Washington State
Department of Social
& Health Services

Health and Recovery Services Administration (HRSA)

Oxygen Program

Billing Instructions

ProviderOne Readiness Edition

[Chapter 388-552 WAC]

About This Publication

This publication supersedes all previous Department/HRSA *Oxygen Program Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services.

Note: The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

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How Can I Get Department/HRSA Provider Documents?

To download and print Department/HRSA provider numbered memos and billing instructions, go to the Department/HRSA website at http://hrsa.dshs.wa.gov (click the ***Billing Instructions and Numbered Memorandum*** link).

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Important Contacts

Note: This section contains important contact information relevant to the Oxygen Program. For more contact information, see the Department/HRSA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Department/HRSA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding the Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
How do I obtain prior authorization or a limitation extension?	For all requests for prior authorization or limitation extensions, the following documentation is "required:" • A completed, TYPED ProviderOne request form, DSHS 13-835. This request form MUST be the initial page when you submit your request. • A completed Oxygen and Respiratory Limitation Extension Request Form, DSHS 15-298, and all the documentation listed on this form and any other medical justification. Fax your request to: 1-866-668-1214. See the Department/HRSA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Compressor - A pump driven appliance which mechanically condenses atmospheric air into a smaller volume under pressure. In oxygen therapy, it is used to forcefully nebulize liquid solutions or emulsions into a vapor state, or mist for inhalation.

Concentrator - A device which increases the concentration of oxygen from the air.

Maximum Allowable - The maximum dollar amount for which a provider may be reimbursed by the Department for specific services, supplies, or equipment. [WAC 388-552-005]

Medical Identification card(s) – See *Services Card*.

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

Oxygen - USP medical grade liquid oxygen or compressed gas. [WAC 388-552-005]

Oxygen System - All equipment necessary to provide oxygen to a person. [WAC 388-552-005]

Portable Oxygen System - A small system that allows the client to be independent of the stationary system for several hours, thereby providing mobility outside of the residence. [WAC 388-552-005]

ProviderOne – Department of Social and Health Services' (the Department's) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.
For example: 123456789WA.

Respiratory Care Practitioner – A person certified by the Department of Health and employed in the treatment, management, diagnostic testing, rehabilitation, and care of patients with deficiencies and abnormalities which affect the cardiopulmonary system and associated aspects of other systems, and are under the direct order and qualified medical direction of a physician. (Refer to chapter 18.89 RCW and chapter 246-928 RCW)

Revised Code of Washington (RCW) - Washington State laws.

Services Card – A plastic "swipe" card that the Department issues to each client on a "one- time basis." Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client's name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Stationary Oxygen System – Equipment designed to be used in one location, generally for the purpose of continuous use or frequent intermittent use.
[WAC 388-552-005]

Usual and Customary Fee - The rate that may be billed to the Department for a certain service or equipment. This rate may not exceed:

- The usual and customary charge that you bill the general public for the same services; or

- If the general public is not served, the rate normally offered to other contractors for the same services.

Ventilator - A device to provide breathing assistance to clients with neuromuscular diseases, thoracic restrictive diseases, or chronic respiratory failure consequent to chronic obstructive pulmonary disease. It includes both positive and negative pressure devices.

Oxygen Program

What Is the Purpose of the Oxygen Program?

[Refer to WAC 388-552-001 (1)(a)]

The purpose of this program is to provide medically necessary oxygen therapy equipment, services, and supplies to eligible Department of Social & Health Services (the Department) clients who:

- Reside at home; or
- Reside in a nursing facility; and
- Who are not enrolled in a managed care plan.

Who Should Use These Billing Instructions?

[Refer to WAC 388-552-001 (1)(b) and (2)]

Providers who furnish oxygen therapy equipment, supplies, and services to eligible, the Department fee-for-service clients should use these billing instructions. Instructions for clients with Medicare as their primary insurer are covered in Medicare's Durable Medical Equipment Regional Carrier (DMERC) Manual.

Client Eligibility

Who Is Eligible? [Refer to WAC 388-552-100 (1)]

All Department fee-for-service clients (e.g., CNP, MNP, and GAU) are eligible for oxygen therapy equipment, supplies, and services.

Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Note: Refer to the *Scope of Healthcare Services Table* web page at: http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html for an up-to-date listing of Benefit Service Packages.

Can Clients Enrolled in a Department Managed Care Plan Receive Oxygen Therapy Services? [Refer to WAC 388-552-100 (2)]

Oxygen therapy equipment and supplies are covered services under the client's managed care plan when the services are medically necessary.

When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Provider Requirements

What Is my Responsibility as an Oxygen Provider?

[Refer to WAC 388-552-200]

As an oxygen provider, it is your responsibility to:

- Work within your designated scope of practice as outlined in current WAC and RCW.
- Verify the client's eligibility in Provider one prior to providing services. If ProviderOne indicates the client is enrolled in a managed care plan, contact their managed care plan for all coverage conditions and limits on services.
- Verify that the client's original prescription is signed and dated by an authorized prescriber no more than 90 days prior to the initial date of service. The documentation must include, at a minimum:
  - ✓ The client's medical diagnosis, prognosis, and documentation of the medical necessity for oxygen therapy, equipment, supplies, and/or services, and any modifications.
  - ✓ If oxygen is prescribed:
    - ➢ Flow rate of oxygen (e.g., 2 liters per minute).
    - ➢ Frequency and duration of oxygen use (e.g., 10 minutes per hour).
    - ➢ Lab values or oxygen saturation measurements upon client's discharge from the hospital: arterial blood gases without oxygen and/or oxygen saturation levels.
    - ➢ Estimated duration of need.
- Make regular deliveries of medically necessary oxygen to the client's nursing facility or private residence.
- Provide instructions to the client and/or caregiver on the safe and proper use of equipment provided.
- Maintain all rental equipment in good working condition on a continuous (24-hour, seven-days-a-week) basis.
- Provide a minimum warranty period of one year for all client-owned medical equipment (excluding disposable/non-reusable supplies).

- **Keep a copy of all warranties in your files and provide them to the Department upon request.** If the warranty expires, information must include the date of purchase and the warranty period.

- Bill the Department your usual and customary fee for clients not in managed care and residing at home or in a nursing facility.

What Do I Need to Do to Renew an Oxygen Prescription?

[WAC 388-552-220]

Oxygen providers must:

- Obtain a renewed prescription every six months if the client's condition warrants continued service; and

- Verify, at least every six months, that oxygen saturations or lab values substantiate the need for continued oxygen use for each client. The provider may perform the oxygen saturation measurements**. The Department does not accept lifetime certificates of medical need (CMNs).**

Notifying Clients of Their Right to Make Their Own Health Care Decisions

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give **all adult clients** written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

How the Department's Requirements Differ from Medicare's

The Department's policies on oxygen equipment, services, and supplies are consistent with Medicare's **with the following exceptions**.

