

471-000-57 Nebraska Medicaid Billing Instructions for Home Health Agency Services

The instructions in this appendix apply when billing Nebraska Medicaid, also known as the Nebraska Medical Assistance Program (NMAP), for Medicaid-covered services provided to clients who are eligible for fee-for-service Medicaid. Medicaid regulations for home health services are covered in 471 NAC 9-000. For a listing of billing instructions for all Medicaid services, see 471-000-49.

Claims for services provided to clients enrolled in a Nebraska Medicaid managed care health maintenance organization plan must be submitted to the managed care plan according to the instructions provided by the plan.

**Provider Bulletins:** The provider is responsible to correctly bill Nebraska Medicaid for services. In addition to the billing instructions 41-000-57, there are updates found in Provider Bulletins which are located on the Department's Website. <http://www.dhhs.ne.gov/med/provhome.htm>.

**Third Party Resources:** Claims for services provided to clients with third party resources (e.g., Medicare, private health/casualty insurance) must be billed to the third-party payer according to the payer's instructions. After the payment determination by the third-party payer is made, the provider may submit the claim to Nebraska Medicaid. A copy of the remittance advice, denial, or other documentation from the third-party resource must be submitted with the claim. For instructions on billing Medicare crossover claims, see 471-000-70.

**Payor of Last Resort:** Medicaid is the payor of last resort. Medicaid clients who have third party resources must exhaust these resources before Medicaid considers payment for any services. Medicaid shall not pay for medical services as a primary payor if a third-party resource is contractually or legally obligated to pay for the service.

Providers shall bill all third-party resources and/or the client (when there is an excess income/share of cost obligation) for services provided to the client, except for waiver claims (see 471 NAC 3-004.03A). Providers shall submit all charges for Medicare covered services provided to Medicare/Medicaid clients to Medicare plus any Medicare supplement plans for resolution prior to billing Medicaid.

**Verifying Eligibility:** Medicaid eligibility, managed care participation, and third-party resources may be verified from –

1. The client's permanent Nebraska Medicaid Identification Card or temporary Nebraska Medicaid Presumptive Eligibility Application. For explanation and examples, see 471-000-123;
2. The Nebraska Medicaid Eligibility System (NMES) voice response system. For instructions, see 471-000-124; or
3. The standard electronic Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271). For electronic transaction submission instructions, see 471-000-50.

**CLAIM FORMATS**

**Electronic Claims:** Home health services are billed to Nebraska Medicaid using the standard electronic Health Care Claim: Institutional transaction (ASC X12N 837). For electronic transaction submission instructions, see 471-000-50.

**Paper Claims:** Home health services are billed to Nebraska Medicaid on Form CMS-1450, "Health Insurance Claim Form." Instructions for completing Form CMS-1450 are in this appendix.

**Share of Cost Claims:** Certain Medicaid clients are required to pay or obligate a portion of their medical costs due to excess income. These clients receive Form EA-160, "Record of Health Cost – Share of Cost – Medicaid Program" from the local HHS office to record services paid or obligated to providers. For an example and instructions on completing this form, see 471-000-79.

**MEDICAID CLAIM STATUS**

The status of Nebraska Medicaid claims can be obtained by using the standard electronic Health Care Claim Status Request and Response transaction (ASC X12N 276/277). For electronic transaction submission instructions, see 471-000-50.

Providers may also contact Medicaid Inquiry at 1-877-255-3092 or 471-9128 (in Lincoln) from 8:00 a.m. to 5:00 p.m. Monday through Friday.

**CMS-1450 FORM COMPLETION AND SUBMISSION**

**Mailing Address:** When submitting claims on Form CMS-1450, retain a duplicate copy and mail the ORIGINAL form to –

Medicaid Claims Unit  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services  
P. O. Box 95026  
Lincoln, NE 68509-5026

**Claim Adjustments and Refunds:** See 471-000-99 for instructions on requesting adjustments and refund procedures for claims previously processed by Nebraska Medicaid.

**Claim Example:** See 471-000-51 for an example of Form CMS-1450.

**Claim Form Completion Instructions:** CMS-1450 (UB-04) completion requirements for Nebraska Medicaid are outlined below. The numbers listed correspond to the CMS-1450 form locators (FL) and are identified as required, situational, recommended or not used. Unlabeled form locators are not included in these instructions. For a summary of form locator requirements for all services, see 471-000-78.

