific HCPCS code for the product. Providers may also use E1399 UC for pediatric equipment that is not found in the Product Classification Lists from the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC). Providers should refer to the Product Classification List at www.pgba.com/index.html.

2. Specialty Pediatric Rehabilitation Equipment. The following HCPCS code/modifier combinations are for use in billing for specialty pediatric rehabilitation equipment.

- E0140 UC Walker with trunk support, adjustable or fixed height, any type (pediatric specialized rehabilitation equipment) (specialized pediatric walkers)
- E0240 UC Bath/shower chair, with or without wheels, any size (pediatric specialized rehabilitation equipment) (specialty pediatric shower commodes, toilet/ shower chairs, toileting and bathing, bath positioning chairs)
- E0638 UC Standing frame system, any size, with or without wheels (pediatric specialized rehabilitation equipment) (small medium or large prone or supine standers)
- E1236 NU Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (pediatric strollers)
- T5001 NU Positioning seat for persons with special orthopedic needs, for use in vehicles (pediatric car seat)

3. Adult Gait Trainers and Standers. Providers must use the following code when billing for adult gait trainers and standers.

- E0625 NU Patient lift, bathroom or toilet, not otherwise classified (includes all accessories and components) (For MassHealth members, providers may use this code for adult gait trainers and standers until a more specific HCPCS code becomes available for this product.)

4. Repairs. Providers of mobility products must use E1340 UB (labor) and K0108 RP (parts) for all repairs of customized mobility systems not under warranty. Direct-service component codes cannot be used with this code and modifier. All other providers must use E1340 RP for the repair of equipment not under warranty. Providers must use E1399 RP for parts that do not have a more specific HCPCS code.

PA is required for all repairs, in all settings, when the fee for the repairs will exceed \$1000 (labor and parts). A prescription is not required for repair of equipment that was previously approved as medically necessary by MassHealth.

If the repair is for a wheelchair paid for by a primary insurer (that is, not MassHealth), and the equipment is still medically necessary, MassHealth will pay for the repair. The provider must include the serial number of the equipment on the claim and, when applicable, on the PA request.

An itemized bill indicating parts and labor must support claims for repairs. Payment for repairs is all-inclusive, and must not exceed either the purchase price of a new item, or the cost of renting a replacement item for the remaining period that the product has been determined to be medically necessary.

Claims for labor must use E1340 with RP or UB, as applicable. Claims for labor must be billed in 15-minute increments, and must be supported by the following information:

- a description of the repair;
- an explanation as to why the repair is medically necessary;
- an itemization of labor;
- an itemization of parts; and
- invoices for all parts.

If the equipment has been sent to the manufacturer for repair, but cannot be repaired due to age, or because improved technology has made the equipment obsolete, the provider must request a PA for new equipment, as long as the equipment is still deemed medically necessary. The provider must get a letter from the member's physician stating that the member has been using the equipment and still needs it. The provider must submit the PA request with the letter from the physician and enclose a copy of the documentation received from the manufacturer explaining why the repair cannot be done.

5. E motion power-assist add-on. RTS providers should use Service Code K0108 for Frank's Mobility E motion power-assist add-on live anti-tip tubes (electric) and battery packs.

6. Prior Authorization request for increase in Service Code Limits

Section 602 of Subchapter 6 identifies the payment category, indicates whether prior authorization (PA) is required, and specifies other requirements and limits for each code. The limits were developed in consultation with clinical experts and are based on generally accepted clinical practice guidelines. PA was removed from many service codes that had required it prior to July 1, 2004. This allows providers the ability to supply products without requesting a PA.

Providers may submit a PA request for all members and services (even if a PA is not typically required for the service) for coverage of additional units beyond the specified guidelines, if additional units are medically necessary. The request should be submitted *before the additional units* are provided, and must be supported by documentation of medical necessity.

To request a PA for additional units the provider must document, in Box 11 if submitting on paper, or in the providers comment section if submitting on APAS, that this PA is being requested for additional units beyond the limits listed in Subchapter 6, section 602.

D. Reminders

1. Members with Other Insurance. All claims submitted to MassHealth, where MassHealth is a secondary payer, must be billed to MassHealth with the same HCPCS code as was billed to the other primary insurer. As stated in DME Bulletin 11 (August 1998), claims that are submitted to MassHealth with an attached explanation of benefits (EOB) showing HCPCS code A9270 will be denied.

If a service code is not covered by a primary insurer under any circumstances, but is covered by MassHealth, providers must submit the claim to MassHealth directly, and should not attach a copy of the EOB from the primary insurer.

Example: Medicare does not cover diapers. If the member is covered by Medicare, the provider can bill MassHealth without first billing Medicare.

2. Reminder to Providers. The Division of Health Care Finance and Policy periodically publishes coding updates and corrections via informational bulletins. Providers are reminded, however, that MassHealth must adopt any new codes in order for them to be available for use by MassHealth providers. MassHealth will notify Providers of additional information, including an updated version of Subchapter 6, when the final review is complete.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Durable Medical Equipment Manual

Pages vi and 6-1 through 6-40

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Durable Medical Equipment Manual

Pages vi and 6-1 through 6-40 – transmitted by Transmittal Letter DME-25

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Subchapter 6 contains definitions, service codes, modifiers and descriptions, place-of-service codes, and product classification lists.

601 Definitions

Briefs – disposable absorbent products that come in a variety of shapes, sizes, and styles, are available to fit children, adolescents, and adults, have an outer waterproof cover, and are held in place with their own belted straps (tape, tabless).

Diapers – disposable absorbent products that come in a variety of shapes, sizes, and styles, are available to fit children, adolescents, and adults, have an outer plastic cover with leg gathers, and have self-adhesive tape tabs (beltless).

Direct Service Component Codes – the new codes (RE-1 through RE-23) represent time, in hours, along with the level of complexity involved in customizing the requested mobility system.

Incontinence Absorbent Products – products that are specifically designed to absorb urine and control odor.

Liners/Shields – rectangular absorbent products with a waterproof cover, available with or without adhesive strips to hold them in place.

Underpad – flat pads with absorbent filler and waterproof backing, designed to protect bedding, wheelchairs, and furniture, and available in various sizes and absorbencies. Underpads can be disposable or reusable.

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602 Covered Services

Providers may submit a prior-authorization request for all members for coverage of additional units, if additional units are medically necessary. The request must be submitted before the additional units are provided, and must be supported by medical documentation.