Oxygen and Oxygen Equipment

The Department:

- Covers chronic and continuous use of medically necessary oxygen therapy equipment and supplies for eligible clients who reside in nursing facilities.
- Does not recognize lifetime CMNs for clients who are Medicare/Medicaid eligible and for whom Medicare has denied or stopped oxygen benefits.
- Requires logs of oxygen saturations or lab values to substantiate medical necessity for continuous oxygen use at least every six months for all clients.
- Covers oxygen for clients 18 years of age or older with $SaO_2 \leq 88\%$ or $PaO_2 \leq 55$mm on room air and when prescribed by a physician.
- Covers oxygen for clients 17 years of age or younger to maintain the level of SaO_2 at:
  - ✓ 92%, or
  - ✓ 94% in a child with cor pulmonale or pulmonary hypertension.
- Covers respiratory care practitioners and ventilation therapist services in the client's home. Ventilation Therapist services are included in the nursing facility per diem for eligible clients residing in nursing facilities.
- Allows the provider of the respiratory services to measure oximetry readings for every six-month's renewal.
- Pays for six-month maintenance/service checks **only** on client-owned ventilators.
- Does not pay for six-month maintenance/service checks unless the service is actually provided.

Continuous Positive Airway Pressure (CPAP) System

[Refer to WAC 388-552-320]

- Allows the rental of a CPAP system for an initial two-month period.
- Requires the provider to convert CPAP rentals to a purchase when, at the end of the initial two-month rental period, the attending physician determines that:
  - ✓ The client's apnea is chronic; and
  - ✓ The CPAP is the least costly, most effective treatment modality.

Suction Pumps/Supplies [WAC 388-552-360]

- Covers suction pumps and supplies when medically necessary for deep oral or tracheostomy suctioning.
- May cover one stationary and one portable suction pump for the same client if warranted by the client's condition. The provider and attending physician must document that either:
  - ✓ [The] travel distance or potential weather conditions could reasonably be expected to interfere with the delivery of medically necessary replacement equipment; or
  - ✓ The client requires suctioning while away from the client's place of residence.

Tracheostomy Care Supplies

- Covers tracheostomy holders, neckbands, and ties.
- See the *Fee Schedule* for limitations of items in this section.
- Reimburses for gloves, sterile water, suction instruments, etc., when billed by Durable Medical Equipment (DME) providers and pharmacists. To become a DME or pharmacy provider, see the *Important Contacts* section.

Coverage

Stationary Oxygen Systems

What is covered?

- The Department covers **one** payment for stationary oxygen systems, **per month**. The Department considers all of the following as stationary oxygen systems:

  - ✓ Stationary;
  - ✓ Compressed gaseous;
  - ✓ Stationary liquid; or
  - ✓ A concentrator.

- Regardless of how many stationary oxygen systems are required to ensure the client's oxygen needs are met, the Department considers one monthly fee as payment in full.

Portable Oxygen Systems

What is covered?

- The Department covers **one** payment for portable oxygen systems, **per month**. The Department considers both portable gaseous and portable liquid as portable oxygen systems.

- Regardless of how many portable oxygen systems are required to ensure the client's oxygen needs are met. The Department considers this one monthly fee as payment in full.

Stationary Oxygen Contents

What is covered?

The Department covers a maximum of **one** payment for stationary oxygen contents, **per month**, when the client owns both the stationary and portable oxygen systems.

Portable Oxygen Contents

What is covered?

The Department covers a maximum of **one** payment for portable oxygen contents, **per month**, when one of the following is true:

- The client owns a concentrator and owns or rents the portable system; or
- The client uses only a portable oxygen system.

Continuous Positive Airway Pressure (CPAP) and Supplies

What is covered? [WAC 388-552-320 (1)(2)]

The Department covers the **rental** and/or purchase of medically necessary CPAP equipment and related accessories when **all** of the following apply:

- The results of a prior sleep study [polysomnogram] indicate the client has sleep apnea;
- The client's attending physician determines that the client's sleep apnea is chronic;
- CPAP is the least costly, most effective treatment modality;
- The item is FDA-approved; and
- The item requested is not included in any other reimbursement methodology such as, but not limited to, diagnosis-related group (DRG).

The Department covers the rental of CPAP equipment for a maximum of two months. Thereafter, if the client's primary physician determines the equipment is tolerated and beneficial to the client, the Department will purchase it.

CPAP Accessories and Services that are NOT covered:

The Department does NOT cover accessories/services not specifically identified in this document.

Ventilator Therapy, Equipment, and Supplies

What is covered? [Refer to WAC 388-552-330 and WAC 388-552-350]

The Department covers medically necessary ventilator equipment rental and related disposable supplies when **all** of the following apply:

- There is a prescription for the ventilator;
- The ventilator is to be used exclusively by the client for whom it is requested;
- The ventilator is FDA-approved; and
- The item requested is not included in any other reimbursement methodology such as, but not limited to, diagnosis-related group (DRG). Prescribed medically necessary accessories (such as humidifiers, nebulizers, alarms, temperature probes, adapters, connectors, fittings, and tubing) are included in the monthly rental payments.

The Department covers a secondary (back-up) ventilator at 50% of the monthly rental, if medically necessary.

> **Note:** You **must** use modifier "**U2**" when submitting a claim for a second ventilator, for the same client, for the same rental period.

The Department covers the purchase of the following durable accessories for client-owned ventilator systems:

- Battery charger, replacement;
- Heavy-duty battery replacement;
- Battery cables, replacement;
- Nasal cannula or mask;
- Tubing;
- Breathing circuits; and
- Variable concentration masks.

The Department covers and requires at least one maintenance/service visit every six months for client-owned ventilators.

> **Note:** Use modifier "MS" to bill the Department for maintenance/service visits.

The Department covers ventilator therapy services when they are prescribed, medically necessary, and provided by a certified respiratory care practitioner.

What is not covered? [Refer to WAC 388-552-350 (3)]

The Department does not reimburse separately for ventilator therapy services provided to clients residing in nursing facilities. This service is included in the nursing facility's per diem.

Infant Apnea Monitor Program

Who may provide Infant Apnea Monitors? [Refer to WAC 388-552-230 (1)]

Oxygen providers that have a respiratory care practitioner or registered nurse with expertise in pediatric respiratory care directing their apnea monitor program may provide these monitors.

Additional Responsibilities of Infant Apnea Monitor Providers [Refer to WAC 388-552-230 (2)(3)]

Infant Apnea Monitor providers must:

Have a neonatologist's confirming assessment and recommendation as a second opinion in the client's file unless the client's diagnosis is:

- Apnea of prematurity;
- Primary apnea (e.g., ventilator-dependent infant);
- Obstructed airway; or
- Congenital conditions associated with apnea (e.g., cardioarrhythmia); and

Keep all of the following in the client's file:

- The prescribing physician's prescription;
- Documentation supporting the medical necessity for apnea monitoring;
- The estimated length of time an apnea monitor will be needed; and
- Regardless of diagnosis, a neonatologist's written clinical evaluation justifying each subsequent rental period.

Note: Enter the prescribing physician's National Provider Identifier (NPI) in field 17a on the CMS-1500 Claim Form when billing the Department.

What is covered? [WAC 388-552-340]

The Department covers infant apnea monitors on a rental basis.