These instructions must be used with the complete CMS-1450 (UB-04) claim form completion instructions outlined in the National Uniform Billing Committee Data Specifications Manual. The National Uniform Billing Committee Data Specifications Manual is available through the Nebraska Hospital Association. Order information is at:  
[http://www.nhanet.org/data\\_information/ub04.htm](http://www.nhanet.org/data_information/ub04.htm)

| <b>FL</b>  | <b>DATA ELEMENT DESCRIPTION</b>   | <b>REQUIREMENT</b> |
|------------|---|--------------------|
| <b>1.</b>  | <b>Provider Name, Address &amp; Telephone Number</b>  | <b>Required</b>    |
| <b>2.</b>  | <b>Pay-to Name and Address</b>  | <b>Situational</b> |
| <b>3a.</b> | <b>Patient Control Number</b>   | <b>Required</b>    |
|            | The patient control number will be reported on the Medicaid Remittance Advice.  |                    |
| <b>3b.</b> | <b>Medical/Health Record Number</b>   | <b>Situational</b> |
|            | The number assigned to the patient's medical/health record by the provider  |                    |
| <b>4.</b>  | <b>Type of Bill</b>   | <b>Required</b>    |
| <b>5.</b>  | <b>Federal Tax Number</b>   | <b>Required</b>    |
| <b>6.</b>  | <b>Statement Covers Period</b>  | <b>Required</b>    |
|            | Durable medical equipment rental must be billed on a separate claim from home health therapy/visit services. The statement covers period must reflect the rental period. For DME rental requirements, see 471 NAC 7-010.09. |                    |
| <b>7.</b>  | <b>Reserved for National Assignment by the NUBC</b>   | <b>Not Used</b>    |
| <b>8.</b>  | <b>Patient Name/Identifier</b>  | <b>Required</b>    |
|            | The patient is the person that received services.   |                    |
| <b>9.</b>  | <b>Patient Address</b>  | <b>Required</b>    |
|            | The patient is the person that received services.   |                    |
| <b>10.</b> | <b>Patient Birthdate</b>  | <b>Required</b>    |
|            | The patient is the person that received services.   |                    |
| <b>11.</b> | <b>Patient Sex</b>  | <b>Required</b>    |
| <b>12.</b> | <b>Admission/Start Date of Care</b>   | <b>Required</b>    |
| <b>13.</b> | <b>Admission Hour</b>   | <b>Not Used</b>    |
| <b>14.</b> | <b>Priority (Type of Visit)</b>   | <b>Not Used</b>    |
| <b>15.</b> | <b>Source of Referral for Admission or Visit</b>  | <b>Not Used</b>    |

|  |                    |
|--|--------------------|
| <b>16. Discharge Hour</b>  | <b>Not Used</b>    |
| <b>17. Patient Discharge Status</b>  | <b>Required</b>    |
| <b>18-28. Condition Codes</b><br>Use if applicable   | <b>Situational</b> |
| <b>29. Accident State</b>  | <b>Not Used</b>    |
| <b>30. Reserved for National Assignment by the NUBC</b>  | <b>Not Used</b>    |
| <b>31-34. Occurrence Codes and Dates</b><br>Required for traumatic diagnoses and claims for physical therapy, occupational therapy, and speech therapy. Use other occurrence codes if applicable.              | <b>Situational</b> |
| <b>35-36. Occurrence Span Codes and Dates</b><br>A code and the related dates that identify an event that relates to payment of the claim. These codes identify occurrences that happened over a span of time. | <b>Situational</b> |
| <b>37. Reserved for National Assignment by the NUBC</b>  | <b>Not Used</b>    |
| <b>38. Responsible Party Name and Address</b>  | <b>Situational</b> |
| <b>39-41. Value Codes and Amounts</b><br>Use if applicable   | <b>Situational</b> |
| <b>42. Revenue Code</b>  | <b>Required</b>    |
| <b>43. Revenue Description</b><br>When using miscellaneous and not otherwise classified (NOC) procedure codes, a complete description of the service is required.  | <b>Situational</b> |
| <b>44. HCPCS/Rates/HIPPS Rate Codes</b><br>HCPCS procedure codes are required on all lines.  | <b>Required</b>    |

**For home health** services, use the procedure codes and modifiers listed below. Each service must be billed on a separate line.

