

MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

MEDICAID DME AND SUPPLIES LISTING						
Apnea Monitors, Respiratory, Oxygen and Ventilators						
UCC = Bill Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Apnea Monitors						
See Durable Medical Equipment and Supplies Manual, Chapter IV, for coverage criteria.						
	A4556	Electrodes (e.g. Apnea monitor)	Pair	N	\$15.27	15/Month
	A4557	Apnea Monitor Lead wires	Pair	N	\$15.74	1/3 Months
Z4235	E0618	Apnea Monitor without recording feature	Each	Y	\$3,146.38	1/60 Months
	E0618 RR	Apnea Monitor without recording feature, rental	Day	N	\$9.99	4 Months
E0608	E0619	Apnea Monitor with recording feature	Each	Y	\$2,762.58	1/60 Months
	E0619 RR	Apnea Monitor w/recording feature; rental	Day	N	\$9.13	4 months
Z5906, E1399*	S8189	2-Channel Pneumogram/Download With Interpretation.	Each	Y	\$253.69	1/Month
Z5905, E1399*	S8189	2-Channel Pneumogram/Download Without Interpretation	Each	Y	\$199.51	1/Month
Z5909, E1399*	S8189	Multi-Channel Sleep Study Or Polysomnogram With Or Without Interpretation.	Channel/Signal	Y	P-§IC	I.C.
A4572, E1399*	S8189	Rib Belt	Each	Y	\$4.96	4/12 Months
Z5908, E1399*	S8189	Service Maintenance Agreement For Patient Owned Apnea Monitor.	Each	Y	\$388.30	2/12 Months
Z5907, E1399*	S8189	Servicing, Shipping And Handling For Apnea Monitors.	Each	Y	P-§IC	I.C.
Respiratory/Oxygen/Ventilators						
	A4481	Tacheostoma filter, any type, any size, each	Each	N	\$0.45	65/Month
Z4610	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Each	N	\$4.13	20/ Month
	A4604	Tubing with integrated heating element for use with positive airway pressure device	Each	Y	\$47.58	1/month
	A4605	Tracheal suction catheter, closed system, each	Each	N	\$20.63	31/month
	A4606	Oxygen probe for use with oximeter device, replacement	Each	N	\$20.42	6/Month
	A4608	Transtacheal oxygen catheter, each	Each	Y	\$63.04	IC
A4609, E1399*	S8189	Tracheal suction catheter, closed system, for less than 72 hours of use	Each	Y	\$13.58	31/Month
A4610, E1399*	S8189	Tracheal suction catheter, closed system, for 72 hours or more of use (for Cath-n-sleeve use A4624)	Each	Y	\$21.22	31/Months
	A4614	Peak expiratory flow rate meter, hand held	Each	N	\$29.91	1/6 Months
	A4615	Cannula, nasal	Each	N	\$0.92	5/Month
	A4616	Tubing, oxygen	1 Feet	N	\$0.07	30/Month
	A4617	Mouth Piece	Each	N	\$3.90	1/month
	A4618	Breathing circuits	Each	N	\$11.19	15/Month
	A4619	Face Tent	Each	N	\$2.25	5/Month
	A4620	Variable Concentration Mask	Each	N	\$0.76	5/Month
	A4623	Tracheostomy Inner Cannula Replacement	Each	N	\$8.24	65/Month
	A4624	Tracheal suction catheter, any type other than closed system, each	Each	N	\$2.83	120/Month
	A4625	Tracheostomy care kit for new tracheostomy	Each	N	\$8.71	31/Month
	A4626	Tracheostomy cleaning brush, each	Each	N	\$4.01	2/Month
	A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Each	N	\$24.95	1/12 Months
	A4628	Oropharyngeal suction catheter,	Each	N	\$4.71	5/Month
	A4629	Tracheostomy care kit for established tracheostomy	Each	N	\$5.85	31/Month
	A7000	Canister, disposable, used with suction pump	Each	N	\$10.04	12/12Months

	A7001	Canister, non-disposable, used with suction pump, each	Each	N	\$41.59	4/12months
	A7002	Tubing, used with suction pump, each	10 Ft.	N	\$4.82	5/Month
	A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	Each	N	\$1.80	5/Month
	A7004	Small volume nonfiltered pneumatic nebulizer, disposable	Each	N	\$1.57	IC
	A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	Each	N	\$18.53	1/6 Months
	A7006	Administration set, with small volume filter pneumatic nebulizer	Each	N	\$9.78	1/Month
	A7007	Large voume nebulizer, disposable, unfilled, used with aerosol compressor	Each	N	\$4.88	5/Month
	A7008	Large volume nebulizer, disposable, Prefilled, used with aerosol compressor	Each	N	\$13.82	120/Month
	A7009	Reservoir bottle, nondisoisable, used with large volume ultrasonic nebulizer	Each	N	\$52.88	5/Month
	A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	100 Ft	N	\$20.41	5/Month
	A7012	Water collection device, used with large volume nebulizer	Each	N	\$3.75	1/60 Months
	A7013	Filter, disposable, used with aerosol compressor	Each	N	\$0.85	12/12months
	A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	Each	N	\$4.33	4/12Months
