

## Billing and Payment Guidelines for Oxygen Equipment

Effective 1/1/08, UCare will reimburse oxygen and oxygen contents based on the description of the Healthcare Common Procedure Coding System (HCPCS) code, and payment according to the Center for Medicare and Medicaid (CMS) fee schedule.

Example: E0442 should be billed with a unit 1 = a one month supply.

The billing and payment guidelines are applicable to the Minnesota Health Care Programs, Special Needs Plans, and Medicare Advantage Programs.

### HCPCS (Health Care Procedure Coding System) Codes

- E0424** Stationary compressed gaseous oxygen system, rental; includes container contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0425** Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier nebulizer, cannula or mask, and tubing (*not for Medicare use*)
- E0430** Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask and tubing (*not for Medicare use*)
- E0431** Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
- E0434** Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
- E0435** Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor (*not for Medicare use*)
- E0439** Stationary liquid oxygen system, rental; includes container contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0440** Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (*not for Medicare use*)
- E0441** Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply = 1 unit
- E0442** Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply = 1 unit
- E0443** Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit
- E0444** Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit

### References:

[http://www.dhs.state.mn.us/main/groups/business\\_partners/documents/pub/dhs\\_id\\_016464.pdf](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_016464.pdf)

**Questions?** If you have any questions please contact our Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free).