<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4210	IN	--	No	02 07	1 unit = each
A4216	OS	--	No	02 07	1 unit = each, 100 per month
A4217	OS	--	No	02 07	1 unit = each, 31 per month
A4220	OS	--	No	02 07	1 unit = each, 10 per month
A4221	SU	KX	No	02 07	1 unit = per week, 20 per month (includes dressings, cannulas, needles, and infusion supplies)
A4222	SU	KO KP KQ	No	02 07	1 unit = 1 dose of drug (for intermittent infusions, one bag or cassette for each drug dose)
A4232	IN	--	No	02 07	1 unit = each, 60 per month
A4244	IN	--	No	02 07	1 unit = per pint, 4 per month
A4245	IN	--	No	02 07	1 unit = per box, 4 per month
A4246	IN	--	No	02 07	1 unit = per pint, 4 per month
A4247	IN	--	No	02 07	1 unit = per box, 4 per month
A4250	IN	KX	No	02 07	1 unit = each (box of 8, blood ketone), 2 per month
A4253	IN	KS	No	02 07	1 unit = 1 box (50), 5 per 3 months
A4253	IN	KX	No	02 07	1 unit = 1 box (50), 15 per 3 months
A4254	IN	NU RR UE	No	02 07	1 unit = each, 9 per 3 months
A4255	SU	KS KX	No	02 07	1 unit = 1 box (50), 2 per month
A4256	SU	KS KX	No	02 07	1 unit = 1 each (vial/bottle of 100), 1 per 3 months (to be used with E0607, E2100, and E2101)
A4258	SU	KS KX	No	02 07	1 unit = each, 1 per 6 months (to be used with E0607, E2100, and E2101)
A4259	SU	KS	No	02 07	1 unit = 1 box (100), 3 per 3 months (to be used with E0607, E2100, and E2101)
A4259	SU	KX	No	02 07	1 unit = 1 box (100), 8 per 3 months (to be used with E0607, E2100, and E2101)
A4265	SU	--	No	02 07	1 unit = 1 pound, 1 per 3 months
A4310	OS	--	No	02 07	1 unit = 1 tray, 31 per month
A4311	OS	--	No	02 07	1 unit = 1 tray, 3 per month
A4312	OS	--	No	02 07	1 unit = 1 tray, 3 per month
A4313	OS	--	No	02 07	1 unit = 1 tray, 3 per month
A4314	OS	--	No	02 07	1 unit = 1 tray, 3 per month (A4331 is included in this code.)

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4315	OS	--	No	02 07	1 unit = 1 tray, 3 per month (A4331 is included in A4315.)
A4316	OS	--	No	02 07	1 unit = 1 tray, 3 per month (A4331 is included in A4316.)
A4319	OS	--	No	02 07	1 unit = 1000 ml, 6 per month
A4320	OS	--	No	02 07	1 unit = each, 4 per month
A4321	OS	--	No	02 07	1 unit = each, 4 per month
A4322	OS	--	No	02 07	1 unit = each, 3 per month
A4324	OS	--	No	02 07	1 unit = each, 250 per month
A4325	OS	--	No	02 07	1 unit = each, 35 per month
A4326	OS	--	No	02 07	1 unit = each, 35 per month
A4327	OS	--	No	02 07	1 unit = each, 4 per month
A4328	OS	--	No	02 07	1 unit = each, 31 per month
A4330	OS	--	No	02 07	1 unit = each, 31 per month
A4331	OS	--	No	02 07	1 unit = each, 3 per month
A4332	OS	--	No	02 07	1 unit = each, 1000 per month
A4333	OS	--	No	02 07	1 unit = each, 12 per month
A4334	OS	--	No	02 07	1 unit = each, 1 per month
A4338	OS	--	No	02 07	1 unit = each, 31 per month
A4340	OS	--	No	02 07	1 unit = each, 31 per month
A4344	OS	--	No	02 07	1 unit = each, 31 per month
A4346	OS	--	No	02 07	1 unit = each, 3 per month
A4347	OS	--	No	02 07	1 unit = 1 dozen, 3 per month
A4348	OS	--	No	02 07	1 unit = each, 6 per month
A4351	OS	--	No	02 07	1 unit = each, 250 per month
A4352	OS	--	No	02 07	1 unit = each, 250 per month
A4353	OS	--	No	02 07	1 unit = each, 250 per month
A4354	OS	--	No	02 07	1 unit = each, 31 per month
A4355	OS	--	No	02 07	1 unit = each, 1 per month
A4356	OS	--	No	02 07	1 unit = each, 1 per 3 months
A4357	OS	--	No	02 07	1 unit = each, 3 per month (A4331 is included in this code.)
A4358	OS	--	No	02 07	1 unit = each, 3 per month (A4331, A4358, and A5112 are included in A4358 and cannot be billed separately.)
A4359	OS	--	No	02 07	1 unit = each, 1 per 6 months
A4361	OS	--	No	02 07	1 unit = each, 10 per 6 months
A4362	OS	--	No	02 07	1 unit = each, 20 per month
A4364	OS	--	No	02 07	1 unit = 1 fluid ounce, 4 per month
A4365	OS	--	No	02 07	1 unit = 1 box (50), 1 per month (for use only with ostomy supplies)
A4366	OS	--	No	02 07	1 unit = each, 20 per month

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4367	OS	--	No	02 07	1 unit = each, 1 per month
A4368	OS	--	No	02 07	1 unit = each, 4 per month
A4369	OS	--	No	02 07	1 unit = 1 fluid ounce, 2 per month
A4371	OS	--	No	02 07	1 unit = 1 fluid ounce, 10 per 6 months
A4372	OS	--	No	02 07	1 unit = each, 20 per month
A4373	OS	--	No	02 07	1 unit = each, 20 per month
A4375	OS	--	No	02 07	1 unit = each, 20 per month (A4361 and A4377 are included in A4375.)
A4376	OS	--	No	02 07	1 unit = each, 20 per month (A4361 and A4378 are included in A4376.)
A4377	OS	--	No	02 07	1 unit = each, 20 per month
A4378	OS	--	No	02 07	1 unit = each, 20 per month
A4379	OS	--	No	02 07	1 unit = each, 20 per month (A4361, A4381, and A4382 are included in A4379 and cannot be billed separately.)
A4380	OS	--	No	02 07	1 unit = each, 20 per month (A4361 and A4383 are included in A4380 and cannot be billed separately.)
A4381	OS	--	No	02 07	1 unit = each, 20 per month
A4382	OS	--	No	02 07	1 unit = each, 20 per month
A4383	OS	--	No	02 07	1 unit = each, 20 per month
A4384	OS	--	No	02 07	1 unit = each, 20 per month
A4385	OS	--	No	02 07	1 unit = each, 20 per month
A4387	OS	--	No	02 07	1 unit = each, 60 per month
A4388	OS	--	No	02 07	1 unit = each, 20 per month
A4389	OS	--	No	02 07	1 unit = each, 20 per month
A4390	OS	--	No	02 07	1 unit = each, 20 per month
A4391	OS	--	No	02 07	1 unit = each, 20 per month
A4392	OS	--	No	02 07	1 unit = each, 20 per month
A4393	OS	--	No	02 07	1 unit = each, 20 per month
A4394	OS	--	No	02 07	1 unit = 1 fluid ounce, 20 per month
A4395	OS	--	No	02 07	1 unit = tablet, 31 per month
A4396	OS	--	No	02 07	1 unit = each, 1 per month
A4397	OS	--	No	02 07	1 unit = each, 4 per month
A4398	OS	--	No	02 07	1 unit = each, 2 per 6 months
A4399	OS	--	No	02 07	1 unit = each, 2 per 6 months
A4400	OS	--	No	02 07	1 unit = each, 1 per 3 months
A4402	OS	--	No	02 07	1 unit = 1 ounce, 18 per month
A4404	OS	--	No	02 07	1 unit = each, 10 per month
A4405	OS	--	No	02 07	1 unit = 1 ounce, 4 per month
A4406	OS	--	No	02 07	1 unit = 1 ounce, 4 per month
A4407	OS	--	No	02 07	1 unit = each, 20 per month