- **The initial rental period must not exceed six months.**
- The Department includes all home visits for equipment setup, follow-up calls, and training in the rental allowance.
- Respiratory Therapy

Scope of Practice [Refer to RCW 18.89.040]

The scope of practice of respiratory care includes, but is not limited to:

- The use and administration of medical gases, exclusive of general anesthesia;
- The use of air and oxygen administering apparatus;
- The use of humidification and aerosols;
- The administration of prescribed pharmacologic agents related to respiratory care;
- The use of mechanical or physiological ventilatory support;
- Postural drainage, chest percussion, and vibration;
- Bronchopulmonary hygiene;
- Cardiopulmonary resuscitation as it pertains to establishing airways and external cardiac compression;
- The maintenance of natural and artificial airways and insertion, without cutting tissues, of artificial airways, as ordered by the attending physician;
- Diagnostic and monitoring techniques such as the measurement of cardiorespiratory volumes, pressures, and flows; and
- The drawing and analyzing of arterial, capillary, and mixed venous blood specimens as ordered by the attending physician or an advanced registered nurse practitioner as authorized by the board of nursing under RCW 18.88.[1987 c 415 S 5.]

In addition, the Department expects respiratory therapists to include the following in their visits:

- Evaluation of equipment settings for appropriateness in meeting the client's present needs and safety in the client's immediate home environment;
- Checks of equipment and assurance that the equipment settings continue to meet the client's needs; and
- Communications of concerns or recommendations to the client's physician.

What is covered? [Refer to WAC 388-552-350 (1)(2)]

The Department covers prescribed medically necessary respiratory therapy services in the home.

The following professional respiratory therapy services must be provided by a certified respiratory care practitioner:

- Initial home visit-patient intake and evaluation;
- Subsequent home visits, including oximetry services; and
- Professional visit for the administration of aerosolized medications.

What is not covered? [Refer to WAC 388-552-350 (3)]

The Department does not reimburse separately for respiratory therapy services provided to clients residing in nursing facilities. These services are included in the nursing facility per diem rate.

Repairs

What is covered?

The Department covers the repair of client-owned non-disposable equipment after the expiration of the warranty period.

What is not covered? [Refer to WAC 388-552-410(2)(c)]

The Department does not cover repairs (including materials and labor) of:

- Equipment or parts under warranty. This includes equipment that was rented and subsequently considered client-owned by the Department;
- Rented equipment; or
- Equipment, when there is evidence of malicious damage, culpable neglect, or wrongful disposition. The Department will not replace such equipment.

How do I get reimbursed for repairs?

Bill the Department using the repair code along with the appropriate units. Keep the following on file and accessible to the Department upon request:

- Actual repair costs;
- Statement of warranty coverage; and
- Date of purchase.

The Department does not reimburse separately for:

- **Telephone calls;**
- **Mileage; or**
- **Travel time.**

These services are included in the reimbursement for other equipment and/or services. [Refer to WAC 388-552-400(2)]

Miscellaneous Oxygen-Related Durable Medical Equipment (DME)

Does the Department cover oxygen-related DME not specifically addressed in the Fee Schedule?

Yes, the Department covers some oxygen-related DME with prior authorization. When a claim is submitted for miscellaneous oxygen-related DME, a fax with supporting documentation must be sent to the Department (see Important Contacts).

For requests, use the Oxygen and Respiratory Authorization form, DSHS 15-298.

To **view and download** Department forms, visit the Department's Forms and Records Management Service on the web: http://www1.dshs.wa.gov/msa/forms/eforms.html.

Oxygen Coverage Table

Do Not Bill With: **Any procedure code listed in the "Do Not Bill With" column of the fee schedule is <u>AT NO TIME</u> allowed in combination with the primary code located in the "HCPCS Code" column.**

Maximum Allowance: Rentals are calculated on a 30-day basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

Rentals: From and to dates are required on all rental billings.

Apnea Monitor and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E0618**		Apnea monitor, without recording feature.			
	E0619	RR	Apnea monitor, with recording feature.		Y	Maximum of six months rental allowed per lifetime. **Prior authorization required after the initial 6 months.**
	A4556	NU	Electrodes (e.g., Apnea monitor), per pair.	A4558		Purchase only. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 every 30 days.
#	**A4557**		Lead Wires, e.g. apnea monitor per pair			
	A4558	NU	Conductive paste or gel.	A4556		Purchase only.

Legend

D = Discontinued **N =** New **P =** Policy Change **#** = Not Covered
RR = Equipment rental **RA** = Replacement equipment **MS** = Six month maintenance fee
NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments

Continuous Positive Airway Pressure System (CPAP)

	E0601	RR NU RA	Continuous airway pressure (CPAP) device.	E0470 E0471 E0472		Requires results of sleep study performed in an Department-approved sleep center. Rental Limit: 1 unit per month, maximum of 2 months rental. Purchase required after 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase. Purchase limit: 1 unit per client, every 5 years with documentation of cost effectiveness prior to replacement. Purchase price is amount allowed after 2 months mandatory rental. Use of RA modifier – the RA modifier allows for the replacement of a CPAP at the end of the five (5) year limit when the machine is no longer functional and/or not cost effective to repair. This eliminates the two (2) month rental requirement for this situation.
#	**A7027**		Combination oral/nasal mask, used with continuous positive airway pressure device, each			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**A7028**		Oral cushion for combination oral/nasal mask, replacement only, each			
#	**A7029**		Nasal pillows for combination oral/nasal mask, replacement only, pair			
	A7030	NU	Full face mask, used with positive airway pressure device, each.	A7031		Limit: 1 every 6 months.
	A7031	NU	Face mask interface, replacement for full face mask, each.	A7030		Limit: 1 every 3 months.
	A7032	NU	Cushion for use on nasal mask interface, replacement only, each.	A7034		Limit: 1 every 6 months.
	A7033	NU	Pillow for use on nasal cannula type interface, replacement only, pair	A7034		Limit: 1 every 6 months.
	A7034	NU	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap.	A7032 A7033		Limit: 1 every 6 months.
	A7035	NU	Headgear used with positive airway pressure device.			Limit: 1 every 6 months.
	A7036	NU	Chinstrap used with positive airway pressure device.			Limit: 1 every 6 months.
	A4604	NU	Tubing with integrated heating element for use with positive airway pressure device.	A7010 A7037		Limit: 1 every 6 months.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	A7037	NU	Tubing used with positive airway pressure device.	A7010 A4604		Limit: 1 every 6 months.
	A7038	NU	Filter, disposable, used with positive airway pressure device.			Limit: 2 every 30 days.
	A7039	NU	Filter, non-disposable, used with positive airway pressure device.			Limit: 1 every 6 months.
#	**A7044**		Oral interface, used with positive airway pressure device, each.			
#	**A7045**		Exhalation port (with or without swivel) used with accessories for positive airway devices, replacement only.			
	A7046	NU	Water chamber for humidifier, used with positive airway pressure device, replacement, each.			Limit: 1 every 6 months.
#	**E0561**		Humidifier, nonheated, used with positive airway pressure device.			
	E0562	NU	Humidifier, heated, used with positive airway pressure device.			Purchase only. Limit: 1 per 3 years.

