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TO: **Arkansas Medicaid Health Care Providers – Ventilator Equipment**

DATE: **July 1, 2005**

SUBJECT: **Provider Manual Update Transmittal #50**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
242.100	10-13-03	242.100	7-1-05

Explanation of Updates

Effective on and after July 1, 2005, section 242.100 is being revised to replace the modifier "52" with modifier "UB" used in conjunction with procedure code **E0450** and to add modifiers EP and UA to procedure codes **G0237 and G0238**. Descriptions have been added to all procedure codes and local procedure codes have been removed from the section. Obsolete information has also been removed.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

242.100 Ventilator Equipment and Supplies Procedure Codes 7-1-05

The following procedure codes must be used to bill for ventilator equipment and supplies:

Procedure Code	Modifier(s)	Description	PA Req'd	Max. Units	Capped Rental, Purchase or Rental Only
A4483		Nasal Prosthesis	No	N/A	Purchase
E0250[1]		Hospital bed, fixed height, with any type side rails, with mattress	Yes*	1 per day (1 day = 1 unit)	Capped Rental
E0255[1]		Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Yes*	1 per day (1 day = 1 unit)	Capped Rental
E0260[1]		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Yes*	1 per day (1 day = 1 unit)	Capped Rental
E0424[1]		Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Yes*	1 per day (1 day = 1 unit)	Rental Only
E0430[1]		Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Yes*	1 per day (1 day = 1 unit)	Rental Only
E0435[1]		Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	Yes*	1 per day (1 day = 1 unit)	Rental Only
E0439[1]		Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Yes*	1 per day (1 day = 1 unit)	Rental Only

E0450		Positive Pressure Ventilator and Accessories (New Equipment) - Includes circuits, humidifier, low-pressure alarm, back-up emergency power, resuscitator bag, emergency call, 24 hours/day, 7 day/week availability and in-service training (used with invasive interface, e.g., tracheostomy tube)	Yes	1 per day (1 day = 1 unit)	Rental Only
E0450[1]	UB	Positive Pressure Ventilator Supplies - Includes suction catheter kits, trach kits, trach tubes, sterile water and all respiratory care supplies (used with invasive interface, e.g., tracheostomy tube)	Yes	1 per day (1 day = 1 unit)	Purchase
E0450	UE	Positive Pressure Ventilator and Accessories (Used Equipment) - Includes circuits, humidifier, low pressure alarm, back-up emergency power, resuscitator bag, emergency call, 24 hours/day, 7 day/week availability and in-service training (used with invasive interface, e.g., tracheostomy tube)	Yes	1 per day (1 day = 1 unit)	Rental Only
E0500		IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	Yes	1 per day	Rental Only
E0570[1]		Nebulizer, with compressor	Yes*	1 per day (1 day = 1 unit)	Purchase Only
E0600[1]		Respiratory suction pump, home model, portable or stationary, electric	No	1 per day (1 day = 1 unit)	Rental Only

E0600[1]	U1	Suction pump, home model, portable (Used Equipment)	Yes	1 per day (1 day = 1 unit)	Rental Only
E1390		Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Yes*	1 per day	Rental Only
G0237[2] G0238[2]	EP, UA EP, UA	Respiratory therapy services for ventilator-dependent patients	Yes	Frequency of visits as prescribed	N/A

[1] Code may only be billed for a ventilator patient in his or her home. The code is not covered for a ventilator patient in a nursing facility.

[2] Bill only for type of service (TOS) 6.

* Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.