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4408	OS	--	No	02 07	1 unit = each, 20 per month
A4409	OS	--	No	02 07	1 unit = each, 20 per month
A4410	OS	--	No	02 07	1 unit = each, 20 per month
A4413	OS	--	No	02 07	1 unit = each, 20 per month
A4414	OS	--	No	02 07	1 unit = each, 20 per month
A4415	OS	--	No	02 07	1 unit = each, 20 per month
A4416	OS	--	No	02 07	1 unit = each, 60 per month
A4417	OS	--	No	02 07	1 unit = each, 60 per month
A4418	OS	--	No	02 07	1 unit = each, 60 per month
A4419	OS	--	No	02 07	1 unit = each, 60 per month
A4422	OS	--	No	02 07	1 unit = each, 120 per month
A4423	OS	--	No	02 07	1 unit = each, 60 per month
A4424	OS	--	No	02 07	1 unit = each, 20 per month
A4425	OS	--	No	02 07	1 unit = each, 20 per month
A4426	OS	--	No	02 07	1 unit = each, 20 per month
A4427	OS	--	No	02 07	1 unit = each, 20 per month
A4428	OS	--	No	02 07	1 unit = each, 20 per month
A4429	OS	--	No	02 07	1 unit = each, 20 per month
A4430	OS	--	No	02 07	1 unit = each, 20 per month
A4431	OS	--	No	02 07	1 unit = each, 20 per month
A4432	OS	--	No	02 07	1 unit = each, 20 per month
A4433	OS	--	No	02 07	1 unit = each, 20 per month
A4434	OS	--	No	02 07	1 unit = each, 20 per month
A4450	OS	--	No	02 07	1 unit = 18 sq inches, 720 per month
A4452	OS	--	No	02 07	1 unit = 18 sq inches, 40 per month
A4455	SD	--	No	02 07	1 unit = 1 ounce, 16 ounces per 6 months (for use with ostomy supplies)
A4462	SD	--	No	02 07	1 unit = each, 1 per 6 months
A4483	IN	--	No	02 07	1 unit = 1 box (50), 3 per month
A4490	IN	--	No	02 07	1 unit = each, 4 per 3 months
A4495	IN	--	No	02 07	1 unit = each, 4 per 3 months
A4500	IN	--	No	02 07	1 unit = each, 4 per 3 months
A4510	IN	--	No	02 07	1 unit = each, 4 per 3 months
A4521	IN	--	Yes	02 07	1 unit = each, 248 per month
A4522	IN	--	Yes	02 07	1 unit = each, 248 per month
A4523	IN	--	Yes	02 07	1 unit = each, 248 per month
A4524	IN	--	Yes	02 07	1 unit = each, 248 per month
A4525	IN	--	Yes	02 07	1 unit = each, 248 per month
A4526	IN	--	Yes	02 07	1 unit = each, 248 per month
A4527	IN	--	Yes	02 07	1 unit = each, 248 per month
A4528	IN	--	Yes	02 07	1 unit = each, 248 per month
A4529	IN	--	Yes	02 07	1 unit = each, 248 per month

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A4530	IN	--	Yes	02 07	1 unit = each, 248 per month
A4531	IN	--	Yes	02 07	1 unit = each, 248 per month
A4532	IN	--	Yes	02 07	1 unit = each, 248 per month
A4533	IN	--	Yes	02 07	1 unit = each, 248 per month
A4534	IN	--	Yes	02 07	1 unit = each, 248 per month
A4535	IN	--	Yes	02 07	1 unit = each, 248 per month
A4536	IN	--	Yes	02 07	1 unit = each, 7 per 3 months
A4537	IN	--	Yes	02 07	1 unit = each, 2 per month
A4554	IN	--	Yes	02 07	1 unit = each, 248 per month
A4595	SU	--	No	02 07	1 unit = 1 pair, 2 per month (A4595 is included in purchase of E0720 and E0730.)
A4614	IN	--	No	02 07	1 unit = each, 1 per 3 months
A4630	IN	--	No	02 07	1 unit = each, 12 per 12 months (Used for replacement of patient-owned equipment.)
A4632	IN	--	No	02 07	1 unit = each, 1 per 12 months (Used for replacement of patient-owned equipment.)
A4635	IN	NU RR UE	No	02 07	1 unit = each, 2 per 6 months (Used for replacement of patient-owned equipment.)
A4636	IN	NU RR UE	No	02 07	1 unit = each, 2 per 12 months
A4637	IN	NU RR UE	No	02 07	1 unit = each, 4 per 12 months (Used for replacement of patient-owned equipment.)
A4640	IN	NU RR UE	No	02 07	1 unit = each, 1 per 12 months (Used for replacement of patient-owned equipment.) (A4640 is included in initial purchase of E0180 and E0181.)
A4660	IN	--	No	02 07	1 unit = each, 1 per 3 years
A4663	IN	--	No	02 07	1 unit = each, 1 per 3 years
A4927	IN	--	No	02 07	1 unit = 1 box (100), 4 per month
A4930	IN	--	No	02 07	1 unit = 1 pair, 93 per month
A5051	OS	--	No	02 07	1 unit = each, 60 per month
A5052	OS	--	No	02 07	1 unit = each, 60 per month
A5053	OS	--	No	02 07	1 unit = each, 60 per month
A5054	OS	--	No	02 07	1 unit = each, 60 per month
A5055	OS	--	No	02 07	1 unit = each, 31 per month
A5061	OS	--	No	02 07	1 unit = each, 20 per month
A5062	OS	--	No	02 07	1 unit = each, 20 per month
A5063	OS	--	No	02 07	1 unit = each, 20 per month
A5071	OS	--	No	02 07	1 unit = each, 20 per month
A5072	OS	--	No	02 07	1 unit = each, 20 per month
A5073	OS	--	No	02 07	1 unit = each, 20 per month
A5081	OS	--	No	02 07	1 unit = each, 31 per month
A5082	OS	--	No	02 07	1 unit = each, 20 per month

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A5093	OS	--	No	02 07	1 unit = each, 20 per month
A5102	OS	--	No	02 07	1 unit = each, 1 per 6 months
A5105	OS	--	No	02 07	1 unit = each, 2 per 3 months
A5112	OS	--	No	02 07	1 unit = each, 1 per month (A4358 is included in A5112 and cannot be billed separately.)
A5113	OS	--	No	02 07	1 unit = per set, 2 per 3 months
A5114	OS	--	No	02 07	1 unit = per set, 2 per 3 months
A5119	OS	--	No	02 07	1 unit = 1 box (50), 3 per 6 months
A5121	OS	--	No	02 07	1 unit = each, 20 per month
A5122	OS	--	No	02 07	1 unit = each, 20 per month
A5126	OS	--	No	02 07	1 unit = each, 20 per month
A5131	OS	--	No	02 07	1 unit = 16 ounces, 1 per month
A5200	OS	--	No	02 07	1 unit = each, 12 per month
A6010	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each (per gram), 45 per month, per wound
A6011	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each (per gram), 45 per month, per wound
A6021	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6022	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6023	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6024	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = per 6 inches, 31 per month, per wound
A6154	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6196	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 31 per month, per wound
A6197	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 31 per month, per wound
A6198	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 31 per month, per wound

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A6199	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 60 per month, per wound
A6200	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6201	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6202	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6203	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6204	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6205	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6206	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 4 per month, per wound
A6207	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 4 per month, per wound
A6208	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 4 per month, per wound
A6209	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6210	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6211	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6212	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound

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A6213	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6214	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6215	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 3 per month, per wound
A6216	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6217	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6218	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6219	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6220	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6221	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6222	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6223	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6224	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6228	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6229	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6230	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6231	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6232	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6233	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6234	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6235	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6236	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6237	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6238	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6239	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6240	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 fluid ounce, 12 per month, per wound
A6241	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 gram, 45 per month, per wound
A6242	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6243	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6244	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6245	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6246	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6247	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6248	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 fluid ounce, 3 per month, per wound
A6251	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6252	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6253	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6254	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6255	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6256	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6257	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6258	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6259	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6260	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 16 ounces, 12 per month, per wound
A6266	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 linear yard, 60 per month, per wound
A6402	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6403	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6404	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6407	SD	NU	No	02 07	1 unit = each, 30 per month
A6410	SD	--	No	02 07	1 unit = each, 124 per month
A6411	SD	--	No	02 07	1 unit = each, 124 per month
A6442	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6443	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6444	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6445	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6446	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6447	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6448	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6449	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6450	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6451	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6452	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6453	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6454	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 80 per month, per wound
A6455	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 80 per month, per wound
A6456	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 160 per month, per wound
A6501	SD	--	Yes	02 07	1 unit = each, 2 per 12 months, ICD-9-CM 949.0, 701.4, and 754.89
A6502	SD	--	Yes	02 07	1 unit = each, 2 per 12 months, ICD-9-CM 949.0, 701.4, and 754.89
A6503	SD	--	Yes	02 07	1 unit = each, 2 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6504	SD	--	Yes	02 07	1 unit = each, 4 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6505	SD	--	Yes	02 07	1 unit = each, 4 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6506	SD	--	Yes	02 07	1 unit = each, 4 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6507	SD	--	Yes	02 07	1 unit = each, 4 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6508	SD	--	Yes	02 07	1 unit = each, 4 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6509	SD	--	Yes	02 07	1 unit = each, 2 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6510	SD	--	Yes	02 07	1 unit = each, 2 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0
A6511	SD	--	Yes	02 07	1 unit = each, 2 per 12 months, ICD-9-CM 949.0, 701.4, and 941.0

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A7000	IN	--	No	02 07	1 unit = each, 1 per month (A7000 can be billed separately if patient owns E0600 or E2000; otherwise included in monthly rental.)
A7001	IN	--	No	02 07	1 unit = each, 1 per month (A7001 can be billed separately if patient owns E0600 or E2000; otherwise included in monthly rental.)
A7002	IN	--	No	02 07	1 unit = each, 1 per month (A7002 can be billed separately if patient owns E0600 or E2000 but not if it is included in A7001; otherwise included in monthly rental.)
A9280	IN	--	Yes	02 07	This code is to be used for an enuresis alarm only.
B4034	IN	--	No	02 07	1 unit = 1 each, 1 per day (A5200 is included in B4034). All supplies (including dressings) other than the feeding tube itself are included. B4034 is included in "S" code.
B4035	IN	--	No	02 07	1 unit = each, 31 per month (A5200 is included in B4035). All supplies (including dressings) other than the feeding tube itself are included. B4035 is included in "S" code.
B4036	IN	--	No	02 07	1 unit = each, 31 per month (A5200 is included in B4036). All supplies (including dressings) other than the feeding tube itself are included. B4036 is included in "S" code.
B4081	IN	--	No	02 07	1 unit = each, 6 per 3 months
B4082	IN	--	No	02 07	1 unit = each, 6 per 3 months
B4083	IN	--	No	02 07	1 unit = each, 6 per 3 months
B4086	IN	--	No	02 07	1 unit = each, 6 per 3 months. This code can be billed separately only for a child (under 21) when "S" codes are being billed.
B4100	IN	BO	Yes	02 07	1 unit = 1 ounce
B4150	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4151	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4152	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4153	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4154	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4155	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day

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B4156	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4164	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, and B4168-B4178.) Codes B4216, B4184, B4186 may be billed separately.
B4168	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, and B4168-B4178.) Codes B4216, B4184, and B4186 may be billed separately.
B4172	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, and B4168-B4178.) Codes B4216, B4184, and B4186 may be billed separately.
B4176	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, and B4168-B4178.) Codes B4216, B4184, and B4186 may be billed separately.
B4178	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, and B4168-B4178.) Codes B4216, B4184, and B4186 may be billed separately.
B4180	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, and B4168-B4178.) Codes B4216, B4184, and B4186 may be billed separately.
B4184	IN	--	No	02 07	1 unit = 500 ml
B4186	IN	--	No	02 07	1 unit = 500 ml
B4189	IN	--	No	02 07	1 unit = 10 to 51 grams of protein. (B4164, B4180, B4168-B4178, and B4216 are included in B4189.)
B4193	IN	--	No	02 07	1 unit = 52 to 73 grams of protein
B4197	IN	--	No	02 07	1 unit = 74 to 100 grams of protein
B4199	IN	--	No	02 07	1 unit = over 100 grams of protein
B4216	IN	--	No	02 07	1 unit = 1 per day
B4220	IN	--	No	02 07	1 unit = 1 per day
B4222	IN	--	No	02 07	1 unit = 1 per day
B4224	IN	--	No	02 07	1 unit = 1 per day
B5000	IN	--	No	02 07	1 unit = 1 gram (B4164, B4180, B4168-B4178, and B4216 are included in B5000.)
B5100	IN	--	No	02 07	1 unit = 1 gram (B4164, B4180, B4168-B4178, and B4216 are included in B5100.)

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B5200	IN	- -	No	02 07	1 unit = 1 gram (B4164, B4180, B4168-B4178, and B4216 are included in B5200.)
B9000	IN	NU RR UE	No	02 07	1 per 3 years
B9002	IN	NU RR UE	No	02 07	1 per 3 years
B9004	IN	NU RR UE	No	02 07	1 per 3 years
B9006	IN	NU RR UE	No	02 07	1 per 3 years
E0100	IN	NU RR UE	No	02 07	1 per 3 years
E0105	IN	NU RR UD UE	No	02 07	1 per 3 years
E0110	IN	NU RR UD UE	No	02 07	1 per 3 years
E0111	IN	NU RR UD UE	No	02 07	1 per 3 years
E0112	IN	NU RR UD UE	No	02 07	1 per 3 years
E0113	IN	NU RR UD UE	No	02 07	1 per 3 years
E0114	IN	NU RR UD UE	No	02 07	1 per 3 years
E0116	IN	NU RR UD UE	No	02 07	1 per 3 years
E0117	IN	NU RR UD UE	No	02 07	1 per 3 years
E0130	IN	NU RR UD UE	No	02 07	1 per 3 years (A4636 and A4637 are included in E0130 on initial purchase.)
E0135	IN	NU RR UD UE	No	02 07	1 per 3 years (A4636 and A4637 are included in E0135 on initial purchase.)
E0137	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0138	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0140	IN	NU RR UC UD UE	Yes	02 06 07	1 per 5 years. E0140 can be used for pediatric walkers.
E0141	IN	NU RR UC UD UE	No	02 06 07	1 per 3 years (A4636, A4637, E0155, and E0159 are included in E0141.)
E0143	IN	NU RR UC UD UE	No	02 07	A4636, A4637, E0155, and E0159 are included in E0143 on initial purchase.
E0144	IN	NU RR UC UD UE	Yes	02 07	A4636, A4637, E0155, E0156, and E0159 are included in E0145 on initial purchase.
E0147	IN	NU RR UC UD UE	Yes	02 07	A4636, E0155, and E0159 are included in initial purchase of E0147 (for patients who weigh over 350 pounds).
E0148	IN	NU RR UD UE	No	02 07	A4636, A4637 are included in initial purchase of E0148 (for patients who weigh over 300 pounds).
E0149	IN	NU RR UC UD UE	No	02 07	A4636, A4637, E0155, E0156, and E0159 are included in initial purchase of E0149 (for patients who weigh over 300 pounds).
E0153	IN	NU RR UC UD UE	No	02 07	2 per 3 years
E0154	IN	NU RR UC UD UE	No	02 07	2 per 3 years