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**E0470**	RR NU RA	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).	E0601 E0471 E0472		Requires results of sleep study performed in an Department-approved sleep center when prescribed for sleep apnea. Purchase required after maximum of 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase. Purchase price is amount allowed after 2 months mandatory rental. Purchase limit: 1 unit per client, every 5 years. Use of RA modifier – the RA modifier allows for the replacement of a BiPAP at the end of the five (5) year limit when the machine is no longer functional and/or not cost effective to repair. This eliminates the two (2) month rental requirement for this situation.

IPPB Machine and Accessories

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA / PA?	Policy/ Comments
	E0500	RR	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.)	E0570		Rental only.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments

Nebulizers and Accessories

	E0565	RR	Compressor, air power source for equipment which is not self-contained or cylinder driven.			Rental only. Limit: 1 per client every 30 days.
	E0570	NU	Nebulizer with compressor.	A4619 A7007 A7010 A7011 A7012 A7014 A7018 E0500 E1399 with 870000 928 EPA	Y**	When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement. Reimbursement includes instruction on the proper use and cleaning of the equipment. **See Expedited Prior Authorization (EPA) Section for clients not meeting Medicare diagnosis criteria. Limit: 1 per client, per 5 years.
#	**E0571**		Aerosol compressor, battery powered, for use with small volume nebulizer.			
#	**E0572**		Aerosol compressor, adjustable pressure, light duty for intermittent use.			
#	**E0574**		Ultrasonic/electronic aerosol generator with small volume nebulizer.			
#	**E0575**		Nebulizer, ultrasonic, large volume.			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E0580**		Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter.			
#	**E0585**		Nebulizer, with compressor and heater.			
	A7003	Both NU TW	Administration set, with small volume non-filtered pneumatic nebulizer, disposable.	A7004		May only be used as a backup to A7005. Purchase only. Limit: 1 per client, every 30 days.
	A7004	NU	Small volume nonfiltered pneumatic nebulizer, disposable.	A7003 A7005		Purchase only. Limit: 3 per client, every 30 days.
	A7005	NU	Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable.	A7004		Purchase only. Limit: 1 per client, every 6 months.
	A7006	NU	Administration set, with small volume filtered pneumatic nebulizer.			Purchase only. Limit: 1 per client, every 30 days. For Pentamidine administration only.
	A7007	NU	Large volume nebulizer, disposable, unfilled, used with aerosol compressor.	E0570		Limit: 10 per client, every 30 days.
#	**A7008**		Large volume nebulizer, disposable, prefilled, used with aerosol compressor.			Should use combination of A7007 and E1399 with EPA number 870000928.
#	**A7009**		Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer.			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	A7010	NU	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet.	A7037 A4604 E0570		Purchase only. Limit: 1 per client, every 30 days.
	A7011	NU	Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet.	E0570		Purchase only. Limit: 1 per client, every 12 months.
	A7012	NU	Water collection device, used with large volume nebulizer (e.g., aerosol drainage bag)	E0570		Only paid in conjunction with E0565. Purchase only. Limit: 8 per client, every 30 days.
	A7013	NU	Filter, disposable, used with aerosol compressor.	A7014		Only when using E0570. Purchase only. Limit: 2 per client, every 30 days.
	A7014	NU	Filter, non-disposable, used with aerosol compressor or ultrasonic generator.	A7013 E0570		Only when using E0565. Purchase only. Limit: 1 per client, every 3 months.
	A7015	NU	Aerosol mask, used with DME nebulizer.			Purchase only. Limit: 3 per client, every 30 days.
P	**A4619**	NU	Face tent.	E0424 E0431 E0434 E0439 E0570 E1390 E1392 K0738		Purchase only. Limit: 3 per client, every 30 days.
#	**A7016**		Dome and mouth piece, used with small volume ultrasonic nebulizer.			
#	**A7017**		Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	A7018	NU	Water, distilled, used with large volume nebulizer, 1000ml	E0570		
	E1399 w/EPA #870000928	NU	Sterile water or sterile saline, 1000 ml, used with large volume nebulizer.	A7018 E0570		Limit: 50 per client, every 30 days.

Oxygen & Oxygen Equipment

	A4615	NU	Cannula, nasal.	E0424 E0431 E0434 E0439 E1390 E1392 K0738		Limit: 2 per client, every 30 days. May only be billed following the 36-month capped rental period until the end of the 5-year lifetime for the following equipment : E0424, E0431, E0434, E0439, E1390, E1392, and K0738
	A4616	NU	Tubing (oxygen), per foot.	E0424 E0431 E0434 E0439 E0450 E0460 E0461 E0471 E0472 E1390 E1392 K0738		Limit: 1 tube per client, every 30 days. May only be billed following the 36-month capped rental period until the end of the 5-year lifetime for the following equipment : E0424, E0431, E0434, E0439, E1390, E1392, and K0738

