



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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DURABLE MEDICAL EQUIPMENT BULLETIN

CONTENTS

- OXYGEN
 - OXYGEN CONTENTS
 - MEDICAID OXYGEN REIMBURSEMENT POLICY
 - OXYGEN ACCESSORIES
 - TRAVEL OXYGEN
 - MODIFIER
 - OXYGEN AND RESPIRATORY EQUIPMENT JUSTIFICATION FORM
 - CERTIFICATION REQUIREMENTS
 - ATTACHMENT A – OXYGEN FEE SCHEDULE
-

OXYGEN

Effective for date of service on or after July 1, 2006, Missouri Medicaid will reimburse oxygen in accordance with current Medicare oxygen reimbursement guidelines.

OXYGEN CONTENTS

Oxygen contents are included in the allowance for rented oxygen systems. Stationary oxygen contents codes (E0441, E0442) are separately payable only when they are used with a patient owned stationary, gaseous, or liquid system respectively. Portable contents codes (E0443, E0444) are separately payable only when:

- a. The recipient owns a concentrator and rents or owns a portable system, or
- b. The recipient rents or owns a portable system and has no stationary system (concentrator, gaseous, or liquid).

MEDICAID OXYGEN REIMBURSEMENT POLICY

- **Rents stationary system only...no reimbursement for contents.*** Bill stationary code E0439 or E1390.
- **Rents stationary and portable ... no reimbursement for contents.*** Bill stationary code E0439 or E1390 with portable add on code E0431 or E0434.
- **Rents portable system only ...** Bill portable add on code E0431 or E0434 and portable content code E0433 or E0444.

- **Rents stationary, owns portable ...** no reimbursement for stationary or portable contents.* Bill stationary code E0439 or E1390.
- **Rents portable, owns stationary ...** Bill portable add on code and portable or stationary contents code specified below:
 - Concentrator System: Bill portable add on code E0431 or E0434 and portable content code E0443 or E0444
 - Gaseous or Liquid System: Bill portable add on code E0431 or E0434 and stationary contents code E0441 or E0442**
- **Owns stationary system only...** Bill contents code E0441 or E0442 for gaseous or liquid system.
- **Owns stationary and portable ...** Bill contents codes as specified below:
 - Concentrator system: Bill portable contents code E0443 or E0444
 - Gaseous or Liquid system: Bill stationary contents code E0441 or E0442
- **Owns portable system only ...** Bill portable contents code E0443 or E0444.

*The contents are included in stationary system reimbursement.

**The portable contents reimbursement is included in the reimbursement for the stationary contents.

See Attachment A for the Medicaid Oxygen Fee Schedule.

OXYGEN ACCESSORIES

Accessories, including but not limited to, transtracheal catheters, cannulas, tubing, mouthpieces, face tent, masks, oxygen tent, humidifiers, nebulizer for humidification, stand/rack are included in the allowance for rented systems and/or contents reimbursement. The provider must provide any accessory ordered by the physician.

TRAVEL OXYGEN

If a recipient travels out of their provider's usual service area, it is the recipient's responsibility to arrange for oxygen during their travels. Medicaid will only pay one provider for oxygen during any one rental month.

MODIFIER

The monthly payment amount for stationary oxygen is subject to adjustment depending on the amount of oxygen prescribed (liters per minute or LPM) and whether or not portable oxygen is also prescribed.

If a patient qualifies for additional payment for greater than 4 LPM of oxygen and also meets the requirement for portable oxygen, payment will not be made for the portable oxygen. The provider would use the QF modifier on the stationary code.

Use the following modifiers when billing for oxygen for a recipient who requires more than 4 LPM:

- QF – greater than 4 LPM and portable oxygen is prescribed
- QG – greater than 4 LPM

OXYGEN AND RESPIRATORY EQUIPMENT JUSTIFICATION FORM

An Oxygen and Respiratory Equipment Medical Justification (OREMJ) form completed in its entirety must be submitted for all oxygen related items prior to reimbursement by Missouri Medicaid initially and at the time of recertification (reference certification requirements below). The OREMJ form must be filed electronically and is available through the Medicaid Internet health care claims screens at www.emomed.com.

A revised OREMJ must be submitted when the patient changes the type of oxygen delivery system or there is the addition of a portable system to a stationary system. The correct oxygen procedures code(s) must be requested and approved in order to be reimbursed.

CERTIFICATION REQUIREMENTS

The patient must be seen and evaluated by the treating physician within 30 days prior to the initial date of the certification. The patient must be recertified 12 months after the initial certification. The patient must be seen and reevaluated by the treating physician within 90 days prior to the 12 month recertification. If the patient is not seen and reevaluated within 90 days prior to recertification but is subsequently seen, payment may be made for dates of service between the scheduled recertification date and the physician visit date. No additional blood gas tests will be required after the initial certification. No additional certifications will be required after the 12 month recertification.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

Attachment A**OXYGEN FEE SCHEDULE**

Procedure Code	Mod	Mod	Description	Medicaid Allowable
E0424	RR		Stationary Compressed Gaseous Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$200.40
E0431	RR		Portable Gaseous Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$32.08
E0434	RR		Portable Liquid Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$32.08
E0439	RR		Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$200.40
EO439	RR	QF	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM (and portable oxygen is prescribed)	\$300.60
E0439	RR	QG	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM	\$300.60
E1390	RR	RR	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$200.40
E1390	RR	QF	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM (and portable oxygen is prescribed)	\$300.60
E1390	RR	QG	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM	\$300.60
E0441	NU		Oxygen Contents, Gaseous (for use with owned gaseous stationary system or when both a stationary and portable gaseous system are owned), one (1) month's supply = 1 unit	\$161.61
E0442	NU		Oxygen Contents, Liquid (for use with owned liquid stationary)	\$161.61
E0443	NU		Portable Oxygen Contents, Gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used), one (1) month's supply = 1 unit	\$21.41
E0444	NU		Portable Oxygen Contents, Liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one (1) month's supply = 1 unit	\$21.41

MODIFIERS

RR – Rental

NU – New Equipment (purchase)

QF – Use if the prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed

QG – Use if the prescribed amount of oxygen is greater than 4 LPM