



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)



MASSHEALTH  
TRANSMITTAL LETTER OXY-24  
January 2004

**TO:** Oxygen and Respiratory Therapy Providers Participating in MassHealth  
**FROM:** Beth Waldman, Director, Office of Medicaid *Beth Waldman*  
**RE:** *Oxygen and Respiratory Therapy Equipment Manual* (Revised Service Codes)

This letter transmits a substantially revised Subchapter 6, including covered service codes, for the *Oxygen and Respiratory Therapy Equipment Manual*. The revised Subchapter 6 is effective for dates of service on and after January 1, 2004.

MassHealth local codes and miscellaneous codes have been replaced with codes that are compliant with the Health Insurance Portability and Accountability Act (HIPAA), of 1996.

Subchapter 6 now lists all covered service codes in alphanumeric order. Descriptions of codes are no longer included. Providers should refer to [www.cms.hhs.gov](http://www.cms.hhs.gov) for code descriptions. Subchapter 6 is organized as follows:

- 601 Covered Services
- 602 Modifiers
- 603 Place-of-Service (POS) Codes
- 604 Payment Categories

Section 602 of Subchapter 6 identifies the payment category, 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.

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

Section 602 of Subchapter 6 identifies covered place-of-service codes for each HCPCS code. Please refer to Section 604 in Subchapter 6 to determine the appropriate place-of-service codes if billing claims electronically. Providers are reminded that the place of service is where the product is used (e.g., member's home, nursing facility, or rest home). The PA, if applicable, and the claim must reflect the accurate place of service.

## Revised Fee Schedule

In December of 2003, MassHealth of Health Care Finance and Policy (DHCFP) issued new regulations certifying new fees and payment methodologies for the services and products in Subchapter 6 of the *Oxygen and Respiratory Therapy Equipment Manual*. The new fees and methodologies are effective for dates of service on and after January 1, 2004. The DHCFP regulations, including the fee schedule, are available on the DHCFP Web site at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

If you wish to obtain a paper copy of the fee schedule, you may purchase the schedule from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. The DHCFP also has the regulations available on disk. The regulation title for Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment is 114 CMR 22.00.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

## MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at [www.mass.gov/dma](http://www.mass.gov/dma).

## Billing Guidelines

Effective for dates of service on and after January 1, 2004, providers can bill for services provided to MassHealth members using only the HCPCS specified in the attached Subchapter 6. PAs and claims submitted with codes not included in Subchapter 6 will be denied. You must also use a modifier with certain codes to accurately reflect the service provided and ensure the appropriate payment.

All claims submitted on paper with an explanation of benefits (EOB) from another insurer must be submitted to MassHealth with the same HCPCS code that was billed to the other insurer. MassHealth will deny all claims billed using service code A9270.

Effective for dates of service on and after January 1, 2004, ICD-9-CM codes are required on all claims. The ICD-9-CM codes must be directly related to the equipment or supplies on the claim.

## Oximeters

Effective for dates of service on and after January 1, 2004, MassHealth will no longer differentiate between a portable (spot check) oximeter and a stationary oximeter (with alarms). MassHealth will use one code and pay one fee as indicated in DHCFP's regulation. MassHealth will no longer consider a provider's adjusted acquisition cost.

## Phototherapy (bilirubin)

Effective for dates of service on and after January 1, 2004, phototherapy does not require a PA and will be paid on a capitated (per episode) basis as indicated in DHCFP's regulation.

## **Apnea Monitor**

Effective for dates of service on and after January 1, 2004, MassHealth no longer requires a PA for the first three months of rental for an apnea monitor. Claims for the first three months must be submitted with KH (initial claim) and KI (claim months 2 and 3) modifiers. After three months of use providers are required to download the memory, and send the report to the ordering physician for interpretation of events.

If the physician has determined the equipment is required for more than three months, MassHealth will require PA. The provider must submit a copy of the signed physician's interpretation, noting any and all events using the KJ modifier, and initial dates of service.