Brief Services (per diem rate): Procedure code modifiers TD (registered nurse) and TE (licensed practical nurse) must be used with procedure code G0154. Use one claim line per day.

|          |   |
|----------|---|
| G0151    | Services of physical therapist, in home health setting, each 15 minutes     |
| G0152    | Services of occupational therapist, in home health setting, each 15 minutes |
| G0153    | Services of speech therapist, in home health setting, each 15 minutes       |
| G0154 TD | Services of skilled nurse in home health setting, each 15 minutes           |
| G0154 TE | Services of skilled nurse, in home health setting, each 15 minutes          |
| G0156    | Services of home health aide, in home health setting, each 15 minutes       |

Hourly Services:

|       |   |
|-------|---|
| S9122 | Home health aide or certified nursing assistant, providing care in the home health care setting; per hour |
| S9123 | Nursing care, in the home health care setting; by registered nurse, per hour                              |
| S9124 | Nursing care, in the home health care setting; by licensed practical nurse, per hour                      |

High Tech Hourly Services: Procedure code modifier TG (high tech) is required.

|          |  |
|----------|--|
| S9123 TG | Nursing care, in the home health care setting; by registered nurse, per hour         |
| S9124 TG | Nursing care, in the home health care setting; by licensed practical nurse, per hour |

**For durable medical equipment, prosthetics, orthotics, and allowable medical supplies**, use the procedure codes and modifiers listed in the Nebraska Medicaid Practitioner Fee Schedule at 471-000-507. Up to four modifiers may be entered for each procedure code.

When using miscellaneous and not otherwise classified (NOC) procedure codes, a complete description of the service is required on, or as an 8½ x 11" attachment to, the claim. A copy of the invoice showing the provider's cost or manufacturer's suggested retail price is also required as an attachment to the claim.

Billing instructions and procedure codes for the following durable medical equipment are outlined in these instructions beginning on page 10 of this appendix.

- Air Fluidized and Low Air Loss Beds
- Apnea Monitors
- Breast Pumps
- Infusion Pumps, external
- Neuromuscular Electrical Stimulators (NMES)
- Oxygen and Oxygen Equipment
- Parenteral Nutrition
- Pressure Reducing Support Surfaces
- Seat Lifts
- Transcutaneous Electrical Nerve Stimulators (TENS)

**45. Service Date** **Situational**

Required on all lines of claims with claim date spans (FL6) greater than one calendar day.

**46. Units of Service** **Required**

Units of service must be reported as defined in the procedure code description. Units must be whole numbers. No decimals or fractions permitted, nor can they be added together for a full 15-minute unit.

Procedure codes G0151 – G0156 are paid as per diem rates and only one claim line can be billed per day. Report the number of 15-minute units actually provided using the following table as an example:

| Units | Time            | Units | Time                    |
|-------|-----------------|-------|-------------------------|
| 1     | 8 – 22 minutes  | 5     | 68 – 82 minutes         |
| 2     | 23 – 37 minutes | 6     | 83 – 97 minutes         |
| 3     | 38 – 52 minutes | 7     | 98 – 112 minutes        |
| 4     | 53 – 67 minutes | 8     | 113 – 127 minutes, etc. |

Procedure codes S9122 – S9124 are paid hourly rates. Report units using the following table as an example:

| Units | Time   |
|-------|--|
| 1     | Up to 1 hour, 29 minutes                         |
| 2     | 1 hour, 30 minutes – 2 hours, 29 minutes         |
| 3     | 2 hours, 30 minutes – 3 hours, 29 minutes        |
| 4     | 3 hours, 30 minutes – 4 hours, 29 minutes        |
| 5     | 4 hours, 30 minutes – 5 hours, 29 minutes        |
| 6     | 5 hours, 30 minutes – 6 hours, 29 minutes        |
| 7     | 6 hours, 30 minutes – 7 hours, 29 minutes        |
| 8     | 7 hours, 30 minutes – 8 hours, 29 minutes        |
| 9     | 8 hours, 30 minutes – 9 hours, 29 minutes        |
| 10    | 9 hours, 30 minutes – 10 hours, 29 minutes, etc. |

For durable medical equipment, prosthetics, orthotics, and allowable medical supplies, review the procedure code description to determine if the item is billed per each, per pair, etc. For rental items, refer to Medicaid regulations at 471 NAC 7-010.09B for correct units of service for monthly and daily rental periods.