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	A4620	NU	Variable concentration mask**.**	E0424 E0431 E0434 E0439 E1390 E1392 K0738		Limit: 2 per client, every 30 days. May only be billed following the 36-month capped rental period until the end of the 5-year lifetime for the following equipment : E0424, E0431, E0434, E0439, E1390, E1392, and K0738
	E0424	RR MS	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	A4615-A4620 E0439 E0441-E0444 E1390 E1392		Limit: 1 per client, every 30 days, for a maximum reimbursed period of 36 months. The maximum 36-month "capped rental period" is retroactive to 01/01/2006. Following the capped rental period, the vendor continues to be responsible for the equipment and provision of oxygen services to the client until the 5-year reasonable, useful lifetime of the equipment has been met. Maintenance fees (MS modifier) are paid at 50 percent of the monthly rental rate. Limit is 1 every 6 months following the end the capped rental period until the 5-year lifetime.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E0425**		Stationary compressed gas system, purchase: includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.			
#	**E0430**		Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing.			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	E0431	RR MS	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing.	A4615-A4620 E0434 E0441-E0444 K0738		Limit: 1 per client, every 30 days, for a maximum reimbursed period of 36 months. The maximum 36-month "capped rental period" is retroactive to 01/01/2006. Following the capped rental period, the vendor continues to be responsible for the equipment and provision of oxygen services to the client until the 5-year reasonable, useful lifetime of the equipment has been met. Maintenance fees (MS modifier) are paid at 50 percent of the monthly rental rate. Limit is 1 every 6 months following the end of the capped rental period until the 5-year lifetime.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	K0738	RR MS	Portable gaseous oxygen system, used to fill Portable Oxygen Cylinders; Includes Portable Containers, regulator, flow meter, humidifier, cannula or mask, and tubing	A4615-A4620 E0431 E0434 E0441-E0444		Limit: 1 per client, every 30 days, for a maximum reimbursed period of 36 months. The maximum 36-month "capped rental period" is retroactive to 01/01/2006. Following the capped rental period, the vendor continues to be responsible for the equipment and provision of oxygen services to the client until the 5-year reasonable, useful lifetime of the equipment has been met. Maintenance fees (MS modifier) are paid at 50 percent of the monthly rental rate. Limit is 1 every 6 months following the end of the capped rental period until the 5-year lifetime.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**E0434**	RR MS	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents, gauge, cannula or mask and tubing.	A4615-A4620 E0431 E0441-E0444 E1392 K0738		Limit: 1 per client, every 30 days, for a maximum reimbursed period of 36 months. The maximum 36-month "capped rental period" is retroactive to 01/01/2006. Following the capped rental period, the vendor continues to be responsible for the equipment and provision of oxygen services to the client until the 5-year reasonable, useful lifetime of the equipment has been met. Maintenance fees (MS modifier) are paid at 50 percent of the monthly rental rate. Limit is 1 every 6 months following the end of the capped rental period until the 5-year lifetime.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E0435**		Portable liquid oxygen system, purchase: includes portable container, supply reservoir, humidifier, flowmeter, contents gauge, cannula or mask, tubing, and refill adapter.			
	E0439	RR MS	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	A4615- A4620 E0424 E0441- E0444 E1390 E1392		Limit: 1 per client, every 30 days, for a maximum reimbursed period of 36 months. The maximum 36-month "capped rental period" is retroactive to 01/01/2006. Following the capped rental period, the vendor continues to be responsible for the equipment and provision of oxygen services to the client until the 5-year reasonable, useful lifetime of the equipment has been met. Maintenance fees (MS modifier) are paid at 50 percent of the monthly rental rate. Limit is 1 every 6 months following the end of the capped rental period until the 5-year lifetime.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E0440**		Stationary liquid oxygen system, purchase; includes use of reservoir, contains indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.			
P	**E0441**	NU	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned).	E0424 E0431 E0434 E0439 E0442 E0443 E0444 E1390 E1392 K0738		Limit: 1 per client, every 30 days. 30-day supply equals one unit.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**E0442**	NU	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned).	E0424 E0431 E0434 E0439 E0441 E0443 E0444 E1390 E1392 K0738		Limit: 1 per client, every 30 days. 30-day supply equals one unit.
P	**E0443**	NU	Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used).	E0424 E0431 E0434 E0439 E0441 E0442 E0444 E1390 E1392 K0738		Limit: 1 per client, every 30 days for client-owned equipment. 30-day supply equals one unit.
P	**E0444**	NU	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used).	E0424 E0431 E0434 E0439 E0441- E0443 K0738		Limit: 1 per client, every 30 days. 30-day supply equals one unit.
#	**E0455**		Oxygen tent, excluding croup or pediatric tents.			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E1354**		Oxygen accessory, wheeled cart for portable cylinder or portable concentrator			
#	**E1355**		Stand/rack			
#	**E1356**		Oxygen accessory, battery pack/cartridge for portable concentrator, any type			
#	**E1357**		Oxygen accessory, battery charger for portable concentrator, any type			
#	**E1358**		Oxygen accessory, DC power adapter for portable concentrator, any type			
#	**E1372**		Immersion external heater for nebulizer			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	E1390	RR MS	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow	A4615- A4620 E0424 E0439 E0441 E0442 E0443 E0444		Limit: 1 per client, every 30 days, for a maximum reimbursed period of 36 months. The maximum 36-month "capped rental period" is retroactive to 01/01/2006. Following the capped rental period, the vendor continues to be responsible for the equipment and provision of oxygen services to the client until the 5-year reasonable, useful lifetime of the equipment has been met. Maintenance fees (MS modifier) are paid at 50 percent of the monthly rental rate. Limit is 1 every 6 months following the end of the capped rental period until the 5-year lifetime.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E1391**		Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each			
	E1392	RR MS	Portable oxygen concentrator, rental.	A4615- A4620 E0424 E0431 E0434 E0439 E0441 E0443 E0444		Limit: 1 per client, every 30 days, for a maximum reimbursed period of 36 months. The maximum 36-month "capped rental period" is retroactive to 01/01/2006. Following the capped rental period, the vendor continues to be responsible for the equipment and provision of oxygen services to the client until the 5-year reasonable, useful lifetime of the equipment has been met. Maintenance fees (MS modifier) are paid at 50 percent of the monthly rental rate. Limit is 1 every 6 months following the end of the capped rental period until the 5-year lifetime.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**E1405**		Oxygen and water vapor enriching system with heated delivery.	E1406		
#	**E1406**		Oxygen and water vapor enriching system without heated delivery.	E1405		

Professional Services

Note: Reimbursement includes cost of taking equipment into a client's home.

P	**94005**		Ventilator therapy initial home visit, patient intake and evaluation.	94760		**Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day – (when the visit includes, at a minimum all of the following):** 1) Evaluation of Access; 2) Identification Emergency exits; 3) Verification of proper electrical grounding; 4) Identification of functioning communication devices; 5) Identification of adequate lighting; 6) Preparation or evaluation of emergency plans; 7) Notification of emergency services and electricity

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
						providers; and 8) Documentation of above activities and findings. **Must be performed by professional staff.** **Limit: 1 per client per lifetime.**
P	**94760**		Respiratory therapy home visit: subsequent, includes oximetry services.	94005		Noninvasive ear or pulse oximetry for oxygen saturation; single determination. **Limit: 1 per 6 months.**
P	**94772**		Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant (under 1 year).			Not to be used on a routine basis. Use only when medically indicated.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments

Suction Pump/Supplies

	A4605	NU	Tracheal suction catheter, closed system, each.	A4624		Limit 1 per day per client.
	A4624	NU	Tracheal suction catheter, any type, other than closed system, each.	A4605		Purchase only. Limit: 150 per client age 8 years and older, every 30 days. 300 per client under age 8, every 30 days.
	A4628	NU	Oropharyngeal suction catheter (Yankauer), each			Purchase only. Limit: 4 per client, every 30 days.
	A7000	NU	Canister, disposable, used with suction pump, each.	A7001		Purchase only. Limit: 5 per client every 30 days for portable pump. 5 per client, every 30 days for stationary pump. Use modifiers NUTW together for the second pump.
	A7001	NU	Canister, non-disposable, used with suction pump, each.	A7000		Purchase only. Limit: 1 every 12 months.
	A7002	NU	Tubing, used with suction pump, each.			Purchase only. Limit: 15 per client, every 30 days.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	E0600	RR TW	Respiratory suction pump, home model, portable or stationary, electric.			Limit: 2 in 5 years per client, one for use in the home and one for back-up or portability. Bill RRTW when billing for the backup unit. Deemed purchased after 12 months rental. Deparmtment allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.

Tracheostomy Care Supplies

#	**A4608**		Transtracheal oxygen catheter, each			
	A4623	NU	Tracheostomy, inner cannula (disposable replacement only).			Purchase only. Limit: 1 per client, each day.
	A4625	NU	Tracheostomy care kit for new tracheostomy.	A4626 A4629		Includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves. Limit: 1 per client, each day. Use this code for first 14 days only, then use A4629. A4625 should not be billed again after the first 14 days. Purchase only.

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**A4626**		Tracheostomy cleaning brush, each.			
	A4629	NU	Tracheostomy care kit for established tracheostomy	A4625 A4626		Includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves. Limit: 1 per client, each day. Use after the first 14 days. Do not bill A4625 after the first 14 days. Purchase only.
#	**A7501**		Tracheostoma valve, including diaphragm, each			
#	**A7502**		Replacement diaphragm/faceplate for tracheostoma valve, each			
#	**A7503**		Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.			
#	**A7504**		Filter for use in a tracheostoma heat and moisture exchange system, each.			

