

| Procedure Code | Full Description | Additional Service Code Description | Allowable or Required Modifiers | Rental | Purchase | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service |
|----------------|--|-------------------------------------|---------------------------------|--------------------------------|---------------------|-----------------|----------------------|--------------------------------|----------------|--|
| | | | | Days Before PA / Daily Max Fee | PA Needed / Max Fee | | | | | |
| 94762 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE) | | | No Rental | N / \$41.75 | 4 PER YEAR | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| 94772 | CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOURS CONTINUOUS RECORDING, INFANT | | | No Rental | N / \$126.57 | 4 PER YEAR | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | | | No Rental | Y / \$148.01 | 5 YEARS | Not in Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | | | No Rental | Y / \$62.54 | 4 YEARS | Not in Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | | | No Rental | Y / \$127.82 | 5 YEARS | Not in Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A9284 | SPIROMETER, NON-ELECTRICTRONIC, INCLUDES ALL ACCESSORIES | | | No Rental | N / \$10.23 | 6 MONTHS | In Rate | 05, 24, 25, 53 | 20131201 | 11, 12 |
| E0424 | STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING | 1-4 L/min, primary | RR | 30 / \$3.03 | No Purchase | N/A | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | 1-4 L/min, backup | RR, TW | 0 / \$1.21 | | | | | | |
| | | <1 L/min, primary | QE, RR | 30 / \$1.52 | | | | | | |
| | | <1 L/min, backup | QE, RR, TW | 0 / \$0.61 | | | | | | |
| | | >4 L/min, primary | QG, RR | 30 / \$4.55 | | | | | | |
| | | >4 L/min, backup | QG, RR, TW | 0 / \$1.82 | | | | | | |
| E0425 | STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING | | | No Rental | Y / \$133.96 | 1 PER LIFETIME | In Rate | 04, 05, 06, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0430 | PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING | | | No Rental | Y / \$290.02 | 1 PER LIFETIME | In Rate | 04, 05, 06, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0431 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING | Primary | RR | 30 / \$0.67 | No Purchase | N/A | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | Backup | RR, TW | 0 / \$1.07 | | | | | | |
| E0434 | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING | Primary | RR | 30 / \$1.39 | No Purchase | N/A | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | Backup | RR, TW | 0 / \$1.30 | | | | | | |
| E0435 | PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASKS, TUBING AND REFILL ADAPTOR | | | No Rental | Y / \$1,174.54 | 1 PER LIFETIME | In Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |

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| | | | | Days Before PA / Daily Max Fee | PA Needed / Max Fee | | | | | |
| E0439 | STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING | 1-4 L/min, primary | RR | 30 / \$3.03 | No Purchase | N/A | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | 1-4 L/min, backup | RR, TW | 0 / \$1.80 | | | | | | |
| | | <1 L/min, primary | QE, RR | 30 / \$1.52 | | | | | | |
| | | <1 L/min, backup | QE, RR, TW | 0 / \$0.90 | | | | | | |
| | | >4 L/min, primary | QG, RR | 30 / \$4.55 | | | | | | |
| | | >4 L/min, backup | QG, RR, TW | 0 / \$2.70 | | | | | | |
| E0440 | STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING | | | No Rental | Y / \$451.73 | 1 PER LIFETIME | In Rate | 04, 05, 06, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| 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 | | | No Rental | N / \$63.02 | 1 PER MONTH | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 | | | No Rental | N / \$63.02 | 1 PER MONTH | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 | | | No Rental | N / \$55.02 | 1 PER MONTH | In Rate | 04, 05, 06, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| 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 | | | No Rental | N / \$55.02 | 1 PER MONTH | In Rate | 04, 05, 06, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0445 | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY | | RR | 60 / \$2.09 | Y / \$951.27 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0447 | PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM) | 1 Unit = 1 Month | | No Rental | N / \$66.01 | 1 Per Month | In Rate | 05, 24, 25, 53 | 20190101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 54, 71, 72 |
| E0455 | OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS | | RR | 60 / \$1.12 | Y / \$204.80 | 1 YEAR | In Rate | 05, 24, 25, 53 | 20140501 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0457 | CHEST SHELL (CUIRASS) | | RR | 60 / \$1.90 | Y / \$340.00 | 5 YEARS | Not in Rate | 05, 24, 25, 53 | 20140501 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0459 | CHEST WRAP | | RR | 60 / \$1.36 | Y / \$209.50 | 5 YEARS | Not in Rate | 05, 24, 25, 53 | 20140501 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS | | RR | 60 / \$8.07 | Y / \$4,398.15 | 5 YEARS | Not in Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |