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|------------|--|--------------------|
| <b>47.</b> | <b>Total Charges (by Revenue Code Category)</b>  | <b>Required</b>    |
|            | Total charges must be greater than zero. Do not submit negative amounts. Enter the provider's customary charge for each procedure code. Each procedure code/line must have a separate charge.  |                    |
| <b>48.</b> | <b>Non-Covered Charges</b>   | <b>Situational</b> |
|            | Enter only Nebraska Medicaid non-covered charges. Do not submit negative amounts.  |                    |
| <b>49.</b> | <b>Reserved for National Assignment by the NUBC</b>  | <b>Not Used</b>    |
| <b>50.</b> | <b>Payer Name</b>  | <b>Situational</b> |
| <b>51.</b> | <b>Health Plan Identification Number</b>   | <b>Situational</b> |
| <b>52.</b> | <b>Release of Information Certification Indicator</b>  | <b>Not Used</b>    |
| <b>53.</b> | <b>Assignment of Benefits Certification Indicator</b>  | <b>Not Used</b>    |
| <b>54.</b> | <b>Prior Payments - Payers and Patient</b>   | <b>Situational</b> |
|            | Enter any payments made, due, or obligated from other sources for services listed on this claim unless the source is from Medicare. Other sources may include health insurance, liability insurance, excess income, etc. A copy of the Medicare or insurance remittance advice, explanation of benefits, denial, or other documentation must be attached to each claim when submitting multiple claim forms. |                    |

DO NOT enter previous Medicaid payments, Medicaid amounts, Medicare payments, or the difference between the provider's billed charge and the Medicaid allowable (provider "write-off" amount).

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|---|--|
| <b>55. Estimated Amount Due – Payer</b>   | <b>Not Used</b>                        |
| <b>56. National Provider Identifier – Billing Provider</b>  | <b>Required (effective 01/01/2012)</b> |
| The unique identification number assigned to the provider submitting the claim.   |  |
| <b>57. Other Provider Identifier</b>  | <b>Required (effective 01/01/2012)</b> |
| A unique identification number assigned to the attending provider   |  |
| <b>58. Insured's Name</b>   | <b>Required</b>                        |
| <b>59. Patient's Relationship to Insured</b>  | <b>Required</b>                        |
| Use patient relationship code 18 for all claims.  |  |
| <b>60. Insured's Unique Identification</b>  | <b>Required</b>                        |
| Enter the Medicaid client's complete eleven-digit identification number (example: 123456789-01).  |  |
| <b>61. (Insured) Group Name</b>   | <b>Situational</b>                     |
| Recommended when Nebraska Medicaid is the secondary payer.  |  |
| <b>62. Insurance Group Number</b>   | <b>Situational</b>                     |
| Recommended when Nebraska Medicaid is the secondary payer.  |  |
| <b>63. Treatment Authorization Code</b>   | <b>Situational</b>                     |
| Required for services prior authorized by Nebraska Medicaid.  |  |
| <b>64. Document Control Number (DCN)</b>  | <b>Situational</b>                     |
| Required when Type of Bill Frequency Code (FL04) indicates this claim is a replacement claim or void to a previously adjudicated claim.   |  |
| <b>65. Employer Name of the Insured</b>   | <b>Not Used</b>                        |
| <b>66. Diagnosis and Procedure Code Qualifier (ICD Version Indicator)</b>   | <b>Required</b>                        |
| The qualifier denotes the version of International Classification of Diseases reported. The ICD Version Indicator will be used to distinguish if the submitted Code is an ICD-9 or an ICD-10 Code.<br>Version '9' indicates the Codes entered as ICD-9 Diagnosis or Surgical Procedure Code.<br>Version '0' indicates the Codes entered as ICD-10 Diagnosis or Surgical Procedure Code. |  |