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Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
#	**A7505**		Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each			
	A7520	NU	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyl-chloride (PVC), silicone or equal, each.			Limit per client, per 30 days: 1 if removable inner cannula or 4 each per 30 days if no removable inner cannula.
	A7521	NU	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each.			Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.
#	**A7506**		Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each.			
#	**A7507**		Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.			
#	**A7508**		Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.			

Legend

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NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	A7509	NU	Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system (condenser, disposable e.g., artificial nose), each.			Limit: 1 each day for clients age 8 and older. Limit: 3 each day for clients under age 8. Purchase only.
	A7522	NU	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each.			Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.
#	**A7523**		Tracheostomy shower protector, each.			
#	**A7524**		Tracheostoma stent/stud/button, each.			
	A7525	NU	Tracheostomy mask, each.			Purchase only. Limit: 4 per client, every 30 days.
	A7526	NU	Tracheostomy tube collar/holder, each.			Limit: 15 per client, every 30 days.
#	**A7527**		Tracheostomy/laryngectomy tube plug/stop.			
	L8501	NU	Tracheostomy speaking valve.			Purchase only. Limit: 1 every 6 months.

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NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments

Ventilators and Related Respiratory Equipment

P	E0450	RR MS U2	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface e.g., tracheostomy tube.	A4611- A4613 A4616- A4618 E0460 E0461 E0463 E0464 E0471 E0472		Payment includes all necessary accessories, fittings and tubing. 30-days equals 1 unit. **For client-owned ventilators** "MS" modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year from date of purchase. Maintenance checks are paid at 50% of the rental rate. "U2" modifier is required when claiming a secondary or "backup" ventilator for the same client. Rental only.

Legend

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RR = Equipment rental **RA** = Replacement equipment **MS** = Six month maintenance fee
NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**E0463**	RR MS U2	Pressure support ventilator with volume control mode, may include pressure control mode, used with **invasive** interface, e.g. trach tube.	E0450 E0460 E0461 E0464 E0471 E0472	Y	Payment includes all necessary accessories, fittings and tubing. 30-days equals 1 unit. **For client-owned ventilators** "MS" modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year from date of purchase. Maintenance checks are paid at 50% of the rental rate. "U2" modifier is required when claiming a secondary or "backup" ventilator for the same client. Rental only.

Legend

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RR = Equipment rental **RA** = Replacement equipment **MS** = Six month maintenance fee
NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**E0464**	RR MS U2	Pressure support ventilator with volume control mode, may include pressure control mode, used with **non-invasive** interface, e.g. mask.	E0450 E0460 E0461 E0463 E0472	Y	Payment includes all necessary accessories, fittings and tubing. 30-days equals 1 unit. **For client-owned ventilators** "MS" modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year from date of purchase. Maintenance checks are paid at 50% of the rental rate. "U2" modifier is required when claiming a secondary or "backup" ventilator for the same client. Rental only.

Legend

D = Discontinued **N =** New **P =** Policy Change **#** = Not Covered
RR = Equipment rental **RA** = Replacement equipment **MS** = Six month maintenance fee
NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**E0471**	**RR** RA	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with **noninvasive** interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device).	A4611-A4613 A4616-A4618 E0450 E0460 E0470 E0472 E0601		Payment includes all necessary accessories, fittings and tubing. 30 days equals 1 unit. Rental only. Deemed purchased after 13 months of rental Limit: 1 every 30 days. Follow Medicare's coverage criteria Limit: 1per client every 5 years. Use of RA modifier – the RA modifier allows for the replacement of E0471 at the end of the five (5) year limit when the machine is no longer functional and/or not cost effective to repair. This eliminates the 13 month rental requirement.

Legend

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RR = Equipment rental **RA** = Replacement equipment **MS** = Six month maintenance fee
NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	E0472	RR	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with **invasive** interface, e.g., tracheostomy tube. (Intermittent assist device with continuous positive airway pressure device.)	A4611-A4613 A4616-A4618 E0450 E0460 E0461 E0470 E0471 E0601		Payment includes all necessary accessories, fittings and tubing. Rental only. Limit: 1 every 30 days. 30 days = 1 unit.
P	**E0460**	RR MS U2	Negative pressure ventilator; portable or stationary.	A4611-A4613 A4616-A4618 E0450 E0461 E0463 E0464 E0471 E0472		Payment includes all necessary accessories, fittings, and tubing. 30 days equals 1 unit **For client-owned ventilators** "MS" modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year from date of purchase Maintenance checks are paid at 50% of the rental rate. "U2" modifier is required when claiming a secondary or "backup" ventilator for the same client. Rental only. Limit: 1 every 30 days.

Legend

D = Discontinued **N =** New **P =** Policy Change **#** = Not Covered
RR = Equipment rental **RA** = Replacement equipment **MS** = Six month maintenance fee
NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**E0461**	RR MS U2	Volume ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface	A4611-A4613 A4616-A4618 E0450 E0460 E0463 E0464 E0472		**For client-owned ventilators** "MS" modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year after purchase. Maintenance checks are paid at 50% of the rental rate. "U2" modifier is required when claiming a secondary or "backup" ventilator for the same client. Rental only. Limit: 1 every 30 days.
P	**E1399** w/EPA #870000903	RR	Humidifier heater, with temperature monitor and alarm	E0461 E0464 E0471		Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification. Rental only.

Legend

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NU = Equipment purchase **TW** = Backup equipment **U2** – Second Ventilator (Backup)
(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments

Miscellaneous

P	**A4216**	NU	Sterile saline or (sterile) water, 10 ml			Limit: 100 units every thirty days.
#	**A4217**		Sterile saline or (sterile) water, 500 ml			
#	**A4218**		Sterile saline or (sterile) water, metered dose dispenser, 10ml			
	A4450	NU	Tape, non-waterproof, per 18 square inches			
	A4452	NU	Tape, waterproof, per 18 square inches			
	A4614	NU	Peak expiratory flow rate meter, hand held.			Purchase only. Limit: 3 per client, every 12 months.
	A4627	NU	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent.)			Limit: 6 per child (17 and younger), every 12 months; 3 per adult, (18 and older) every 12 months.
#	**A9284**		Spirometer, non-electronic, includes all accessories			
	E0445	RR	Oximeter device for measuring blood oxygen levels non-invasively. (Complete with all necessary accessories and supplies)		Y	PA required for clients 18 and older. Rental only. Limit: 1 per client per 30 days.
	E1399		Durable medical equipment, miscellaneous		Y	Also includes non routine replacement parts for repair of client owned equipment. Refer to page E.6 of Billing Instructions.
	E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor		Y	For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy.