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| | | | | Days Before PA / Daily Max Fee | PA Needed / Max Fee | | | | | |
| E0465 | HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE) | Primary | RR | No PA/\$1086.42 per MO. | Y/ \$10,864.20 | 5 YEARS | In Rate For Vent Units | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | Backup/Secondary | RR,TW | 0 / \$727.56 per MO. | Y / \$8,691.36 | | In Rate | | | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72 |
| E0466 | HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL) | Primary | RR | No PA/\$1086.42 per MO. | Y/ \$10,864.20 | 5 YEARS | In Rate For Vent Units | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | Backup/Secondary | RR, TW | 0 / \$727.56 per MO. | Y / \$8,691.36 | | In Rate | | | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72 |
| E0467 | HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS | 1 Unit = 1 Month | RR | 90 / \$1301.55 Per MO. | NO PURCHASE | 5 YEARS | In Rate for Vent Units | 05, 24, 25, 53 | 20230101 | 01,03,04,05,06,07,08,11,12,13,14,19,31, 33, 32, 49,50,54,71, 72, 99 |
| E0470 | 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) | | RR | 90 / \$4.19 | Y / \$1,257.90 | 5 YEARS | In Rate | 05, 24, 25 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0471 | 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) | | RR | 90 / \$10.47 | Y / \$3,141.70 | 5 YEARS | Not in Rate | 05, 24, 25 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0472 | 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) | Primary | RR | 0 / \$17.00 | Y / \$5,098.60 | 5 YEARS | Not in Rate | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | Extended rental | 52, RR | 0 / \$8.50 | | | | | | |
| | | Backup rental | TW, RR | 0 / \$5.56 | Y / \$2,084.90 | | In Rate | | | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Extended backup rental | 52, TW, RR | 0 / \$2.78 | | | | | | |
| E0480 | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL | | RR | 60 / \$2.13 | Y / \$428.52 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0481 | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES | | | 60 / \$7.43 | Y / \$4,077.88 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0482 | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE | Primary | RR | 60 / \$19.06 | Y / \$5,718.90 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$3.77 | Y / \$2,069.87 | 5 YEARS | In Rate | 05, 24, 25, 53 | | |
| E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH | | RR | 0 / \$47.13 | Y / \$14,138.40 | 1 PER LIFETIME | In Rate | 05, 24, 25 | 20230101 | 11, 12, 19 |

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| | | | | Days Before PA / Daily Max Fee | PA Needed / Max Fee | | | | | |
| E0486 | ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | | | No Rental | Y / \$602.38 | 2 PER YEAR | Not in Rate | 27 | 20160701 | 01, 03, 04, 05, 06, 07, 08, 09, 11, 12, 13, 14, 15, 19, 20, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 49, 50, 51, 54, 56, 57, 60, 61, 62, 65, 71, 72, 81, 99 |
| E0487 | SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES | RR | | 60 / \$1.06 | Y / \$351.55 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20090101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0500 | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALVES, INTERNAL OR EXTERNAL POWER SOURCE | RR | | 60 / \$4.87 | Y / \$1,459.70 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0550 | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY | Primary | RR | 60 / \$2.74 | Y / \$790.63 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$1.37 | Y / \$395.32 | | | | | |
| E0555 | HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER | RR | | No Rental | Y / \$27.11 | 6 MONTHS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0560 | HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY | Primary | RR | 60 / \$0.68 | Y / \$114.81 | 3 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$0.34 | Y / \$57.41 | | | | | |
| E0561 | HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | RR | | 60 / \$0.65 | Y / \$86.11 | 3 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0562 | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | RR | | 90 / \$1.62 | Y / \$265.77 | 3 YEARS | In Rate | 05, 24, 25 | 20180101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0565 | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN | Primary | RR | 60 / \$2.20 | Y / \$378.50 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$1.10 | Y / \$189.25 | | | | | |
| E0570 | NEBULIZER; WITH COMPRESSOR E.G., DEVILBISS PULMO-AID | Primary | RR | 60 / \$0.19 | N / \$56.10 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$0.08 | Y / \$24.35 | | | | | |
| E0575 | NEBULIZER, ULTRASONIC, LARGE VOLUME | Primary | RR | 60 / \$4.56 | Y / \$1,366.90 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$1.31 | Y / \$254.05 | | | | | |
| E0580 | NEBULIZER, WITH COMPRESSOR, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER | Primary | | No Rental | Y / \$91.17 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | TW | | Y / \$45.59 | | | | | |
| E0585 | NEBULIZER; WITH COMPRESSOR AND HEATER | Primary | RR | 60 / \$0.93 | Y / \$279.40 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$0.40 | Y / \$121.40 | | | | | |
| E0600 | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC | Primary | RR | 60 / \$1.73 | Y / \$517.60 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 60 / \$0.55 | Y / \$201.52 | | | | | |
| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE | RR | | 90 / \$1.47 | Y / \$439.50 | 5 YEARS | Not in Rate | 05, 24, 25 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |