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| <b>67. Principal Diagnosis Code</b>  | <b>Required</b>    |
| Enter the International Classification of Diseases-Clinical Modification (ICD-CM) code describing the principal/primary diagnosis (i.e., the conditions established after study to be chiefly responsible for occasioning the admission of the patient for care). The COMPLETE diagnosis code is required, as defined in ICD-CM. |                    |
| <b>67 A-Q. Other Diagnosis Codes ICD-CM</b>  | <b>Situational</b> |
| Required if more than one diagnosis applies to the services on this claim.   |                    |
| <b>68. Reserved for National Assignment by the NUBC</b>  | <b>Not Used</b>    |
| <b>69. Admitting Diagnosis</b>   | <b>Required</b>    |
| <b>70 a-c. Patient's Reason for Visit</b>  | <b>Situational</b> |
| <b>71. Prospective Payment System (PPS) Code</b>   | <b>Not Used</b>    |
| <b>72. ICD-9 External Cause of Injury (ECI) Code</b>   | <b>Situational</b> |
| <b>ICD-10 External Causes of Morbidity (V, W, X, or Y Codes)</b>   | <b>Situational</b> |
| Required if the principal diagnosis is trauma.   |                    |
| <b>73. Reserved for National Assignment by the NUBC</b>  | <b>Not Used</b>    |
| <b>74. Principal Procedure Code and Date</b>   | <b>Not Used</b>    |
| <b>74 a-e. Other Procedure Codes and Dates</b>   | <b>Not Used</b>    |
| <b>75. Reserved for National Assignment by NUBC</b>  | <b>Not Used</b>    |
| <b>76. Attending Provider Name and Identifiers</b>   | <b>Required</b>    |
| Enter the last and first name and National Provider Identifier (NPI) of the attending practitioner.  |                    |
| <b>77. Operating Physician Name and Identifiers</b>  | <b>Not Used</b>    |
| <b>78-79. Other Provider Name and Identifiers</b>  | <b>Not Used</b>    |
| <b>80. Remarks Field</b>   | <b>Situational</b> |
| Use to explain unusual services and to document medical necessity. For durable medical equipment and medical supplies, enter the numeric initial rental date for each rental item. For more than one rental, enter the line number, followed by the initial rental date.   |                    |
| <b>81. Code-Code Field</b>   | <b>Required</b>    |
| To report additional codes related to Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.   |                    |
| <b>81cca Taxonomy Code of the Billing Provider</b>   | <b>Required</b>    |
| Effective 01/01/2012, enter the 10-digit taxonomy code of the billing provider, as reported to Nebraska Medicaid.  |                    |

**81ccb. Zip Code of the Billing Provider****Required**

Enter the nine-digit Zip Code (Zip+4) of the Billing Provider, as reported to Nebraska Medicaid.

**Claim Attachments:** A copy of the invoice showing the provider's cost or manufacturer's suggested retail price must be attached to the claim for all services billed with miscellaneous and not otherwise classified (NOC) procedure codes.

**Billing Instructions and Procedure Codes for Durable Medical Equipment:**

Use of procedure codes, procedure code modifiers, and other billing requirements for the following DME and supplies are included in this section -

Air Fluidized and Low Air Loss Beds  
Apnea Monitors  
Breast Pumps  
Infusion Pumps, External  
Neuromuscular Electrical Stimulators (NMES)  
Oxygen and Oxygen Equipment  
Parenteral Nutrition  
Pressure Reducing Support Surfaces  
Seat Lifts  
Transcutaneous Electrical Nerve Stimulators (TENS)  
Wheelchair Options/Accessories

**Air Fluidized and Low Air Loss Bed Units**

Medicaid pays for air fluidized and low air loss bed units on a rental basis for a maximum period of 20 weeks for active healing and treatment of stage III and stage IV pressure ulcers located on the trunk or pelvis, while progressive and consistent wound healing occurs. (There is also coverage of these types of beds for a maximum period of eight weeks from the date of surgery for post-operative healing of major skin grafts or myocutaneous flaps on the trunk or pelvis. These products are covered only for treatment of stage III and stage IV pressure ulcers, require a Coordination Plan, and are not covered for "prevention" purposes.)

Use procedure code modifier RR or KR.