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
			component, per 15 minutes			
#	**E1399**	NU	Resuscitator bag; non-disposable, adult/pediatric size			
	E1399	NU	Resuscitator bag; disposable, adult/pediatric size	E1399 w/EPA #870000910	Y	Limit: 2 per client per year.
	E0480	NU	Percussor, electric or pneumatic, home model			Purchase only. Limit: 1 per client, per lifetime.
#	**E0481**		Intrapulmonary percussive ventilations system and related accessories			
	S8185	NU	Flutter device			Purchase only. Limit: 1 every 6 months.
#	**S8186**		Swivel adaptor			
#	**S8189**		Tracheostomy supply, not otherwise classified			
#	**S8190**		Electronic spirometer (for microspirometer).			
#	**S8210**		Mucus trap			
	E0482	RR	Cough stimulating device, alternating positive and negative airway pressure		Y	Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.
	E0483	RR	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each.		Y	Rental includes vest and generator, all repairs and replacements. Manufacturer will replace vest (during either rental or purchase period) for change in user's size. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.
#	**E0484**		Oscillatory positive expiratory pressure			

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
			device, non-electric, any type, each.			
#	**E0487**		Spirometer, electronic, includes all accessories			

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments

Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment

	K0462	RR	Temporary replacement for patient-owned equipment being repaired, any type.		Y	One month temporary rental replacement of equipment being repaired. Must be medically necessary for the client.
	A4606	NU	Oxygen probe for use with oximeter device, replacement.		Y	Purchase only. Limit: 1 non disposable probe per client, every 180 days. Disposable probes require PA. **For client-owned oximeter device**
	A4611	NU	Battery, heavy duty; replacement **for patient-owned ventilator** (Gel cell only).	E0450 E0460 E0461 E0471 E0472		Purchase only. Limit: 1 every 24 months.
	A4612	NU	Battery cables; replacement **for patient -owned ventilator**.	E0450 E0460 E0461 E0471 E0472		Purchase only. Limit of 1 every 24 months.

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
	A4613	NU	Battery charger; replacement **for patient-owned ventilator**	E0450 E0460, E0461 E0471 E0472		Gel cell only. Purchase only. Limit of 1 every24 months.
P	**A4615**	NU	Cannula, nasal.	E0424 E0431 E0434 E0439 E1390 E1392 K0738		Purchase only **for client - owned equipment.** Limit: 2 per client, every 30 days.
P	**A4616**	NU	Tubing (oxygen), per foot**.**	E0424 E0431 E0434 E0439 E0450 E0460 E0461 E0471 E0472 E1390 K0738		Purchase only **for client - owned equipment.**
P	**A4617**	NU	Mouthpiece	E0424 E0431 E0434 E0439 E0450 E0460 E0461 E0471 E0472 E1390 E1392 K0738		Purchase only **for client - owned equipment.** Limit: 4 per client, every 30 days.

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	EPA/ PA?	Policy/ Comments
P	**A4618**	NU	Breathing Circuits.	E0424 E0431 E0434 E0439 E0450 E0460 E0461 E0471 E0472 E1390 E1392 K0738		Purchase only **for client - owned equipment.** Limit: 4 per client, every 30 days.
P	**A4620**	NU	Variable concentration mask**.**	E0424 E0431 E0434 E0439 E1390 E1392 K0738		Purchase only **for client - owned equipment.** Limit: 2 per client, every 30 days.
#	**E0550**		Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery.			
#	**E0555**		Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flow meter.			
#	**E0560**		Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.			

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(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

Expedited Prior Authorization (EPA) Criteria

Refer to Prior Authorization section of billing instructions for instructions and documentation requirements for EPA.

Oxygen Equipment and Supplies

Criteria	Last 3 digits	HCPCS Code	Modifier	Do Not Bill With
Nebulizer with compressor. Use E0570 when billing for a Nebulizer with compressor when ALL of the following are true: 1) Diagnosis of acute bronchiolitis 466.11, **OR 466.19**, or acute bronchitis 466.0. 2) Client has a definitive respiratory diagnosis requiring the administration of nebulized medications (The Department will not accept a diagnosis such as abnormal secretions); and 3) Diagnosis justifying the use of a nebulizer is on the claim.	**900**	**E0570**	NU	E0500
Use E1399 when billing for **Humidifier heater, with temperature monitor and alarm** when all of the following are true: 1) Heated humidification is medically necessary; **and** 2) The client is either mechanically ventilated **or** has a tracheostomy. **Per Month Rental only.**	**903**	**E1399**	RR	
Resuscitator bag, disposable, adult/pediatric size. Purchase only. Limit: 2 per client, per year.	**909**	**E1399**	NU	
Sterile water or sterile saline. 1000 ml, used with large volume nebulizer. **Limit: 50 per client, every 30 days.**	**928**	**E1399**		A7018 E0570

Prior Authorization

What Is Prior Authorization?

Prior authorization (PA) is the Department's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Expedited prior authorization (EPA) and limitation extensions (LEs) are forms of prior authorization.**

Expedited Prior Authorization (EPA)

Expedited prior authorization does not apply to out-of-state care. Out-of-state care is not covered. Out-of-state hospital admissions are not covered unless they are emergency admissions.

What is the EPA process?

The Department's EPA process is designed to eliminate the need for written/fax authorization. The intent is to establish authorization criteria and identify these criteria with specific codes, enabling provider to create an "EPA" number when appropriate.

How is an EPA number created?

The first six digits of the EPA number must be **870000**. The last 3 digits must be the code number of the criteria set that indicates what procedure you are billing for and what information qualifies for use of the EPA criteria. Enter the EPA number on the billing form in the authorization number field, or in the *Authorization* or *Comments* field when billing electronically. With HIPAA implementation, multiple authorization (prior/expedited) numbers can be billed on a claim. If you are billing **multiple** EPA numbers, you must list the 9-digit EPA numbers in *field 19* of the claim form **exactly** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726

If you are only billing one EPA number on a paper CMS-1500 Claim Form, please continue to list the 9-digit EPA number in field 23 of the claim form.

Example: When billing E0570 for a **Nebulizer** when the client is 2 years old and has been diagnosed with acute bronchiolitis, the expedited prior authorization number would be **870000900.** (**870000** = first six digits of all expedited prior authorization numbers, **xxx** = last three digits of an EPA number, indicating the equipment you are billing for and the clinical criteria met.

> **Note:** When the client's situation does not meet published criteria, written/fax prior authorization is necessary.

Expedited Prior Authorization Guidelines

A. Diagnoses

Only information obtained from the hospital or outpatient chart may be used to meet conditions for EPA. Claims submitted without the appropriate diagnosis, procedure code or service as indicated by the last three digits of the EPA number will be denied.

B. Documentation. What documentation is required when using expedited prior authorization?

The billing provider must have documentation of how expedited criteria were met, and have this information in the client's file available to the Department on request.

Which services require EPA?

EPA is required for services noted in these billing instructions as needed after the description of the procedure code.

Limitation Extensions

What is a Limitation Extension?

A limitation extension (LE) is the Department 's authorization for the provider to furnish more units of service than are allowed in Washington Administrative Code (WAC) and the Department /HRSA billing instructions. The provider must provide justification that the additional units of service are medically necessary.

> Limitation Extensions do not override the client's eligibility or program limitations. Not all categories of eligibility can receive all services. **For Example:** Kidney dialysis is not covered under the Family Planning Only Program.

How do I get LE authorization?

Obtain an LE by using the written/fax authorization process below.

Written/Fax Authorization

What is written/fax authorization?

Written or fax authorization is the paper authorization process providers must use when requesting an LE.

How do I obtain written/fax authorization?

Send or fax your request to the Department Medical Request Coordinator (see Important Contacts).

Note: For your convenience, a sample form containing the required information is on the next page. You are not required to use this particular form.

