

Oxygen and related parts and services
Appendix to OAC rule 5160-10-13
Payment schedule effective 07/01/2021

BR -- Payment by report
Limit based -- PA is required when the frequency limit is exceeded
PA -- Payment by prior authorization

HCPCS CODE	DESCRIPTION	UNIT	SUBCATEGORY/ APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT OR FREQUENCY	PRIOR AUTHORIZATION	NOTES
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Each	Gaseous oxygen	\$100.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Each	Liquid oxygen	\$40.00	01/01/2014	Non-institutional only	Rental only	1 per month	Limit based	
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Each	Liquid oxygen	\$40.00	01/01/2014	Non-institutional only	Rental only	1 per month	Limit based	
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Each	Liquid oxygen	\$220.00	07/01/2021	Non-institutional only	Rental only	1 per month	Always required	
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	Each	Supply	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	Each	Supply	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Each	Concentrator	\$100.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Each	Concentrator	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	Each	Concentrator	\$100.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	Each	Concentrator	\$50.00	07/16/2018	LTCF only	Rental only	1 per month	Limit based	
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Each	Concentrator	\$40.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	
K0738*	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Each	Compressor	\$40.00	07/16/2018	Non-institutional only	Rental only	1 per month	Limit based	
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Each	Labor	\$12.17	07/01/2021	All		1 per 120 days	Always required	Only for customer-owned oxygen equipment
E1390 U1 AND E1392	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE AND PORTABLE OXYGEN CONCENTRATOR, RENTAL		Concentrator	\$140.00	02/01/2020	Non-institutional only	Rental only	per month	Limit based	The U1 modifier is used only when E1390 and E1392 are provided together. When a claim is submitted for E1390 U1 and E1392, the E1392 detail will be denied and the E1390 U1 detail will be paid at \$140.00.

*Note: K0738 formerly represented the combination of a stationary oxygen concentrator and a transfill unit.
U1 modifiers are not needed to differentiate between non-institutional and institutional residences. They will pay based on place of service.

Modifier	Description	Applicable Procedure Codes	Payment Multiplier
QF	Prescribed oxygen flow greater than 4 LPM, both stationary and portable	E0424, E0431, E0434, E0439, E0441, E0442	1.50
QG	Prescribed oxygen flow greater than 4 LPM, stationary only	E0424, E0439, E0441, E0442	1.50