An apnea monitor is covered within the capped rental payment methodology. MassHealth will pay a monthly rental fee for up to 15 months as indicated in DHCFP's regulation. This equipment remains a covered item after 15 months, but the provider should not bill MassHealth, as MassHealth will not pay a monthly rental fee after the 15<sup>th</sup> month. If the equipment is provided for 15 months or more, the provider must indicate the modifier "BR" on the claim for the 15<sup>th</sup> month to indicate that is the last claim for a monthly rental fee.

The provider must retain ownership of the equipment and continue providing the equipment to the member without any charge until either the medical necessity for the equipment ends or the eligibility of the member for MassHealth ends, whichever is sooner.

## **Noncovered Services**

Providers are reminded that air conditioners, HEPA filters, and light boxes are not covered under MassHealth.

## **Prior Authorization**

Effective for dates of service on and after January 1, 2004, all requests for PA must be submitted using the codes appearing in the new Subchapter 6. Providers who have already received PAs using obsolete local codes must request adjustments to those PAs for unused units.

When requesting an adjustment, include the number of units already billed, the new code and any remaining units needed (not to be exceed unit on original decision), and a date-of-service change, if applicable.

PA requests require an ICD-9-CM code that directly relates to the equipment or supplies being requested along with description of the diagnosis.

## **Case Management for Complex-Care Members**

Beginning August 1, 2003, the *Home Health Agency Manual* was revised to include a new initiative for MassHealth members under the age of 22 who require a nurse encounter of more than two continuous hours. MassHealth refers to these members as complex-care members.

The new initiative, called Community Case Management (CCM), assigns each complex-care member a case manager who performs a comprehensive needs assessment and authorizes all medically necessary home health and other community services, including oxygen and respiratory equipment, for these members. The Recipient Eligibility Verification System (REVS) will identify those complex-care members whom MassHealth has enrolled in CCM.

All requests for PA for members enrolled in CCM will be reviewed and authorized by the case manager assigned to the member. PA requests received from providers will automatically be forwarded to the appropriate case manager for review. Providers must continue to follow the PA process as outlined in the regulations in Subchapter 4 of the *Oxygen and Respiratory Therapy Equipment Manual*. The case manager will be responsible for direct interaction with the prescriber to ensure proper documentation is received.

### **Questions**

Providers with questions about this information may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

### **NEW MATERIAL**

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

#### **Oxygen and Respiratory Therapy Equipment Manual**

Pages vi, and 6-1 through 6-10

### **OBSOLETE MATERIAL**

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

#### **Oxygen and Respiratory Therapy Equipment Manual**

Pages vi — transmitted by Transmittal Letter OXY-22

Pages 6-1 through 6-6 — transmitted by Transmittal Letter OXY-23

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## 601 Covered Services

Subchapter 6 contains, service codes, modifiers and descriptions, place of service codes, attachment requirements, and categories.

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

<u>Service Codes</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4216	OS I.C.	NU	No	02 07	1 unit = each, 100 per month
A4217	OS I.C.	NU	No	02 07	1 unit = each, 31 per month
A4481	OS	NU	No	02 07	ICD-9-CM V44.0 or V55.0
A4556	SU	NU	No	02 07	A4556 can be billed separately only if patient owns E0619; otherwise included in monthly rental.
A4557	SU	NU	No	02 07	A4557 can be billed separately only if patient owns E0619; otherwise included in monthly rental.
A4558	SU	NU	No	02 07	1 unit = each, 1 per 3 months
A4606	IN	NU	No	02 07	1 unit = each, 1 per 12 months
A4608	OX	NU	Yes	02 07	1 unit = each, 2 per 3 months. ICD-9-CM V44.0 or V55.0
A4609	IN	NU	Yes	02 07	1 unit = each, 11 per month (not to be used with A4624. Can be billed separately when E0600 is owned by patient, not for use with E0200.); ICD-9-CM V44.0 or V55.0
A4610	IN	NU	Yes	02 07	1 unit = each, 6 per month (Not to be used with A4624. Can be billed separately when E0600 is owned by patient; not for use with E2000.) ICD-9-CM V44.0 or V55.0
A4611	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 36 months
A4612	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 12 months
A4613	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 12 months
A4614	IN		No	02 07	1 unit = each, 1 per 3 months
A4619	OX		No	02 07	1 unit = each, 1 per month (used with E0565 and E0585)
A4621	OX		No	02 07	1 unit = each, 1 per month (used with E0564 E0570 and E0585); ICD-9-CM V44.0 or V55.0.
A4622	OS		No	02 07	1 unit = each, 1 per 3 months; ICD-9-CM V44.0 or V55.0
A4623	OS		No	02 07	1 unit = each; ICD-9-CM V44.0 or V55.0