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E0155	IN	NU RR UD UE	No	02 07	2 per 3 years
E0156	IN	NU RR UD UE	No	02 07	1 per 3 years
E0157	IN	NU RR UD UE	No	02 07	1 per 3 years
E0158	IN	NU RR UE	No	02 07	1 per 3 years (covered for patients six feet tall or more)
E0159	IN	NU RR UD UE	No	02 07	1 per 12 months
E0160	IN	NU RR UE	No	02 07	1 per 12 months
E0161	IN	NU RR UE	No	02 07	1 per 12 months
E0162	IN	NU RR UE	No	02 07	1 per 3 years
E0163	IN	NU RR UD UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0163.)
E0164	IN	NU RR UE	No	02 07	1 per 3 years (E0167 is included in initial purchase E0164.)
E0165	CR	BP KH KI KJ NU UD UE	No	02 07	1 per 3 years (E0167 is included initial purchase of E0165.)
E0166	CR	BP KH KI KJ NU UD UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0166.)
E0167	IN	NU RR UD UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0168, E0166, E0165, E0164, and E0163.)
E0168	IN	NU RR UD UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0168.) (For patients who weigh over 300 pounds).
E0169	CR	BP KH KI KJ NU UD UE	Yes	02 07	1 per 5 years
E0175	IN	NU RR UE	No	02 07	2 per 12 months
E0176	IN	NU RR UE	No	02 07	1 per 12 months
E0177	IN	NU RR UE	No	02 07	1 per 12 months
E0178	IN	NU RR UE	No	02 07	1 per 12 months
E0179	IN	NU RR UE	No	02 07	1 per 12 months
E0180	CR	BP KH KI KJ NU UE	Yes	02 07	A4640 and E0182 are included in E0180.
E0181	CR	BP KH KI KJ NU UE	Yes	02 07	A4640 and E0182 are included in E0181.
E0182	CR	BP KH KI KJ NU UE	Yes	02 07	Replacement to an already purchased pressure pad with pump
E0184	IN	NU RR UE	No	02 07	1 per 12 months
E0185	IN	NU RR UE	No	02 07	1 per 12 months
E0186	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 12 months
E0187	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 12 months
E0188	IN	NU RR UE	No	02 07	1 per 12 months

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0189	IN	NU RR UE	No	02 07	2 per 6 months
E0190	IN.	NU RR UE	Yes	02 07	1 unit = each, 2 per 6 months
E0191	IN	NU RR UE	No	02 07	4 per 12 months
E0192	IN	NU RR UE	No	02 06 07	1 per 12 months
E0193	CR	BR KH KI KJ	Yes	02 06 07	E0277, E0371, E0372, and E0373 cannot be used with E0193. PA renewal required every 30 days.
E0194	CR	BR KH KI KJ	Yes	02 06 07	E0277, E0371, E0372, and E0373 cannot be used with E0194. PA renewal required every 30 days.
E0196	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0197	IN	NU RR UE	No	02 07	1 per 3 years
E0198	IN	NU RR UE	No	02 07	1 per 3 years
E0199	IN	NU RR UE	No	02 07	1 per 3 years
E0202	CP	RR	No	02 07	14 days maximum, per episode
E0210	IN	NU RR UE	No	02 07	1 per 12 months
E0215	IN	NU RR UE	No	02 07	1 per 12 months
E0220	IN	NU RR UE	No	02 07	1 per 12 months
E0230	IN	NU RR UE	No	02 07	1 per 12 months
E0235	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0238	IN	NU RR UE	No	02 07	1 per 12 months
E0240	IN	NU RR UC UD UE	Yes	02 07	1 per 5 years. E0240 may be used for specialty shower commodes, toilet/shower chairs, toileting and bathing, and bath positioning chairs.
E0241	IN	--	No	02 07	1 per 3 years
E0242	IN	--	No	02 07	1 per 12 months
E0243	IN	--	No	02 07	2 per 12 months
E0244	IN	NU UD	No	02 07	1 per 12 months
E0245	IN	NU UD	No	02 07	1 per 12 months
E0246	IN	--	No	02 07	1 per 12 months
E0247	IN.	NU RR UE	No	02 07	1 per 5 years. E0247 may be used for specialty transfer benches.
E0248	IN	NU RR UE	No	02 07	1 per 5 years. E0248 may be used for specialty transfer bench /commodes.
E0250	CR	BP KH KI KJ NU UE	No	02 07	1 per 5 years. E0271, E0272, E0305, and E0310 are included in E0250.
E0251	CR	BP KH KI KJ NU UE	No	02 07	1 per 5 years. E0305 and E0310 are included in E0251. E0277 and E0372 may be used with this code.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0255	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0271, E0272, E0305, and E0310 are included in E0255.
E0256	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305 and E0310 are included in E0256. E0277 and E0372 may be used with this code.
E0260	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0271, E0272, E0305, and E0310 are included in E0260.
E0261	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305 and E0310 are included in E0261. E0277 or E0372 may be used with this code.
E0265	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0271, E0272, E0305, and E0310 are included in E0265.
E0266	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305 and E0310 are included in E0266. E0277 or E0372 may be used with this code.
E0271	IN	NU RR UE	No	02 07	1 per 5 years (replacement for an owned hospital bed)
E0272	IN	NU RR UE	Yes	02 07	1 per 5 years (replacement for an owned hospital bed)
E0274	IN	NU RR UE	No	02 07	1 per 5 years
E0275	IN	NU RR UE	No	02 07	1 per 6 months
E0276	IN	NU RR UE	No	02 07	1 per 6 months
E0277	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 per 5 years. E0277 may not be used with E0193, E0371, E0372, or E0373.
E0280	IN	NU RR UE	Yes	02 07	1 per 5 years (to prevent contact with bed coverings)
E0290	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0271 and E0272 are included in E0290. E0371 and E0372 may be used with E0290.
E0291	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0277 may be used with E0291.
E0292	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0271 and E0272 are included in E0292. E0371 and E0372 may be used with E0292.
E0293	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0277 may be used with E0293.
E0294	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305, E0310, E0271, and E0272 are included in E0294. E0371 and E0372 may be used with E0294.
E0295	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0277 may be used with E0295.
E0296	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0271 and E0272 are included in E0296. E0371 and E0372 may be used with E0296.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0297	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305, E0310, and E0277 may be used with E0297.
E0300	IN	NU RR UC UE	Yes	02 07	1 per 5 years
E0301	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305 and E0310 are included in E0301. E0277 or E0372 may be used with E0301.
E0302	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305 and E0310 are included in E0302. E0277 or E0372 may be used with E0302.
E0303	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. Weight is more than 350 pounds, but less than 600 pounds. E0271, E0272, E0305, and E0310 are included in E0303.
E0304	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. Weight exceeds 600 pounds. E0271, E0272, E0305, and E0310 are included in E0304.
E0305	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0305 may be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, and E0297 (not with E0310).
E0310	IN	NU RR UE	Yes	02 07	1 per 5 years. E0310 may be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, and E0297 (not with E0305).
E0315	IN	NU RR UE	Yes	02 07	1 per 5 years
E0316	CR	BP KH KI KJ NU UE RR	Yes	02 07	1 per 5 years
E0325	IN	NU RR UE	No	02 07	1 unit = each, 1 per 3 months
E0326	IN	NU RR UE	No	02 07	1 unit = each, 1 per 3 months
E0371	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0372	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0373	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0277 may be used with E0372.
E0602	IN	NU RR UE	No	02 07	1 unit = each, 1 per female (mother and child medical separation)
E0603	IN	NU	No	02 07	1 unit = each, 1 per female (mother and child medical separation)
E0604	IN	RR	Yes	02 07	1 unit = 1 month rental (mother and child medical separation)
E0605	IN	NU RR UE	No	02 07	1 unit = each, one per 24 months
E0606	CR	BP KH KI KJ NU UE	No	02 07	1 per 5 years
E0607	IN	NU RR UE	No	02 07	1 per 2 years

