

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Oxygen Providers
Inhalation/Respiratory Therapists
Pharmacists
Managed Care Plans

Memorandum No: 04-104 MAA
Issued: December 21, 2004

For Information Contact:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Oxygen and Respiratory Therapy: Fee Schedule Changes

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration will:

- Begin using 2005 Current Procedural Technology (CPT)[®] and Healthcare Common Procedure Coding System (HCPCS) Level II code additions as discussed in this memorandum;
- Add updates to maximum allowable fees for the year 2005;
- Update policy related to CPAP humidifiers; and
- Update policy related to repair of Durable Medical Equipment.

Added or Deleted Procedure Codes

The following procedure codes have been added to, deleted from, or changed in the Oxygen and Respiratory Therapy Program:

Procedure Code	Description	January 1, 2005 Maximum Allowable Fee	
		Rental	Purchase
A7527 (Added)	Tracheostomy/laryngectomy tube plug/stop.	#	#
A7045 (Added)	Exhalation port (with or without swivel) used with accessories for positive airway devices, replacement only.	#	#

Procedure Code	Description	January 1, 2005 Maximum Allowable Fee	
		Rental	Purchase
E0454 (Deleted)	Pressure ventilator, with pressure control, pressure support and flow triggering features.		
E0463 (Added)	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface, e.g. trach tube).	#	#
E0464 (Added)	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface, e.g. mask.	#	#
A4605 (Added)	Tracheal suction catheter, closed system, each. Limit 1 per day.		\$14.30
A4609 (Deleted)	Tracheal suction catheter closed system for less than 72 hours of use, each		
A4610 (Deleted)	Tracheal suction catheter, closed system, for 72 or more hours of use, each.		
E0561 (Change in policy)	Humidifier, nonheated, used with positive airway pressure device.	#	#
E0562 (Change in policy)	Humidifer, heated, used with positive airway device. No longer requires prior authorization (regardless of CPAP pressure).		\$301.22

Procedure Code	Description	January 1, 2005 Maximum Allowable Fee	
		Rental	Purchase
E1340 (Change in policy)	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy. Now requires prior authorization.		\$17.43

Bill MAA your usual and customary charges.

Billing Instructions Replacement Pages

Attached are replacement pages H.3/H.4, H.11/H.12, H.15/H.16, H.17/H.18, and H.19/H.20 for MAA's current *Oxygen and Respiratory Therapy Program Billing Instructions*. **Note: Pages H.3, H.11, H.15 and H.18 have no added or deleted codes; we are including them because we have reformatted them or because they are attached to the back or front of a changed page.**

How can I obtain MAA's Provider Issuances?

To obtain MAA's numbered memoranda and billing instructions, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).



Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.

Continuous Positive Airway Pressure System (CPAP)

Continuous airway pressure (CPAP) device.* <ul style="list-style-type: none"> Requires results of sleep study performed in an MAA-approved sleep center. Rental Limit: 1 unit per month, maximum of 2 months rental. Purchase required after 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase. Purchase limit: 1 unit per client, every 5 years. Purchase price is amount allowed after 2 months rental. Modifier RR or NU required. 	E0601	E0470 E0471 E0472	\$111.71	\$893.68 Eff. 10/16/04
Full face mask, used with positive airway pressure device, each.	A7030		#	#
Face mask interface, replacement for full face mask, each.	A7031		#	#
Replacement cushion for nasal application device, each. Limit: 2 per year.	A7032	A7034		40.53
Replacement pillows for nasal application device, pair. Limit: 2 per year.	A7033	A7034		28.41
Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. Limit: 2 per year.	A7034	A7032 A7033		117.64
Headgear used with positive airway pressure device. Limit: 2 per year.	A7035			39.75
Chinstrap used with positive airway pressure device. Limit: 2 per year	A7036			18.20
Tubing used with positive airway pressure device. Limit: 2 per year	A7037	A7010		41.02
Filter, disposable, used with positive airway pressure device. Limit: 2 per month	A7038			5.39

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Oxygen and Respiratory Therapy Program

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Continuous Positive Airway Pressure System (CPAP) (cont.)