How Do I Obtain the Oxygen and Respiratory Limitation Extension form, DSHS 15-298?

To **download** Department forms, visit: http://www1.dshs.wa.gov/msa/forms/eforms.html

Note: Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for more information on requesting authorization.

Reimbursement

For clients on Medicare *and* Medicaid, the Department reimburses providers the coinsurance and deductible. See Durable Medical Equipment Regional Carrier (DMERC) Region D Supplier's Manual for Medicare policies.

Rentals **[Refer to WAC 388-552-410 (1)]**

- Submit claims for rentals only once a month.
- Rental rates are on a per-month basis, unless otherwise specified.
- Types of rental equipment:
  - ✓ Equipment that normally requires frequent maintenance (such as ventilators and concentrators) is reimbursed on a rental basis for as long as medically necessary; and
  - ✓ Equipment with lower maintenance requirements (such as suction pumps and humidifiers) is reimbursed on a rental basis for a specified rental period, after which the equipment is considered purchased and owned by the client.
- The monthly rental rate includes, **but is not limited to:**
  - ✓ A full service warranty covering the rental period;
  - ✓ Any adjustments, modifications, repairs or replacements required to keep the equipment in good working condition on a continuous basis throughout the total rental period;
  - ✓ All medically necessary accessories and disposable supplies, unless separately billable according to these billing instructions;
  - ✓ Instructions to the client and/or caregiver for safe and proper use of the equipment; and
  - ✓ Cost of pick-up and delivery to the client's residence or nursing facility and, when appropriate, to the room in which the equipment will be used.

In the event of a client's ineligibility, death, or discontinued use of equipment, rental fees must terminate on the last day of eligibility, life, or medically necessary usage. Reimbursement will be prorated in these cases.

Purchases **[Refer to WAC 388-552-410 (2)]**

- Purchased equipment becomes the property of the client.

- The Department reimburses for:

  - ✓ Equipment that is new at the time of purchase. This may be the same equipment that is provided during the initial two-month rental; and
  - ✓ Limit one per 6 months allowed for client owned equipment beginning one year from date of purchase.

- The Department does not reimburse for:

  - ✓ Defective equipment; or
  - ✓ The cost of materials (and associated labor) covered under the manufacturer's warranty.

- The reimbursement rate for client-owned equipment includes, **but is not limited to:**

  - ✓ A manufacturer's warranty for a minimum warranty period of one year for medical equipment, not including disposable/non-reusable supplies;
  - ✓ Instructions to the client and/or caregiver for safe and proper usage of the equipment; and
  - ✓ The cost of delivery to the client's residence or nursing facility and, when appropriate, to the room in which the equipment will be used.

- **The provider must make warranty information, including date of purchase and warranty period, available to the Department upon request.**

Owned Respiratory Therapy Equipment
[Refer to WAC 388-552-410 (2)]

If a 6 month maintenance check is allowed.

- The reimbursement for the 6 month maintenance check includes, **but is not limited to**, all of the following:

  - ✓ Maintaining all equipment in good working condition;
  - ✓ Making any adjustments according to manufacturer's specifications; and
  - ✓ Making any routine cleaning, servicing, and/or repairs as recommended by the manufacturer.

Oxygen System Components

- The monthly reimbursement for **stationary** oxygen systems includes all of the following:

  - ✓ Oxygen contents;
  - ✓ Tubing;
  - ✓ Regulator;
  - ✓ Flowmeter;
  - ✓ Humidifiers
  - ✓ Administration device (e.g., tracheostomy tube connector);
  - ✓ Hood and/or tent;
  - ✓ Cannula mask; and
  - ✓ Related supplies.

- The monthly reimbursement for **portable** oxygen systems includes all of the following:

  - ✓ Tubing;
  - ✓ Regulator;
  - ✓ Flowmeter;
  - ✓ Humidifiers;
  - ✓ Administration device (e.g., tracheostomy tube connector);
  - ✓ Hood and/or tent;
  - ✓ Cannula mask; and
  - ✓ Related supplies.

Billing Dates

Providers must bill with **all** dates of service in which the equipment/supplies were used.

EXAMPLE: When billing an oxygen system monthly fee for January 2007, dates should be 010107 to 013107.

Nursing Facilities [Refer to WAC 388-552-390]

- The Department reimburses for the chronic and continuous use of medically necessary oxygen and oxygen and respiratory equipment and supplies by eligible clients who reside in nursing facilities.

- Do not bill the Department or the client for the following services which are included in the nursing facility's per diem rate:

  - ✓ Oxygen and oxygen equipment and supplies used in emergency situations; and

  - ✓ Respiratory and ventilator therapy services.

- Nursing facilities with a "piped" oxygen system may submit a written request to the Department for permission to bill the Department for oxygen.

  Send your requests to:

  Professional Reimbursement Section
  Department of Social and Health Services
  PO Box 45510
  Olympia, WA 98504-5510

- Reimbursement for supplies is included in the rental reimbursement for oxygen systems or ventilators, unless otherwise indicated.

Inhalation Drugs & Solutions [Refer to WAC 388-552-370]

Inhalation drugs and solutions are included in the Prescription Drug Program. These must be billed only by pharmacists using National Drug Codes (NDCs). You may download the current Department /HRSA *Prescription Drug Program Billing Instructions* at: http://hrsa.dshs.wa.gov/download/BI.html

Oximeters **[Refer to WAC 388-552-380]**

- The Department covers oximeters for clients when they are 17 years of age or younger, in the home, and have one of the following conditions:

  ✓ **The child has chronic lung disease and is on supplemental oxygen**.
  This child is at risk for desaturation with sleep, stress, or feeding and has a narrow margin for progression to respiratory failure. Weaning off oxygen can more efficiently be done with home oximetry.

  ✓ **The child has a compromised or artificial airway**.
  This is the child with congenital anomalies, neurodevelopmental compromise, and artificial airways such as nasal stents and tracheostomies. This child is at risk for major obstructive events or aspiration events.

  ✓ **The child has chronic lung disease requiring ventilator or BiPAP support**.
  Home oximetry is an essential monitoring device for such compromised children as well as for weaning off support, if possible. Children who use BiPAP support are at risk for atelectasis or pneumonia along with their risk for hypoventilation. Early detection of desaturation can provide time to intervene with other measures to avoid severe compromise.

- The provider must review oximetry needs and fluctuations in oxygen levels monthly and log results in the client's records.

Fee Schedule

You may view the Department/HRSA *Oxygen Program Fee Schedule* on-line at:

http://hrsa.dshs.wa.gov/RBRVS/Index.html

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Completing the CMS-1500 Claim Form

Note: Refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to the Oxygen Program:

Field No.	Name	Entry
24B.	Place of Service	These are the only appropriate codes for this program: **Code Number** — **To Be Used For** 12 — Client's residence 14 — Group Home 31 — Skilled Nursing facility 32 — Nursing facility 99 — Other

Field No.	Name	Entry
24G	Days or Units	For multiple quantities of supplies, enter the number of items dispensed and all of the dates or dates spanned that the supplies were used. Unless the procedure code description specifically indicates pack, cans, bottles, or other quantity, the "each" is each single item.