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| E0605 | VAPORIZER, ROOM TYPE (NOTE: FOR USE WITH OXYGEN SYSTEM ONLY) | | | No Rental | Y / \$15.21 | 2 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0606 | POSTURAL DRAINAGE BOARD | | RR | 60 / \$1.35 | Y / \$271.05 | 2 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0619 | APNEA MONITOR, WITH RECORDING FEATURE | | RR | 90 / \$5.11 | Y / \$1,909.60 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E0776 | IV POLE (NOT FOR USE WITH PORTABLE PUMPS) | Primary | RR | 60 / \$0.62 | N / \$116.26 | 8 YEARS | In Rate | 05, 24, 25, 53 | 20140501 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$0.31 | Y / \$58.13 | | | | | |
| E1353 | REGULATOR | | RR | 0 / \$0.50 | Y / \$30.98 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20140501 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E1355 | STAND/RACK | | | No Rental | Y / \$18.34 | 1 PER LIFETIME | In Rate | 05, 24, 25, 53 | 20120901 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| E1372 | IMMERSION EXTERNAL HEATER FOR NEBULIZER | Primary | RR | 60 / \$1.10 | Y / \$78.58 | 5 YEARS | In Rate | 05, 24, 25, 53 | 20080701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72 |
| | | Backup | RR, TW | 0 / \$0.55 | Y / \$39.29 | | | | | |
| E1390 | OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE | 1-4 L/min, primary | RR | 30 / \$3.03 | Y / \$910.40 | 5 YEARS | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | 1-4 L/min, backup | RR, TW | 0 / \$1.80 | | | | | | |
| | | <1 L/min, primary | QE, RR | 30 / \$1.52 | | | | | | |
| | | <1 L/min, backup | QE, RR, TW | 0 / \$0.90 | Y / \$540.00 | | | | | |
| | | >4 L/min, primary | QG, RR | 30 / \$4.55 | | | | | | |
| | | >4 L/min, backup | QG, RR, TW | 0 / \$2.70 | | | | | | |
| E1392 | PORTABLE OXYGEN CONCENTRATOR, RENTAL | Primary | RR | 30 / \$1.39 | No Purchase | N/A | Not in Rate | 03, 04, 05, 24, 25, 53, 57 | 20230101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| | | Backup | RR, TW | 0 / \$0.54 | | | | | | |
| E1399 | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE DESCRIPTION OF DME) | | U1-U9, UA-UD, RR | 0 / Priced on PA | Y / Priced on PA | VARIES | Not in Rate | 03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79 | 20031001 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1405 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITH HEATED DELIVERY | | RR | 30 / \$3.42 | No Purchase | N/A | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20190101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1406 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITHOUT HEATED DELIVERY | | RR | 30 / \$2.62 | No Purchase | N/A | Not in Rate | 03, 04, 05, 06, 24, 25, 53, 57 | 20190101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES | | | No Rental | Only if Over 8 units / \$10.95 | N/A | Per Policy | 04, 05, 17, 24, 25, 53, 74, 79 | 20100101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8999 | RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT) | | | No Rental | N / \$156.00 | 2 Per Year | In Rate | 05, 24, 25 | 20180101 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72 |