	A7015	Aerosol mask, used with DME nebulizer	Each	N	\$1.70	4/Month
	A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	Each	N	\$9.13	1/Month
	A7018	Water, distilled, used with large volume nebulizer, 1000 ml	Each	N	\$0.43	15/month
	A7020	Interface for cough stimulating device, includes all components, replacement only	Each	Y	\$17.53	1/ month
	A7025	High Frequency chest wall oscillation system vest, replacement for with patient owned equipment, each	Each	Y	\$574.27	1/24 Months
	A7026	High Frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	Each	Y	\$36.14	1/24 Months
	A7027	Combination oral/nasal mask, used with continious positive airway pressure device, each	Each	N	\$142.63	3/12 Months
	A7028	Oral cushion for comination oral/nasal mask, replacement only, each	Each	N	\$38.77	3/12 Months
	A7029	Nasal pillows for comination oral/nasal mask, replacement only, each	Each	N	\$18.58	3/12 Months
	A7030	Full face mask used with positive airway pressure device, eahc	Each	N	\$107.21	3/12 Months
	A7031	Face mask interface, replacement for full face mask, each	Each	N	\$41.34	3/12 Months
	A7032	Replacement cushion for nasal application device, each	Each	N	\$22.27	3/12Months
	A7033	Replacement Pillows for nasal application device	Pair	N	\$18.73	3/12 Months
	A7034	Nasal interface (mask or cannula type) used w/positive airway pressure device, w/or w/out head strap	Each	N	\$69.09	3/12 Months
	A7035	Headgear used with positive airway pressure device	Each	N	\$22.70	3/12 Months
	A7036	Chinstrap used with positive airway pressure device	Each	N	\$12.61	3/12 Months
	A7037	Tubing used with positive airway pressure device	Each	N	\$14.95	3/12 Months
	A7038	Filter, disposable, used with positive airway pressure device	Each	N	\$2.50	1/Month
	A7039	Filter, non disposable, used with positive airway pressure device	Each	N	\$7.05	1/Month
	A7044	Oral interface used with positive airway pressure device, each	Each	Y	\$97.43	3/12 Months
	A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Each	N	\$15.43	3/12 Months
	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Each	N	\$15.97	1/Month
A7047	A7047	Oral interface used with respiratory suction pump, each	Each	N	\$152.04	3/12 Months
	A7049	Expiratory positive airway pressure intranasal resistance vavle	Each	Y	\$IC	1/month
	A7501	Tracheostoma valve, including diaphragm, each	Each	N	\$132.06	1/Month
	A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Each	N	\$62.78	1/Month
	A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	Each	N	\$14.27	1/6 Months
	A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	Each	N	\$0.86	65/Month
	A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	Each	N	\$5.90	2/3 Month
	A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each	Each	N	\$0.41	65/Month
	A7507	Filter holder and integrated filter without adhesive, for use in tracheostoma heat and moisture exchange system, each	Each	N	\$3.14	65/Month
	A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/ or with a tracheostoma valve, each	Each	N	\$3.61	65/Month
	A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Each	N	\$1.77	65/Month
	A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	Each	N	\$59.70	3/ Month
	A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	Each	N	\$59.16	3/ Month

	A7522	Tracheostomy/laryngectomy tube, stainless steel or equal, (sterilizable and reusable), each	Each	N	\$56.79	1/ Month
	A7524	Tracheostomy stent/stud/button, each	Each	N	\$56.79	1/3 Months
	A7525	Tracheostomy Mask	Each	N	\$2.59	5/Month
	A7526	Tracheostomy tube collar/holder, each	Each	N	\$4.27	31/Month
	A7527	Tracheostomy/laryngectomy tube plug/stop, each	Each	N	\$4.50	2/3 Month
	E0424 RR	Stationary compressed gaseous oxygen system, rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$3.27	12 Months
	E0430	Portable Gaseous Oxygen System, purchase, Includes Regulator, flowmeter, humidifier, cannula or mask, and tubing	Each	Y	P-ŞIC	1/60 months
	E0431 RR	Portable Gaseous Oxygen System, rental, Includes Regulator, flowmeter, humidifier, cannula or mask, and tubing (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$0.71	12 Months