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<u>Service Codes</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4624	IN	NU	No	02 07	1 unit = each, 150 per month (Billed separately only when E0600 is owned by the patient, not for use with E2000.); ICD-9-CM V44.0 or V55.0
A4625	OS		No	02 07	1 unit = each, 14 per post-op episode (A4625 is only to be used two weeks post-operatively, after two weeks use A4629.)
A4626	OS		No	02 07	1 unit = each, 31 per month (included in A4625 and A4629 and cannot be billed separately)
A4627	IN	NU	No	02 07	1 unit = each, 1 per 3 months
A4628	IN	NU	No	02 07	1 unit = each, 4 per month (billed separately only when E0600 is owned by patient)
A4629	OS		No	02 07	1 unit = each, 31 per month
A7000	IN	NU	No	02 07	1 unit = each, 1 per month (A7000 can be billed separately if patient owns E6000; otherwise included in monthly rental.)
A7001	IN	NU	No	02 07	1 unit = each, 1 per month (A7001 can be billed separately if patient owns E6000; otherwise included in monthly rental.)
A7002	IN	NU	No	02 07	1 unit = each, 1 per month (A7002 can be billed separately if patient owns E6000 but not if it is included in A7001; otherwise included in monthly rental.)
A7003	IN	NU	No	02 07	1 unit = each, 2 per month (A7003 can be billed separately when used with E0570 only when the patient owns equipment; otherwise A7003 is included in rental.)
A7004	IN	NU	No	02 07	1 unit = each, 2 per month (A7004 can be billed separately when used with E0570 and A7003 only when patient owns equipment; otherwise A7004 is included in monthly rental.)
A7005	IN	NU	No	02 07	1 unit = each, 1 per 6 months (A7005 can be billed separately when used with E0570 only when patient owns equipment; otherwise A7005 is included in monthly rental.)
A7006	IN	NU	No	02 07	1 unit = each, 1 per month (A7006 can be billed separately when used with E0565, E0570, and E0585 only when patient owns equipment; otherwise A7006 is included in monthly rental.)

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<u>Service Codes</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A7010	IN	NU	No	02 07	1 unit = each (100 ft.), 2 per month (A7010 can be billed separately when used with E0565 and E0585 only when the patient owns equipment; otherwise A7010 is included in monthly rental.)
A7011	IN	NU	No	02 07	1 unit = each (10 ft.), 1 per 12 months (A7011 can be billed separately when used with E0565 and E0585 only when patient owns equipment; otherwise A7011 is included in monthly rental.)
A7012	IN	NU	No	02 07	1 unit = each, 2 per month (A7012 can be billed separately when used with E0565 and E0585 only when patient owns equipment; otherwise A7012 is included in monthly rental.)
A7013	IN	NU	No	02 07	1 unit = each, 2 per month (A7013 can be billed separately when used with E0565, E0570, and E0585 only when patient owns equipment; otherwise A7013 is included in monthly rental.)
A7014	IN	NU	No	02 07	1 unit = each, 1 per 3 months (A7014 can be billed separately when used with E0565, E0572, and E0585 only when patient owns equipment; otherwise A7014 is included in monthly rental.)
A7015	IN	NU	No	02 07	1 unit = each, 1 per month (A7015 can be billed separately when used with E0565, E0570, and E0585 only when patient owns equipment; otherwise A7015 is included in monthly rental.)
A7017	IN	NU RR UE	No	02 07	1 unit = each, 1 per 36 months (A7017 can be billed separately when used with E0565 or E0572 only when patient owns equipment; otherwise A7017 is included in monthly rental.)
A7018	SU		No	02 07	1 unit (1000 ml.) = each, 15 per month
A7020	SU		No	02 07	1 unit (1000 ml.) = each, 15 per month
A7025	IN	NU	Yes	02 07	1 unit = each, 2 per 3 months
A7026	IN	NU	Yes	02 07	1 unit = each, 2 per 3 months