E0193 Powered air flotation bed (low air loss therapy)

Note: E0193 describes a semi-electric or total electric hospital bed with a fully integrated powered pressure reducing mattress which is characterized by all of the following:

1. An air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress;
2. Inflated cell height of the air cells through which air is being circulated is 5 inches or greater;
3. Height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure mattresses), and air pressure provide adequate patient lift, reduce pressure, and prevent bottoming out;
4. A surface designed to reduce friction and shear;

5. Can be placed directly on a hospital bed frame; and
6. Automatically re-adjusts inflation pressures with change in position of bed (e.g., head elevation, etc.).

E0194 Air fluidized bed

Note: E0194 describes a device employing the circulation of filtered air through silicone coated ceramic beads creating the characteristics of fluid.

### **Apnea Monitors**

#### Equipment

Requires coordination plan.

Use procedure code modifier RR, KR, or MS.

E0618 Apnea monitor

#### Supplies/Accessories

Use procedure code modifier RP if the supply/accessory is used with equipment OWNED by the client.

A9900 Apnea monitor supplies - one month supply

Note: An apnea monitor supply kit (A9900) includes lead wires, belts, and if electrodes used: any type electrodes, conductive paste or gel, tape or other adhesive, adhesive remover, and skin prep materials. One unit of service represents apnea monitor supplies needed for one month. Supplies must be billed along with monitor rental. Provide description and invoice.

E1399 Equipment and supplies required for pneumocardiogram

Note: Combine charges for equipment and supplies required for pneumocardiogram and bill as a single service. Provide description and invoice.

### **Breast Pumps**

Use procedure code modifier NU, RR, KR, UE, LL, or MS (E0604 only).

E0602 Breast pump, manual, including all accessories

E0603 Breast pump, battery operated, with electric adapter and all accessories

E0604 Breast pump, electric, including all accessories (rental only) (Note: Purchase of one breast pump kit is allowed. Use procedure code A9900 and bill with pump rental. Include a complete description and invoice.)

### **Infusion Pumps, External**

Procedure code K0455 is not valid for Nebraska Medicaid. Use procedure code E0781 or E0791.

Supplies/Accessories

- A4221 Supplies for maintenance of drug infusion catheter, per week  
Note: Supplies for catheter (i.e., PICC, central venous, etc.) maintenance must be bundled under code A4221. This code includes all catheter maintenance items, such as dressings, tape, topical antibiotics and antiseptics, needles, syringes, and flush solutions (normal saline, heparin). Other codes should not be used for separate billing of these supplies. One unit of service is allowed for each week of covered therapy.
- A4222 Supplies for external drug infusion pump, per cassette or bag  
Note: Supplies for drug administration must be bundled under code A4222. This code includes all supplies necessary for drug administration such as the bag, cassette, or other reservoir for the drug, diluting solutions, tubing, needles, syringes, port caps, antiseptics, compounding and preparation charges. Other codes should not be used for separate billing of these supplies. One unit of service is allowed for each bag/cassette/reservoir prepared.
- A4649 Disinfectant cleaning solution for bacteria control, concentrate. (Note: Provide description and invoice).
- A4649 Disinfectant cleaning solution kit including disinfectant, container with lid and measuring cup, each kit (provide description and invoice).

**Neuromuscular Electrical Stimulators (NMES)**Supplies/Accessories

Use procedure code modifier RP if the supply/accessory is used with equipment OWNED by the client.

- A4557 Lead wires (e.g., apnea monitor)
- E0731 Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
- A4595 NMES supplies – one-month supply  
Note: A NMES supply kit includes electrodes (any type), conductive paste or gel (if needed, depending on the type of electrode), tape or other adhesive (if needed, depending on the type of electrode), adhesive remover, skin preparation materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used). One unit of service represents supplies needed for one month for a NMES, daily use. If the NMES unit is used less than daily, the frequency of billing for the NMES supply code must be reduced proportionally.

**Oxygen and Oxygen Equipment**Equipment

Use procedure code modifier QE, QF, QG or QH, if applicable. If not applicable, use procedure code modifiers RR or KR. When billing, units of service must reflect the number of months rental or the number of days rental. Do not use the lb\cubic feet units.

- E0424 Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0431 Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
- E0434 Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing
- E0439 Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E1390 Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
- E1392 Portable oxygen concentrator, rental

Contents

Procedure code descriptions indicate when contents may be billed in addition to the oxygen delivery system. Use procedure code modifier QE, QF, QG or QH, if applicable. If not applicable, use procedure code modifier NU. Bill oxygen contents on a monthly basis, not daily or weekly. Unit of service must be "1." Do not use the lb/cubic feet units.