	E0431 RR U1	Portable Gaseous Oxygen System, rental, Includes Regulator, flowmeter, humidifier, cannula or mask, and tubing (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.) High Intensity Code must have O2 rate above 4 Lpm	Day	Y	\$1.89	12 months
	E0433 RR	Portable liquid liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and gauge	Day	Y	\$1.57	12 Months
	E0433 RR U1	Portable liquid liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and gauge High Intensity Code must have O2 rate above 4 Lpm	Day	Y	\$1.89	12 Months
	E0434 RR	Portable liquid oxygen system, rental, includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$1.57	12 Months
	E0434 RR U1	Portable liquid oxygen system, rental, includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.) High Intensity code must have O2 rate above 4 LPM	Day	Y	\$1.89	12 Months
	E0435	Portable liquid oxygen system, purchase, includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	Each	Y	P-ŞIC	1/60 months
	E0439 RR	Stationary liquid oxygen system, rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$3.27	12 Months
	E0441	Stationary oxygen contents, gaseous, 1 month supply = 1 unit	1 Unit	Y	\$65.45	12 Months
	E0442	Stationary oxygen contents, liquid, one month's supply = 1 unit	1 Unit	N	\$65.45	1/ Month
	E0443	Portable oxygen contents, gaseous one month's supply = 1 unit	1 Unit	N	\$58.10	1/Month
	E0444	Portable oxygen contents, liquid, one month's supply = 1 unit	1 Unit	Y	\$58.10	1/Month

	E0447	Portable oxygen contents, liquid, one month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)	1 Unit	Y	\$84.20	1/month
	K0738 RR	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$1.52	12 Months
	E0445	Oximeter device for measuring blood oxygen levels, non-invasively	Each	Y	\$1,274.78	1/60 Months
	E0445 RR	Oximeter device for measuring blood oxygen levels, non-invasively	Day	Y	\$6.00	3 Months
E0450, E0463	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Each	Y	\$12,589.61	1/60 months
	E0465 RR	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Day	Y	\$39.97	3 months
E0460, E0461, E0464	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Each	Y	\$12,589.61	1/60 months
	E0466 RR	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Day	Y	\$39.97	3 months
	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	Each	Y	\$14,629.90	1/60 Months
	E0467 RR	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	Day	Y	\$46.45	3 months
	E0455	Oxygen Tent, Excluding Croup Or Pediatric Tents	Each	N	\$7.56	2/Month
	E0457	Chest shell (cuirass)	Each	Y	\$594.05	1/60 Months
	E0457 RR	Chest shell (cuirass)	Day	Y	\$1.93	6 Months
	E0460	Negative pressure ventilator, portable or stationary	Each	Y	\$1,691.50	1/60 Months
	E0460 RR	Negative pressure ventilator, portable or stationary	Day	N	\$20.76	6 Months
	E0461 RR	Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface	Each	Y	\$31.75	12 Months/Year
	E0470	Respiratory Assist Device, bi-level pressure capability, w/out backup rate feature, used w/noninvasive interface e.g. nasal or facial mask.	Each	Y	\$1,568.99	1/36 Months
	E0470 RR	Respiratory Assist Device, bi-level pressure capability, w/out backup rate feature, used w/noninvasive interface e.g. nasal or facial mask.	Day	Y	\$4.18	2 Months
	E0471	Respiratory assist device, bi-level pressure capability, w/backup rate feature, used w/noninvasive interface, eg. Nasal or facial mask	Each	Y	\$3,753.41	1/36 Months
	E0471 RR	Respiratory assist device, bi-level pressure capability, w/backup rate feature, used w/noninvasive interface, eg. Nasal or facial mask	Day	Y	\$10.29	2 Months
	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)	Each	Y	\$4,851.55	1/36 Months
	E0472 RR	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)	Day	Y	\$15.72	2 Months/Year
	E0480	Percussor, Electric Or Pneumatic, Home Model	Each	Y	\$527.23	1/60 Months
	E0480 RR	Percussor, Electric Or Pneumatic, Home Model	Day	Y	\$1.67	3 Months
	E0482	Cough stimulating device	Each	Y	\$5,360.59	1/60 Months
	E0482 RR	Cough stimulating device	Day	Y	\$17.02	3 Months
	E0483	High frequency chest wall oscillation system, with full anterior and/or posterior region receiving simultaneous external oscillation, includes all accessories and supplies, each	Each	Y	\$14,037.11	1/60 Months