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<u>Service Codes</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A7030	IN	NU	No	02 07	1 unit = each, 1 per 3 months (A7030 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7031	IN	NU	No	02 07	1 unit = each, 1 per 3 months (A7031 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7032	IN	NU	No	02 07	1 unit = each, 2 per month (A7032 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7033	IN	NU	No	02 07	1 unit = each, 2 per month (A7033 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7034	IN	NU	No	02 07	1 unit = each, 1 per 3 months (A7034 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7035	IN	NU	No	02 07	1 unit = each, 1 per 6 months (A7035 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7036	IN	NU	No	02 07	1 unit = each, 1 per 6 month (A7036 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7037	IN	NU	No	02 07	1 unit = each, 1 per month (A7037 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7038	IN	NU	No	02 07	1 unit = each, 2 per month (A7038 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)

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<u>Service Codes</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A7039	IN	NU	No	02 07	1 unit = each, 1 per 6 months (A7039 is included in monthly rental and cannot be billed separately for 6 months after E06001, K0532, or K0533 has been purchased for the patient.)
A7044	IN	NU	No	02 07	1 unit = each, 1 per 3 months
A7046	IN	NU	No	02 07	1 unit = each, 1 per 6 months (only when appropriate humidifier has been purchased)
A7501	OS		No	02 07	1 unit = each, 1 per 6 months
A7502	OS	NU	No	02 07	1 unit = each, 1 per 6 months
A7503	OS	NU	No	02 07	1 unit = each, 2 per 12 months
A7504	OS	NU	No	02 07	1 unit = each, 90 per month (packages of 30)
A7505	OS	NU	No	02 07	1 unit = each, 4 per month
A7506	OS	NU	No	02 07	1 unit = each, 90 per month (packages of 30)
A7507	OS	NU	No	02 07	1 unit = each, 90 per month
A7508	OS	NU	No	02 07	1 unit = each, 90 per month
A7520	OS	NU	No	02 07	1 unit = each, 1 per 3 months
A7521	OS	NU	No	02 07	1 unit = each, 1 per 3 months
A7522	OS	NU	No	02 07	1 unit = each, 1 per 12 months
A7524	OS	NU	No	02 07	1 unit = each, 1 per 6 months
A7526	OS	NU	No	02 07	1 unit = each, 5 per month (A7526 is included in A4625 and A4629 and cannot be billed separately.)
E0424	OX	RR	Yes	02 06 07	Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 30 days of new or renewal order.
E0431	OX	RR	Yes	02 06 07	Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 30 days of new or renewal order. Documentation of hours away from stationary required.
E0434	OX	RR	Yes	02 06 07	Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 30 days of new or renewal order. Documentation of hours away from stationary required.
E0439	OX	RR QE QG	Yes	02 06 07	Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 30 days of new or renewal order.
E0445	IN	NU RR UE	Yes	02 07	Covers portable or monitor, for use when SPO2 is transient, variable, and unpredictable, even in the presence of supplemental oxygen, occurs on a frequent basis and regular basis requiring frequent changes in liter flow.
E0450	FS	RR	Yes	02 06 07	