- E0441 Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)
- E0442 Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned)
- E0443 Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used)
- E0444 Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used)

Replacement Supplies/Accessories

The following supplies/accessories are covered as replacement for client-owned oxygen equipment only and CANNOT be billed in addition to the equipment at the time of purchase or with rented equipment. Use procedure code modifier RP if the supply/accessory is used with equipment OWNED by the client.

- A4608 Transtracheal oxygen catheter, each
- A4615 Cannula, nasal
- A4616 Tubing (oxygen), per foot
- A4619 Face tent

|       |  |
|-------|--|
| A4620 | Variable concentration mask  |
| A7525 | Tracheostomy mask  |
| E0455 | Oxygen tent, excluding croup or pediatric tents  |
| E0550 | Humidifier, durable for extensive supplemental humidification during IPPB treatment or oxygen delivery |
| E0555 | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter    |
| E0560 | Humidifier, durable for supplemental humidification during IPPB treatments or oxygen                   |
| E0580 | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter    |
| E1353 | Regulator  |
| E1355 | Stand/rack   |

## Parenteral Nutrition

### Nutrients

When homemix parenteral nutrition solutions are used, the component carbohydrates (B4164, B4180), amino acids (B4168-B4178), additive (B4216), and lipids (B4185) are all separately billable. When premix parenteral nutrition solutions are used (B4189-B4199, B5000- B5200) there must be no separate billing for the carbohydrates, amino acids, or additives (vitamins, trace elements, heparin, electrolytes). However, lipids are separately billable with premix solutions.

For codes B4189-B4199, one unit of service represents one day's supply of protein and carbohydrate regardless of the fluid volume and/or the number of bags. For example, if 60 grams of protein are administered per day in two bags of a premix solution each containing 30 grams of amino acids, correct coding is one (1) unit of B4193, not two units of B4189.

Parenteral nutrition solutions containing less than 10 grams of protein per day are coded using procedure code B9999.

For codes B5000-B5200, one unit of service is one gram of amino acid.

## Pressure Reducing Support Surfaces

### Equipment

Use procedure code modifier NU, RR, KR, UE, or LL.

|       |   |
|-------|---|
| E0181 | Pressure pad, alternating with pump, heavy duty |
| E0182 | Pump for alternating pressure pad               |

## E0184 Dry pressure mattress

Note: E0184 describes a nonpowered pressure reducing mattress. It is characterized by all of the following:

1. Foam height of 5 inches or greater;
2. Foam with a density and other qualities that provide adequate pressure reduction;
3. Durable, waterproof cover; and
4. Can be placed directly on a hospital bed frame.

## E0185 Gel or gel-like pressure pad for mattress, standard mattress length and width

Note: E0185 describes a nonpowered pressure reducing mattress overlay designed to be placed on top of a standard hospital or home mattress. It is characterized by a gel layer with a height of 2 inches or greater.

## E0186 Air pressure mattress

Note: E0186 describes a nonpowered pressure reducing mattress. It is characterized by all of the following:

1. Height of 5 inches or greater of the air layer;
2. Durable, waterproof cover; and
3. Can be placed directly on a hospital bed frame.

## E0187 Water pressure mattress

Note: E0187 describes a nonpowered pressure reducing mattress. It is characterized by all of the following:

1. Height of 5 inches or greater of the water layer;
2. Durable, waterproof cover; and
3. Can be placed directly on a hospital bed frame.

## E0188 Synthetic sheepskin pad

## E0189 Lambswool sheepskin pad, any size

## E0196 Gel pressure mattress

Note: E0196 describes a nonpowered pressure reducing mattress. It is characterized by all of the following:

1. Height of 5 inches or greater of the gel layer;
2. Durable, waterproof cover; and
3. Can be placed directly on a hospital bed frame.

## E0197 Air pressure pad for mattress, standard mattress length and width

Note: E0197 describes a nonpowered pressure reducing mattress overlay designed to be placed on top of a standard hospital or home mattress. It is characterized by interconnected air cells having a cell height of 3 inches or greater that are inflated with an air pump.

