# SECTION 10
# OXYGEN AND RESPIRATORY EQUIPMENT

| Procedure Code | Reimbursement Guidelines/Limits | Medicaid Maximum Allowed Amount |
|---|---|---|
| S8120 | Purchase/OREMJ | $ .11 per cubic ft |
| S8121 | Purchase/OREMJ | $ 1.50 per pound |
| E0424 | Rental/OREMJ | $ 39.90 |
| E0431 | Rental/OREMJ | $ 30.40 |
| E0434 | Rental/OREMJ | $ 56.50 |
| E0439 | Rental/OREMJ | $ 85.50 |
| E0445 EP | Purchase/PA ** | $100.00 |
| | Rental/PA ** | $280.00 |
| E0450 | Rental/MN | $825.00 |
| E0450 TW | Rental/PA | $412.50 |
| E0470 | Rental/PA/Sleep Study | $268.00 |
| E0471 | Rental/PA | $597.00 |
| E0482 EP | Purchase/PA/Invoice of Cost ** | MP |
| | Rental/PA/Invoice of Cost ** | MP |
| E0483 EP | Purchase/PA/Invoice of Cost ** | MP |
| | Rental/PA/Invoice of Cost ** | MP |
| E0484 EP | Purchase/MN ** | $ 36.92 |
| | Rental/MN ** | $ 3.69 |
| E0500 | Purchase/MN | $616.00 |
| | Rental/MN | $ 68.00 |
| | Repair/MN | MP |
| E0550 | Purchase/MN | $240.00 |
| | Rental/MN | $ 30.00 |
| | Repair/MN | MP |
| E0565 | Rental/MN | $ 30.00 |
| E0570 | Purchase/MN | $156.00 |
| | Rental/MN | $ 35.00 |
| | Repair/MN | MP |
| E0575 | Purchase/MN | $540.00 |
| | Rental/MN | $ 75.00 |
| | Repair/MN | MP |
| E0585 | Purchase/MN | $240.00 |
| | Rental/MN | $ 30.00 |
| | Repair/MN | MP |
| E0600 | Purchase/MN | $382.00 |
| | Rental/MN | $ 76.00 |
| | Repair/MN | MP |
| E0601 | Rental/PA/Sleep Study | $105.00 |
| E0619 | Rental/MN | $180.00 |
| E1390 | Rental/OREMJ | $199.50 |

| Procedure Code | Reimbursement Guidelines/Limits | Medicaid Maximum Allowed Amount |
|---|---|---|
| A4618 | Purchase/MN | $ 4.75 each |
| Z0020 | Purchase/MN/2 per kits month | $ 2.25 per kit |
| Z6012 | Purchase/OREMJ | $ 10.93 up to 23 cubic ft. |

**** HCY ONLY – PATIENTS UNDER 21**

**MP = Manually Priced**
**MN = Certificate of Medical Necessity**
**OREMJ = Oxygen and Respiratory Equipment Medical Justification**
**PA = Prior Authorization**