	E0483 RR	High frequency chest wall oscillation system, includes all accessories and supplies, each	Day	Y	\$44.56	3 Months
	E0500	IPPB Machine, all types, w/built-in nebulization; manual or automatic valves; internal or external power source	Each	Y	\$1,449.26	1/60 Months
	E0500 RR	IPPB Machine, all types, w/built-in nebulization; manual or automatic valves; internal or external power source	Day	Y	\$4.60	3 Months
	E0561	Humidifier, non-heated, used with positive airway pressure device	Each	N	\$86.81	1/36 Months
	E0561 RR	Humidifier, non-heated, used with positive airway pressure device	Day	N	\$0.29	6 Months
	E0562	Humidifier, heated, used with positive airway pressure device	Each	N	\$168.46	1/60 Months

	E0562 RR	Humidifier, heated, used with positive airway pressure device	Day	N	\$0.56	6 Months
	E0565	Compressor, air power source for equipment which is not self contained or cylinder driven	Each	Y	\$544.73	1/36 Months
	E0565 RR	Compressor, air power source for equipment which is not self contained or cylinder driven	Day	Y	\$1.64	3 Months
	E0570	Nebulizer, with compressor	Each	N	\$98.54	1/36 Months
	E0570 RR	Nebulizer, with compressor	Day	N	\$0.31	3 Months
	E0575	Nebulizer, Ultra-Sonic large volume	Each	Y	\$1,281.71	1/36 Months
	E0575 RR	Nebulizer, Ultra-Sonic large volume	Day	Y	\$3.66	6 Months
	E0580	Nebulizer, w/compressor, durable, glass or autoclavable plastic, bottle type, for us w/regulator or flowmeter	Each	N	\$145.29	1/36 Months
	E0580 RR	Nebulizer, w/compressor, durable, glass or autoclavable plastic, bottle type, for us w/regulator or flowmeter; rental	Day	N	\$0.48	6 Months
	E0585 RR	Nebulizer w/compressor and heater; rental	Day	N	\$1.12	6 months
	E0600	Respiratory suction pump, home model, portable or stationary, electric	Each	N	\$513.79	2/36 Months
	E0600 RR	Respiratory suction pump, home model, portable or stationary, electric	Day	N	\$1.63	3 Months
Z4229	E0601	Continuous Positive Airway Pressure (CPAP) Device	Each	Y	\$617.14	1/36 Months
	E0601 RR	Continuous Positive Airway Pressure (CPAP) Device	Day	Y	\$1.63	2 Months
	E0606	Postural Drainage Board/Reflux Wedge	Each	N	\$257.59	1/60 Months
	E0606 RR	Postural Drainage Board/Reflux Wedge	Day	N	\$0.82	3 Months
	E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Each	Y	P- \$IC	1/36 months
	E1353	Regulator	Each	Y	\$35.61	1/60 Months
	E1355	Stand/Rack	Each	Y	\$26.84	1/36 Months
	E1372	Immersion external heater for nebulizer	Each	Y	\$149.79	1/60 Months
	E1372 RR	Immersion Heater For Nebulizer	Day	Y	\$0.57	1/36 Months
	E1390 RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$3.27	12 Months
	E1391 RR	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$3.27	12 months
	E1392 RR	Portable oxygen concentrator, rental (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.)	Day	N See note for exception on Service auth	\$1.89	12 Months
	E1392RR U1	Portable oxygen concentrator, rental (Coverage of home oxygen must be preauthorized by DMAS for members with arterial PO2 levels at or above 60 mm Hg or whose arterial blood oxygen saturation is at or above 90% (or at or above 95% for children.) The practitioner must submit documentation, in addition to the CMN, which specifies why oxygen is medically necessary.) High Intensity code must have O2 rate above 4 LPM	Day	Y	\$1.89	12 Months
	E 1405 RR	O2/Water Vapor Enriched System with Heated Delivery	Day	N	\$4.91	3 Months
	E 1406 RR	O2/Water Vapor Enriched System without Heated Delivery	Day	N	\$4.10	3 Months
	K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	Each	Y	IC	IC
	S8189	Custom trach	Each	Y	IC	IC
Z4193, E1399*	S8189	Aerosol Therapy (High Flow), Includes Regulator/Flowmeter, 50-PSI Compressor, Face Tents, Trach Collars, T-Tubes, Masks Or Swivel Adapters, Corrugated Tubing, Drainage Bags, With Or Without Heater.	Day	Y	\$10.15	3 Months
Z4229, E1399*	S8189	CPAP/BiPAP Service/Maintenance Agreement	Each	Y	\$36.12	12/12 Months
Y0254, E1399*	S8189	Croup Tent, Including Compressor, Tent	Each	Y	\$7.56	6 Months
Y0253, E1399*	S8189	Disposable Tent, Croup Type	Each	Y	\$10.55	2/Month
Y0002, E1399*	S8189	Germicide Disinfectant (1pt. Concentrate)	Each	Y	\$12.25	2/12 Months
Z9200, E1399*	S8189	Miscellaneous Respiratory	Each	Y	P-\$IC	I.C.