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E0610	IN	NU RR UE	Yes	02 07	1 per 3 years
E0621	IN	NU RR UE	Yes	02 07	1 per 12 months
E0625	IN	NU RR UE	Yes	02 07	1 per 5 years. E0625 may be used for adult gait trainers and standers.
E0627	IN	NU RR UE	Yes	02 07	1 per 5 years (E0621 is included in the initial purchase of E0627.)
E0628	IN	NU RR UE	Yes	02 07	1 per 5 years (E0621 is included in the initial purchase of E0628.)
E0629	IN	NU RR UE	Yes	02 07	1 per 5 years (E0621 is included in the initial purchase of E0629.)
E0630	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 3 years (Transfer between bed, chair, wheelchair, and commode that requires the assistance of more than one person. E0621 is included in E0630.)
E0635	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 3 years (Transfer between bed, chair, wheelchair, and commode that requires the assistance of more than one person. E0621 is included in E0635.)
E0636	CR	BP KH KI KJ NU UC UD UE	Yes	02 07	1 per 3 years (Transfer between bed, chair, wheelchair, and commode that requires the assistance of more than one person. E0621 is included in E0636.)
E0637	IN	NU RR UC UD UE	Yes	02 07	1 per 5 years
E0638	IN	NU RR UC UD UE	Yes	02 07	1 per 5 years. E0638 may be used for small, medium, or large prone or supine stander.
E0650	IN	NU RR UE	Yes	02 07	1 per 5 years. E0650 may be used with E0671 - E0673.
E0651	IN	NU RR UE	Yes	02 07	1 per 5 years. E0651 may be used with E0667 - E0669.
E0652	IN	NU RR UE	Yes	02 07	1 per 5 years. E0652 may be used with E0667 - E0669.
E0655	IN	NU RR UE	Yes	02 07	2 per 3 years. E0655 may be used with E0650.
E0660	IN	NU RR UE	Yes	02 07	2 per 3 years. E0660 may be used with E0650.
E0665	IN	NU RR UE	Yes	02 07	2 per 3 years. E0665 may be used with E0650.
E0666	IN	NU RR UE	Yes	02 07	2 per 3 years. E0666 may be used with E0650.
E0667	IN	NU RR UE	Yes	02 07	2 per 3 years. E0667 may be used with E0651 or E0652.

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E0668	IN	NU RR UE	Yes	02 07	2 per 3 years. E0668 may be used with E0651 or E0652.
E0669	IN	NU RR UE	Yes	02 07	2 per 3 years. E0669 may be used with E0651 or E0652.
E0671	IN	NU RR UE	Yes	02 07	2 per 3 years. E0671 may be used with E0650.
E0672	IN	NU RR UE	Yes	02 07	2 per 3 years. E0672 may be used with E0650.
E0673	IN	NU RR UE	Yes	02 07	2 per 3 years. E0673 may be used with E0650.
E0675	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0700	IN	--	No	02 07	1 per 12 months
E0701	IN	NU RR UC UE	No	02 07	1 per 12 months
E0710	IN	--	No	02 07	8 per 12 months
E0720	TE	--	Yes	02 07	1 per 3 years
E0730	TE	--	Yes	02 07	1 per 3 years
E0731	TE	--	Yes	02 07	1 per 3 years
E0747	IN	NU RR UE	Yes	02 07	1 per 5 years (ICD-9-CM codes: 733.83, 755.8, 810.00-810.13, 812.00 - 813.93, 815.00-815.19, 820.00-821.39, 823.00-824.9, 825.25, 825.35, and V45.4)
E0748	IN	NU RR UE	Yes	02 07	1 per 5 years (ICD-9-CM code: V45.4)
E0760	IN	NU RR UE	Yes	02 07	1 per 5 years (ICD-9-CM codes: 733.83, 807.00-807.3, 808.10-816.13, 820.00-826.1)
E0776	IN	NU RR UE	Yes	02 07	1 per 5 years
E0779	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0776 may not be provided with E0779. Supplies used with E0779 are A4221, A4222, or K0552.
E0780	IN	--	Yes	02 07	1 per 5 years. E0776 may not be provided with E0780. Supplies used with E0779 are A4221, A4222, or K0553.
E0781	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0776 may not be provided. Supplies used with E0779 are A4221, A4222, or K0554.
E0784	CR	BP KH KI KJ NU	Yes	02 07	1 per 5 years. E0776 may not be provided with E0784.
E0791	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years. E0776 may be supplied separately when using E0791.
E0840	IN	NU RR UE	Yes	02 07	1 per 5 years
E0850	IN	NU RR UE	Yes	02 07	1 per 5 years
E0855	IN	NU RR UE	Yes	02 07	1 per 5 years
E0860	IN	NU RR UE	Yes	02 07	1 per 5 years

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E0870	IN	NU RR UE	Yes	02 07	1 per 5 years
E0880	IN	NU RR UE	Yes	02 07	1 per 5 years
E0890	IN	NU RR UE	Yes	02 07	1 per 5 years
E0900	IN	NU RR UE	Yes	02 07	1 per 5 years
E0910	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 2 per 5 years (Allowed for patient to sit up for respiratory condition, change in body position, or to get in or out of bed).
E0920	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0930	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0935	FS	RR	Yes	02 07	1 month maximum (per episode)
E0940	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0941	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E0942	IN	NU RR UE	No	02 07	1 per 5 years
E0944	IN	NU RR UE	No	02 07	1 per 5 years
E0945	IN	NU RR UE	No	02 07	1 per 5 years
E0946	CR	BP KH KI KJ NU UE	Yes	02 07	2 per 5 years
E0947	IN	NU RR UE	Yes	02 07	1 per 5 years
E0948	IN	NU RR UE	Yes	02 07	1 per 5 years
E0950	IN	NU RR UE	No	02 06 07	1 unit = each
E0951	IN	NU RR UE	No	02 06 07	1 unit = each
E0952	IN	NU RR UE	No	02 06 07	1 unit = each
E0955	IN	NU RR UE	No	02 06 07	1 per 5 years
E0956	IN	NU RR UE	No	02 06 07	1 per 5 years
E0957	IN	NU RR UE	No	02 06 07	1 per 5 years
E0958	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 per 5 years
E0959	IN	NU RR UE	No	02 06 07	1 unit = pair
E0960	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0961	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0962	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0963	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0964	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0965	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased

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E0966	IN	NU RR UE	No	02 06 07	1 unit = each
E0967	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0968	CR	BP KH KI KJ NU UE	No	02 07	1 unit = each
E0969	IN	NU RR UE	No	02 07	1 unit = each
E0971	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0972	IN	NU RR UE	No	02 07	1 unit = each, 1 per 12 months
E0973	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0974	IN	NU RR UD UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0977	IN	NU RR UE	No	02 06 07	1 unit = each
E0978	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0980	IN	NU RR UE	Yes	02 06 07	1 unit = each
E0981	IN	NU RR UC UD UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0982	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0983	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 per 5 years
E0984	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0985	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0986	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0990	IN	NU RR UD UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0992	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0994	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0995	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E0997	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0998	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0999	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1001	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1002	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1003	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1004	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1005	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1006	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1007	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1008	IN	NU RR UE	Yes	02 06 07	1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1009	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1010	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1011	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1012	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1013	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1014	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1015	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1016	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1017	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1018	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1019	IN	NU RR UD UE	Yes	02 06 07	1 per 5 years
E1020	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1021	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1025	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1026	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1027	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1028	IN	NU RR UE	No	02 06 07	--
E1029	IN	NU RR UE	Yes	02 06 07	--
E1030	IN	NU RR UE	Yes	02 06 07	--
E1031	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1035	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E1037	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E1038	CR	BP KH KI KJ NU UE	Yes	02 07	1 per 5 years
E1050	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1060	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1065	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1070	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1083	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1084	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1087	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1088	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1091	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1092	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1093	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1100	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1110	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1150	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1160	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1161	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1170	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1171	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1172	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1180	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1190	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1195	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1200	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1210	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1211	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1220	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1221	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1222	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1223	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1224	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1225	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1226	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E1227	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1228	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1230	IN	NU RR UD UE	Yes	02 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1231	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1232	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1233	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1234	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1235	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1236	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. E1236 may be used for pediatric strollers.
E1237	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1238	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
E1240	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1270	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1280	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1295	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1296	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1297	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1298	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1340	IN	RP	No	02 06 07	PA is required for repair of equipment over \$1000, purchased for member in nursing facility.
E1340	IN	UB	No	02 06 07	Used by RTS providers only. PA is required for all repairs over \$1000.
E1399	IN	RP UC	Yes	02 07	Modifier UC may be used for child pediatric specialty equipment that currently has no HCPCS code and is not listed on the product classification list.
E1800	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1801	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1802	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1805	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1806	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1810	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1811	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1815	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1816	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1818	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1820	CR	NU RR UE	Yes	02 07	1 unit = each, 1 per 3 years
E1821	CR	NU RR UE	Yes	02 07	1 unit = each, 1 per 3 years
E1825	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1830	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1840	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1902	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 3 years
E2000	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E2100	IN	NU RR UE	Yes	02 07	1 per 3 years, visual impairment (e.g., best corrected visual acuity of 20/200 or worse)
E2101	IN	NU RR UE	Yes	02 07	1 per 3 years, manual dexterity impairments

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E2201	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2202	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2203	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2204	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2310	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2311	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2320	IN	NU RR UE	No	02 06 07	-----
E2321	IN	NU RR UE	No	02 06 07	-----
E2322	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2323	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2324	IN	NU RR UE	No	02 06 07	-----
E2325	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2326	IN	NU RR UE	No	02 06 07	-----
E2327	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2328	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2329	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2330	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2331	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2340	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2341	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2342	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2343	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2351	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2360	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2361	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2362	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2363	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2364	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2365	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2366	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2367	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
E2500	IN	NU RR UC UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 is included in E2500.
E2502	IN	NU RR UC UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 is included in this code
E2504	IN	NU RR UC UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 is included in this code

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E2506	IN	NU RR UC UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 is included in this code
E2508	IN	NU RR UC UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digitized and synthesized output. E0545 is included in this code.
E2510	IN	NU RR UC UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digitized and synthesized output. E0545 is included in this code.
E2511	IN	NU RR UC UE	Yes	02 06 07	Speech-generating software program that enables a laptop computer, desktop computer or personal digital assistant (PDA) to function as a speech-generating device. E0545 is included in this code.
E2512	IN	NU RR UC UE	Yes	02 06 07	E0545 is included in E2512.
E2599	IN	NU RR UC UE	Yes	02 06 07	E0545 is included in E2599.
E8000	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E8001	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E8002	CR	BP KH KI KJ NU UE	Yes	02 07	1 unit = each, 1 per 5 years
K0001	CR	BP KH KI KJ NU UE	No	02 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0002	CR	BP KH KI KJ NU UE	No	02 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0003	CR	BP KH KI KJ NU UE	No	02 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0004	CR	BP KH KI KJ NU UE	No	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0005	IN	NU RR UE	No	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0006	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0007	CR	BP KH KI KJ NU UE	Yes	02 06 07	Use E0983 for add-on power packs, patients weighing over 300 pounds, 1 per 5 years.
K0009	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each. Refer to Section 607.
K0010	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
K0011	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0012	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0014	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years. Refer to Section 607.
K0015	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0017	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0018	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0019	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0020	IN	NU RR UE	No	02 06 07	1 unit = pair
K0023	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0024	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0037	IN	NU RR UE	No	02 06 07	1 unit = each, 2 per 12 months
K0038	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0039	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0040	IN	NU RR UE	No	02 06 07	1 unit = each
K0041	IN	NU RR UE	No	02 06 07	1 unit = each
K0042	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0043	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0044	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0045	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0046	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0047	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0050	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0051	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0052	IN	NU RR UD UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0053	IN	NU RR UD UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0056	IN	NU RR UE	No	02 06 07	1 unit = each, 1 per 12 months
K0059	IN	NU RR UE	No	02 06 07	1 unit = each
K0060	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0061	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0064	IN	NU RR UE	No	02 06 07	1 unit = each
K0065	IN	NU RR UE	No	02 06 07	1 unit = each
K0066	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0067	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0068	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0069	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0070	IN	NU RR UC UD UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0071	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0072	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
K0073	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0074	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0075	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0076	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0077	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0078	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0081	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0090	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0091	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0092	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0093	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0094	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0095	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0096	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0097	IN	NU RR UE	No	02 06 07	1 unit = each
K0098	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0099	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0102	IN	NU RR UE	No	02 06 07	1 unit = each, 1 per 12 months
K0104	IN	NU RR UE	No	02 07	1 unit = each, 1 per 5 years
K0105	IN	NU RR UE	No	02 07	1 unit = each, 1 per 5 years
K0106	IN	NU RR UE	No	02 07	1 unit = each, 1 per 5 years
K0108	IN	NU UE	Yes	02 06 07	Direct service component codes RE-1 through RE-23 must be used under K0108 for RTS providers only.
K0108	--	RP	No	02 06 07	Repair to previously purchased wheelchair. Include PA # on claim. RE-1 through RE-23 may not be used with this modifier (Requires PA for repairs over \$1,000.)
K0112	PO	--	No	02 06 07	1 unit = each. Refer to Section 607.
K0113	PO	--	No	02 06 07	1 unit = each. Refer to Section 607.
K0114	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0115	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0116	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0195	CR	BP KH KI KJ NU UE	Yes	02 06 07	1 unit = each. Refer to Section 607.
K0452	IN	NU RR UE	No	02 06 07	1 unit = each. Refer to Section 607.
K0455	FS	RR	Yes	02 07	1 per 5 years
K0552	SU	KO KP KQ KX	No	02 07	1 unit = each, 20 per month. Intermittent infusions, one bag or cassette for each drug dose, and continuous cassettes, bag, or syringe.
K0601	IN	NU	No	02 07	Replacement for already purchased equipment
K0602	IN	NU	No	02 07	Replacement for already purchased equipment
K0603	IN	NU	No	02 07	Replacement for already purchased equipment

