

Kentucky Medicaid reimburses SNF's for approved ancillary billing codes. The ancillary payment methodology is outlined in 907 KAR 1:065, section 12. The current KY Medicaid allowable oxygen procedure codes for skilled nursing facility services are listed below and at the following web address: <http://chfs.ky.gov/dms/fee.htm>

OXYGEN THERAPY PROCEDURE CODES

Oxygen Codes	Procedure Description
E1390	OXYGEN CONCENTRATOR
E0424	STATIONARY COMPRESSED GAS O2
E0431	PORTABLE GASEOUS O2
E0434	PORTABLE LIQUID O2
E0450	VOLUME VENTILATOR - STATIONARY/PORTABLE
Use Payment Modifiers	
QE	PRESCRIBED AMOUNT LESS THAN 1 LPM OR IF OXYGEN IS USED 14 DAYS OR LESS WITHIN THE MONTH
QG	PRESCRIBED AMOUNT GREATER THAN 4 LPM
QF	PRESCRIBED AMOUNT IS GREATER THAN 4 LPM AND PORTABLE OXYGEN IS PRESCRIBED.

Oxygen is reimbursed to the skilled nursing facility based on the durable medical equipment fee schedule. Although the fee schedule has not been updated on the Department for Medicaid services website, it has been confirmed that the fee screen amounts have decreased effective 1/1/18. This change was made in March 2018, retro back to January 1, 2018.

Oxygen Code	Procedure Description	1/1/2017	1/1/2018	DIFFER
E1390	OXYGEN CONCENTRATOR	\$ 173.17	\$ 70.23	\$ (102.94)
E0424	STATIONARY COMPRESSED GAS O2	\$ 173.17	\$ 70.23	\$ (102.94)
E0431	PORTABLE GASEOUS O2	\$ 28.77	\$ 17.29	\$ (11.48)
E0434	PORTABLE LIQUID O2	\$ 28.77	\$ 17.29	\$ (11.48)

Please contact our office to review your facility's current cost analysis with the new reimbursement rates.