## E0198 Water pressure pad for mattress, standard mattress length and width

Note: E0198 describes a nonpowered pressure reducing mattress overlay designed to be placed on top of a standard hospital or home mattress. It is characterized by a filled height of 3 inches or greater.

## E0199 Dry pressure pad for mattress, standard mattress length and width

Note: E0199 describes a nonpowered pressure reducing mattress overlay designed to be placed on top of a standard hospital or home mattress. It is characterized by all of the following:

1. Base thickness of 2" or greater and peak height of 3" or greater if it is a convoluted overlay (e.g., eggcrate) or an overall height of at least 3 inches if it is a non-convoluted overlay;

2. Foam with a density and other qualities that provide adequate pressure reduction; and
  3. Durable, waterproof cover.
- E0370 Air pressure elevator for heel
- E0371 Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
- Note: E0371 describes an advanced nonpowered pressure-reducing mattress overlay which is characterized by all of the following:
1. Height and design of individual cells which provide significantly more pressure reduction than a group 1 overlay and prevent bottoming out;
  2. Total height of 3 inches or greater;
  3. A surface designed to reduce friction and shear; and
  4. Documented evidence to substantiate that the product is effective for the treatment of Stage III or IV pressure ulcers on the trunk or pelvis.
- E0373 Nonpowered advanced pressure reducing mattress
- Note: E0373 describes an advanced nonpowered pressure reducing mattress which is characterized by all of the following:
1. Height and design of individual cells which provide significantly more pressure reduction than a group 1 mattress and prevent bottoming out;
  2. Total height of 5 inches or greater;
  3. A surface designed to reduce friction and shear;
  4. Documented evidence to substantiate that the product is effective for the treatment of Stage III or IV pressure ulcers on the trunk or pelvis; and
  5. Can be placed directly on a hospital bed frame.

#### Replacement Supplies/Accessories

The following supplies/accessories are covered as replacement for client-owned alternating pressure pads only and CANNOT be billed in addition to the equipment at the time of purchase or with rented equipment. Use procedure code modifier RP if the supply/accessory is used with equipment OWNED by the client.

- A4640 Replacement pad for use with medically necessary alternating pressure pad owned by patient
- Note: Medicaid does not cover air-powered mattress overlays and mattress replacements, such as products coded E0277.



**Seat Lifts**

Use procedure code modifier NU, RR, KR, UE, or LL.

\*E0627 Seat lift mechanism incorporated into a combination lift-chair mechanism

Note: Use E0627 only when billing Medicaid for seat lift chairs for individuals that are not eligible for Medicare Part B. This code describes a seat lift chair with seat lift mechanism.

\*E0628 Separate seat lift mechanism for use with patient owned furniture - electric

\*E0629 Separate seat lift mechanism for use with patient owned furniture - non-electric

E0627 52 Seat lift chair excluding the Medicare-approved seat lift mechanism

Note: Use E0627 with modifier "52" only when billing Medicaid for the chair portion of a seat lift chair when Medicare has approved the seat lift mechanism. Bill only the Medicare disallowed amount to Medicaid. Do not attach the Medicare EOMB. If Medicare has denied the mechanism, the chair is not covered by Medicaid and should not be billed.

\*Requires prior authorization.

**Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies**Supplies/Accessories

Use procedure code modifier RP if the supply/accessory is used with equipment OWNED by the client.

A4557 Lead wires, (e.g., apnea monitor)

A4595 TENS supplies, 2 lead, per month

Note: A4595 includes electrodes (any type), conductive paste or gel (if needed, depending on the type of electrode), tape or other adhesive (if needed, depending on the type of electrode), adhesive remover, skin preparation materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used). One unit of service represents supplies needed for one month for a two-lead TENS, assuming daily use. For four-lead tens, bill two units, assuming daily use. If the TENS unit is used less than daily, the frequency of billing for the TENS supply code must be reduced proportionally.

E0731 Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)

### **Wheelchair Options/Accessories**

Use procedure code modifiers NU, RR, or KR to indicate option/accessory provided with wheelchair base at initial issue. Do not bill for options/accessories included in base price.

Use modifier KA for add on option/accessory for wheelchair (at other than initial issue). Requires prior authorization.

Use modifier RP for replacement and repair (Use to indicate replacement of option/accessory for client-owned wheelchairs which have been in use for some time.) Prior authorization not required.