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<u>Service Codes</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0454	FS	RR	Yes	02 06 07	
E0457	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E0459	CR	KI KH KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E0460	FS	RR	Yes	02 06 07	
E0461	FS	RR	Yes	02 06 07	
E0480	CR	KI KH KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E0482	CR	KI KH KJ BP NU UE	Yes	02 07	ICD-9-CM 335.0 – 335.9, 340, 344.00 – 344.09 359.0 and 359.1 (stimulate cough to clear secretions)
E0483	CR	KI KH KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E0484	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 12 months
E0500	FS	RR	Yes	02 07	
E0550	CR	KI KH KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years. E0550 is included in oxygen delivery systems and cannot be billed separately.
E0560	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 5 years
E0565	CR	KI KH KJ BP NU UE	Yes	02 06 07	Accessories associated with E0565 are A4619, A4621, A7006, A7011, A7012, A7013, A7014, A7015, A7017, and E1372.
E0570	CR	KI KH KJ BP NU UE	Yes	02 07	Accessories associated with E0570 are A4621, A7003, A7004, A7005, A7006, A7013, and A7015.
E0572	CR	KI KH KJ BP NU UE	Yes	02 07	Accessories associated with E0572 are A7006 and A7014.
E0585	CR	KI KH KJ BP NU UE	Yes	02 07	Accessories associated with E0585 are A4619, A4621, A7006 A7010, A7011, A7012, A7013, A7014, and A7015.
E0600	CR	KI KH KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years. Therapeutic benefit must be documented by physician for renewal after 90 days.
E0601	CR	KI KH KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E0605	IN	NU RR UE	No	02 07	1 unit = each, 1 per 24 months
E0606	CR	KI KH KJ BP NU UE	No	02 07	1 unit = each, 1 per 5 years

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E0619	CR	KI KH KJ BR	No	02 07	PA required after 3 months of use (After three months of use providers are required to download the memory, and send the report to the ordering physician for interpretation of events.)
E1340		RP	No	02 07	
E1372	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 36 months (E1372 can be billed separately only when patient owns equipment; otherwise E1372 is included in monthly rental.)
E1390	OX	RR QE QG	Yes	02 06 07	Supplies are included in monthly rental and cannot be billed separately.
K0268	IN	NU RR UE	Yes	02 06 07	Included in rental of E0601, K0532, and K0533 (Can be purchased on last month rental of E0601, K0532, and K0533.)
K0531	IN	NU RR UE	Yes	02 06 07	Included in rental of E0601, K0532, and K0533 (Can be purchased on last month rental of E0601, K0532, and K0533.)
K0532	CR	KI KH KJ BP NU UE	Yes	02 06 07	K0268 or K0502 is included in the monthly rental of K0532. Therapeutic benefit must be documented by physician for renewal after 90 days.
K0533	CR	KH KI KJ BP NU	Yes	02 06 07	K0268 or K0502 is included in the monthly rental of K0533. Therapeutic benefit must be documented by physician for renewal after 90 days.
L8501	IN		No	02 07	ICD-9-CM V44.0 or V55.0
S8180	IN		No	02 07	ICD-9-CM V44.0 or V55.0
S8181	IN		No	02 07	ICD-9-CM V44.0 or V55.0
S8185	IN		No	02 07	1 unit = each, 1 per 6 months
S8186	IN		No	02 07	1 unit = each, 1 per month
S8190	IN	NU RR UE	Yes	02 07	ICD-9-CM V42.6 post-operative lung transplants only
S8210	IN		Yes	02 07	1 unit = each, 31 per month
S8999	IN	NU	No	02 07	ICD-9-CM V44.0 or V55.0 (S8999 can be used in conjunction with E0450, E0454, and E0461.)

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602 Modifiers

Modifier    Description

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 15 <sup>th</sup> 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 15 <sup>th</sup> month of rental)
KH	DME POS item, initial claim, purchase or first month rental (For MassHealth member's 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
NR	New when rented (Use the NR modifier when DME that was new at the time of the rental is subsequently purchased.)
NU	New equipment
QE	Prescribed amount of oxygen is less than 1 liter per minute (LPM)
QF	Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable is prescribed
QG	Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
QH	Oxygen-conserving device is being used with an oxygen delivery system
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.
RR	Rental (Use the RR modifier when DME is to be rented.)
UE	Used durable medical equipment

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### 603 Place-of-Service Codes

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

<u>Paper Claim</u>	<u>Description</u>	<u>Submission</u>	<u>Description</u>
02	Member's home	12	Home
06	Nursing home	31, 32	Skilled nursing facility, nursing facility
07	Rest home	33	custodial care facility

### 604 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 service.

<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
PO	Prosthetics and orthotics
SU	Supplies

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