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K0604	IN	NU	No	02 07	Replacement for already purchased equipment
K0605	IN	NU	No	02 07	Replacement for already purchased equipment
K0620	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 linear yard, 3 per month, per wound
L8501	PO	--	No	02 07	1 unit = each, 1 per 3 months. ICD-9-CM codes: V44.0 or V55.0
S5160	--	--	Yes	02 07	1 unit = 1 installation per member (per episode)
S5161	--	RR	Yes	02 07	1 unit = 1 month rental
S5162	IN	NU	Yes	02 07	1 unit = 1 time purchase per member every 3 years
S5497	PD	--	No	02 07	1 unit = 1 day, 31 per month
S5498	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S5501	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S5502	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S5517	PD	--	No	02 07	1 unit = 1 day, 31 per month (Month is date-of-service driven and cannot cross fiscal years.) This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S5518	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S5520	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S5521	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S8100	IN	--	No	02 07	1 unit = each, 1 per 3 months
S8101	IN	--	No	02 07	1 unit = each, 1 per 3 months

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S8210	IN	--	Yes	02 07	1 unit = box (50), 3 per month
S8265	--	--	No	02 07	1 unit = each, 4 per 3 months
S8420	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.99)
S8421	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.99)
S8422	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.99)
S8423	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.100)
S8424	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.100)
S8425	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.100)
S8426	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.100)
S8427	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.101)
S8428	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.102)
S8429	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, or 997.101)
S8430	IN	--	No	02 07	1 unit = each, 4 per month (required ICD-9-CM: 457.0, 457.1,757.0, or 997.101)
S9325	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9326	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9327	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9328	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9329	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)

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S9330	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9331	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9336	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9338	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9339	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9340	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with B4034, B4035, B4036, B4081, B4082, B4083, B4086, B9000, B9002, B9004, B9006, B9998, B9999, or E0776). (B4086 can be billed separately for members aged 21 and under.)
S9341	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with B4034, B4035, B4036, B4081, B4082, B4083, B4086, B9000, B9002, B9004, B9006, B9998, B9999, or E0776). (B4086 can be billed separately for members aged 21 and under.)
S9342	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with B4034, B4035, B4036, B4081, B4082, B4083, B4086, B9000, B9002, B9004, B9006, B9998, B9999, or E0776). (B4086 can be billed separately for members aged 21 and under.)
S9343	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with B4034, B4035, B4036, B4081, B4082, B4083, B4086, B9000, B9002, B9004, B9006, B9998, B9999, or E0776). (B4086 can be billed separately for members aged 21 and under.)

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S9345	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9346	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9347	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9348	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9349	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9351	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9353	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9355	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9357	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9359	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9361	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)

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S9363	PD	--	No	02 07	1 unit = 1 day, 31 per month. This rate includes all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, or E0784.)
S9364	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9365	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9366	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9367	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9368	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9370	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9372	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9373	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9374	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9375	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9376	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9377	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9434	IN	--	No	02 07	1 unit = each
S9435	IN	--	No	02 07	1 unit = each
S9490	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9494	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9497	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9500	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9501	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9502	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9503	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9504	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9537	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9538	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9542	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9558	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9559	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9560	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9562	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9590	PD	--	No	02 07	1 unit = 1 day, 31 per month
T5001	IN	NU RR UE	Yes	02 07	1 per 3 years

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603 Modifiers

- A1 Dressing for one wound
- A2 Dressing for two wounds
- A3 Dressing for three wounds
- A4 Dressing for four wounds
- A5 Dressing for five wounds
- A6 Dressing for six wounds
- A7 Dressing for seven wounds
- A8 Dressing for eight wounds
- A9 Dressing for nine or more wounds
- BA Item furnished in conjunction with parenteral enteral nutrition (PEN) services
- BO Orally administered nutrition, not by feeding tube
- BP The beneficiary has been informed of the purchase and rental options and has elected to purchase the item (For MassHealth members, MassHealth has purchased the item for the member.) (Used on the 15th month of rental.)
- BR The beneficiary has been informed of the purchase and rental options and has elected to rent the item (For MassHealth members, member continues to rent, no more claims can be submitted, purchase price has been met. MassHealth will not purchase the item.) (Used on the 15th month of rental.)
- KH DME POS item, initial claim, purchase or first month rental (For MassHealth members' first claim.)
- KI DME POS item, second or third month rental
- KJ DME POS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to 15 (For MassHealth members, months four through 14.)
- KR Rental item, billing for partial month
- KS Glucose monitor supply for diabetic beneficiary not treated with insulin
- KX Specific required documentation on file (For MassHealth members this modifier is required for insulin dependent diabetes management.)
- NR New when rented (Use the 'NR' modifier when DME that was new at the time of rental is subsequently purchased.)
- NU New equipment
- RP Replacement and repair. RP may be used to indicate replacement of DME, orthotic, and prosthetic devices that have been in use for some time. The claim shows the code for the part, followed by the RP modifier and the charge for the part. (RE-1 through RE-23 cannot be used with this modifier.)
- RR Rental (Use the RR modifier when DME is to be rented.)
- SH Second concurrently administered infusion therapy (For MassHealth members this would be used if a second same-drug therapy is provided in a separate compounded IV bag for infusion over a service period for some of the same days as for the first.)
- SJ Third or more concurrently administered infusion therapy (For MassHealth members this would be used if a third or more same-drug therapy is provided in a separate compounded IV bag for infusion over a service period for some of the same days as for the first.)
- UB Used with E1340 by mobility "RTS" providers only, for in-home repair and servicing of customized mobility equipment.
- UC Medicaid level of care 12, as defined by each state. (Used for child pediatric specialized rehabilitation equipment by RTS and speech devices by speech-generating device providers.)
- UD Medicaid level of care 13, as defined by each state. (Used for bariatric equipment.)
- UE Used durable medical equipment

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604 Place-of-Service Codes

The following are codes and descriptions for paper or electronic submission.

Type of Claim	Place-of-Service Code	Description
Paper	02	Member's home
	06	Nursing facility
	07	Rest home
Electronic	12	Home
	31, 32	Skilled nursing facility, nursing facility
	33	Custodial care facility

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605 Payment Categories

Each covered service code is assigned to one of the following payment categories. These categories help providers to identify applicable modifiers, and explain how MassHealth pays for the products or services.

<u>Category</u>	<u>Description</u>
CAP	Capitated rate (per episode)
CR	Capped rental
FS	Frequently serviced items
IN	Inexpensive and routinely purchased DME
OS	Ostomy, tracheostomy and urologicals
OX	Oxygen and oxygen equipment
PD	Daily per diem
PO	Prosthetics and orthotics
SD	Surgical dressings
SU	Supplies
TE	TENS