

| 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-ELECTRIC/TRONIC, 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 / \$3.12                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20240101       | 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 / \$1.56                    |                     |                 |                      |                                |                |  |
|                |  | <1 L/min, backup                    | QE, RR, TW                      | 0 / \$0.61                     |                     |                 |                      |                                |                |  |
|                |  | >4 L/min, primary                   | QG, RR                          | 30 / \$4.68                    |                     |                 |                      |                                |                |  |
|                |  | >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 / \$0.69                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20240101       | 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 / \$1.43                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20240101       | 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 / \$3.12                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20240101       | 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 / \$1.56                    |                     |                 |                      |                                |                |  |
|                |   | <1 L/min, backup                    | QE, RR, TW                      | 0 / \$0.90                     |                     |                 |                      |                                |                |  |
|                |   | >4 L/min, primary                   | QG, RR                          | 30 / \$4.68                    |                     |                 |                      |                                |                |  |
|                |   | >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 / \$63.87         | 1 PER MONTH     | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20240101       | 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 / \$63.87         | 1 PER MONTH     | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20240101       | 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 / \$56.62         | 1 PER MONTH     | In Rate              | 04, 05, 06, 24, 25, 53         | 20240101       | 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 / \$56.62         | 1 PER MONTH     | In Rate              | 04, 05, 06, 24, 25, 53         | 20240101       | 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/\$1114.67 per MO.        | Y/ \$11,146.70      | 5 YEARS         | In Rate For Vent Units | 05, 24, 25, 53           | 20240101       | 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 / \$891.74 per MO.           | Y / \$8,917.36      |                 | 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/\$1114.67 per MO.        | Y/ \$11,146.70      | 5 YEARS         | In Rate For Vent Units | 05, 24, 25, 53           | 20240101       | 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 / \$891.74 per MO.           | Y / \$8,917.36      |                 | 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 / \$1335.39 Per MO.         | NO PURCHASE         | 5 YEARS         | In Rate for Vent Units | 05, 24, 25, 53           | 20240101       | 01,03,04,05,06,07,08,11,12,13,14,19,31, 33, 32, 49,50,54,71, 72, 99            |
| E0468          | HOME VENTILATOR, DUAL-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS  | Primary                             | RR                              | 60 / \$32.24                   | Y / \$9, 699.68     | 5 Years         | In Rate                | 05, 24, 25, 53           | 20240401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 27, 33, 49, 50, 71, 72         |
|                |   | Backup/Secondary                    | RR, TW                          | 60 / \$25.87                   | Y / \$7,759.74      |                 | In Rate                |                          |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 27, 33, 49, 50, 71, 72         |
| 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 / \$16.83                    | Y / \$5,047.80      | 5 YEARS         | Not in Rate            | 05, 24, 25, 53           | 20240101       | 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 / \$8.41                     |                     |                 |                        |                          |                |  |
|                |   | 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   | Primary                             | RR                              | 60 / \$19.56                   | Y / \$5,867.60      | 5 YEARS         | In Rate                | 05, 24, 25, 53           | 20240101       | 01, 03, 04, 05, 06, 07, 08, 11, 12,  |

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|                |  |                                     |                                 | Days Before PA / Daily Max Fee | PA Needed / Max Fee |                 |                      |                          |                |  |
|                | POSITIVE AND NEGATIVE AIRWAY PRESSURE  | Backup                              | RR, TW                          | 0 / \$3.77                     | Y / \$2,069.87      | 5 YEARS         | In Rate              | 05, 24, 25, 53           |                | 13, 14, 19, 33, 49, 50, 71, 72   |
| E0483          | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH  |                                     | RR                              | 0 / \$48.35                    | Y / \$14,506.00     | 1 PER LIFETIME  | In Rate              | 05, 24, 25               | 20240101       | 11, 12, 19   |
| 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 / \$4.99                    | Y / \$1,497.70      | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20240101       | 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 / \$57.70         | 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   |
|                |  | Backup                              | RR, TW                          | 0 / \$0.08                     | Y / \$24.35         |                 |                      |                          |                |  |
| E0575          | NEBULIZER, ULTRASONIC, LARGE VOLUME  | Primary                             | RR                              | 60 / \$4.67                    | Y / \$1,402.40      | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20240101       | 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 / \$157.64        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20240101       | 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 / \$0.96                    | Y / \$287.50        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20240101       | 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 / \$1.77                    | Y / \$531.00        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20240101       | 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        |                 |                      |                          |                |  |

| 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 |                 |  |                          |  |                            |
| E0601          | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE   |                    | RR                                  | 90 / \$1.51                     | Y / \$452.20                   | 5 YEARS             | Not in Rate     | 05, 24, 25                                 | 20240101                 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |                            |
| 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 / \$3.12                     | Y / \$936.80                   | 5 YEARS             | Not in Rate     | 03, 04, 05, 06, 24, 25, 53, 57             | 20240101                 | 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 / \$1.56                     |                                |                     |                 |  |                          |  |                            |
|                |   | <1 L/min, backup   | QE, RR, TW                          | 0 / \$0.90                      | Y / \$540.00                   |                     |                 |  |                          |  |                            |
|                |   | >4 L/min, primary  | QG, RR                              | 30 /\$4.68                      |                                |                     |                 |  |                          |  |                            |
|                |   | >4 L/min, backup   | QG, RR, TW                          | 0 / \$2.70                      |                                |                     |                 |  |                          |  |                            |
| E1392          | PORTABLE OXYGEN CONCENTRATOR, RENTAL  | Primary            | RR                                  | 30 / \$1.43                     | No Purchase                    | N/A                 | Not in Rate     | 03, 04, 05, 24, 25, 53, 57                 | 20240101                 | 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     |                            |

| 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 |                 |                      |                          |                |  |
| 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 |