Filter, nondisposable, used with positive airway pressure device. Limit: 2 per year.	A7039			\$15.33
Oral interface, used with positive airway pressure device, each.	A7044		#	#
Exhalation port (with or without swivel) used with accessories for positive airway devices, replacement only.	A7045		#	#
Water chamber for humidifier, used with positive airway pressure device, replacement, each. Limited to 2 per year.	A7046			19.51
Humidifier, nonheated, used with positive airway pressure device.	E0561		#	#
Humidifier, heated, used with positive airway pressure device. Purchase only. Limit: 1 per 3 years. Modifier NU required	E0562			301.22
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) (ie:BiPAP S).* <ul style="list-style-type: none"> • Requires results of sleep study performed in an MAA-approved sleep center when prescribed for sleep apnea. • Purchase required after maximum of 2 months rental. Client compliance and effectiveness must be documented prior to purchase. • Limit: 1 purchase per lifetime • Modifier RR or NU required. 	E0470	E0601	256.60	2,566.00

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Oxygen and Oxygen Equipment (cont.)

Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). One month's supply equals one unit. This is a monthly fee. Limit: 1 per month.	E0442	E0424, E0431, E0434, E0439, E0441, E0443, E0444, E1390		\$154.27
Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used). One month's supply equals one unit. This is a monthly fee. Limit: 1 per month.	E0443	E0424, E0431, E0434, E0439, E0441, E0442, E0444		21.41
Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used). One month's supply equals one unit. This is a monthly fee. Limit: 1 per month.	E0444	E0424, E0431, E0434, E0439, E0441- E0443		21.41
Regulator	E1453		#	#
Stand/rack	E1355		#	#
Immersion external heater for nebulizer	E1372		#	#
Oxygen tent, excluding croup or pediatric tents.	E0455		#	#
Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate. Monthly rental only. Limit: 1 per month. Modifier RR required. (Rental includes: humidifier, if needed, cannula or mask and tubing.)	E1390	A4620, E0424, E0439, E0441, E0442, E0550	194.48	

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Oxygen and Oxygen Equipment (cont.)

Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	E1391		#	#
Oxygen and water vapor enriching system with heated delivery.	E1405		#	#
Oxygen and water vapor enriching system without heated delivery.	E1406		#	#

Professional Services

Respiratory therapy home visit: subsequent, includes oximetry services.	94760 w/EPA #870000916	94656 w/EPA #870000915		\$31.03
Ventilator therapy initial home visit, patient intake and evaluation. Allowed one time per provider, per client.	94656 w/EPA #870000915	94760 w/EPA #870000916		51.56
Pneumocardiogram or polysomnogram (one year of age and under) service; with recording equipment. Not to be used on a routine basis. Use only when medically indicated.	94772 w/EPA #870000917			155.18

Suction Pump/Supplies

Tracheal suction catheter, closed system, each. Limit 1 per day.	A4605	A4624		14.30
Tracheal suction catheter, closed system, for less than 72 hours of use, each. Limit 1 per day. Deleted 01/01/05	A4609	A4624		14.30
Tracheal suction catheter, closed system, for 72 or more hours of use, each. Deleted 01/01/05.	A4610			
Tracheal suction catheter, any type, other than closed system, each. Purchase only. Limit: 150 per month for clients age 8 and older, 300 per month for clients under age 8. Modifier NU required.	A4624	A4605		2.63

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Tracheostomy Care Supplies (cont.)

Replacement diaphragm/faceplate for tracheostoma valve, each	A7502		#	#
Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.	A7503		#	#
Filter for use in a tracheostoma heat and moisture exchange system, each.	A7504		#	#
Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each.	A7505		#	#
Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each.	A7506		#	#
Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.	A7507		#	#
Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.	A7508		#	#
Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system, each. (Condenser, disposable e.g., artificial nose.) Limit: 1 per day for clients age 8 and older. Limit: 3 per day for clients under age 8. Purchase only. Modifier NU required.	A7509			\$3.38
Tracheostomy/ laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each. Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.	A7520			47.48

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Tracheostomy Care Supplies (cont.)

Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each. Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.	A7521			\$47.05
Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each. Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.	A7522			45.16
Tracheostomy shower protector, each	A7523		#	#
Tracheostoma stent/stud/button, each	A7524		#	#
Tracheostomy mask, each Purchase only. Modifier NU required. Limit: 4 per month.	A7525			2.07
Tracheostomy tube collar/holder, each. Limit: 15 per client per month.	A7526			3.37
Tracheostomy/laryngectomy tube plug/stop.	A7527		#	#
Tracheostomy speaking valve Purchase only. Modifier NU required. Limit: 2 per year.	L8501			96.88

Ventilators and Related Respiratory Equipment

Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	E0450	A4611- A4613, A4616- A4618, E0460, E0461, E0550, E0471, E0472	811.34	
Pressure ventilator, with pressure control, pressure support and flow triggering features. Deleted 01/01/05	E0454			

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Ventilators and Related Respiratory Equipment (cont.)

Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface, e.g. trach tube).	E0463		#	#
Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface, e.g. mask.	E0464		#	#
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). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	E0471	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0472, E0550	\$642.17	
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). Rental only. Modifier RR required.	E0472	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0471, E0550	642.17	
Negative pressure ventilator; portable or stationary. (Payment includes all necessary accessories, fittings, and tubing.)* Rental only. Modifier RR required.	E0460	A4611- A4613, A4616- A4618, E0450, E0461, E0550, E0471, E0472	733.57	
Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface. Rental only. Modifier RR required.	E0461	A4611- A4613, A4616- A4618, E0450, E0460, E0550, E0471, E0472	1,002.05	

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Humidifier heater, with temperature monitor and alarm. (Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification). Rental only. Modifier RR required.	E1399 w/EPA #870000903	E0550	\$181.57	
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***For owned ventilators and CPAPs** – Use modifier “MS” when claiming a six-month maintenance check. Limit of one per six months allowed. Maintenance checks are paid at 50% of the rental rate. **Modifier “U2” required when claiming a secondary “backup” ventilator for the same client.**

Miscellaneous

Tape, non-water-proof, per 18 square inches.	A4450			\$.09
Tape, waterproof, per 18 square inches.	A4452			.36
Peak expiratory flow rate meter, hand held. Purchase only. Modifier NU required. Limit: 3 per client, per year.	A4614			23.78
Oximeter device for measuring blood oxygen levels non-invasively. (Complete with all necessary accessories and supplies except probes.) Rental only; price per month. Modifier RR required.	E0445		132.72	
Oximeter probe/sensor, disposable. Purchase only. Modifier NU required. Limit: 4 per month.	E1399 w/EPA #870000907	A4606		26.00
Oxygen probe for use with oximeter device, replacement. Non-disposable. Purchase only. Modifier NU required. Limit: 1 per client per month.	A4606	E1399 w/EPA #870000907		179.46

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Miscellaneous (cont.)

Resuscitator bag; non-disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime.	E1399 w/EPA #870000910	E1399 w/EPA #870000909		\$134.11
Resuscitator bag; disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime.	E1399 w/EPA #870000909	E1399 w/EPA #870000910		50.99
Non-routine replacement parts for equipment repair. For purchased equipment only. Must bill with statement of warranty coverage. See repair policy for documentation requirements.	E1399 w/EPA #870000908			BR
Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy. Requires Prior Authorization.	E1340			17.43
Durable medical equipment, miscellaneous Prior authorization required. See "Miscellaneous Oxygen-related Durable Medical Equipment" in the Coverage section of these Billing Instructions before billing this code.	E1399			BR
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent). Limit: 6 per child, per year; 3 per adult, per year.	A4627			23.70
Flutter device. Purchase only. Modifier NU required. Limit: 2 per year.	S8185			42.40
Swivel adaptor	S8186		#	#
Tracheostomy supply, not otherwise classified	S8189		#	#

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Oxygen and Respiratory Therapy Program

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Electronic spirometer (for microspirometer)	S8190		#	#
Mucus trap	S8210		#	#
Percussor, electric or pneumatic, home model. Purchase only. Modifier NU required. Limit: 1 per client, per lifetime.	E0480			\$439.40
Intrapulmonary percussive ventilations system and related accessories.	E0481		#	#
Cough stimulating device, alternating positive and negative airway pressure. Prior authorization required. Rental only, per month. Modifier RR required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.	E0482		430.02	
High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each. Rental includes vest and generator, all repairs and replacements. Manufacturer will replace vest (during either rental or purchase period) for change in user's size. Modifier RR required. Prior authorization required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.	E0483		1,063.13	
Oscillatory positive expiratory pressure device, non-electric, any type, each.	E0484		#	#

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