

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:

<https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/oxygen.pdf>

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. The oxygen fee schedules were updated in Medicaid as of 2/1/23.

Oxygen Code	Procedure Description	2023	2022	DIFFER
E1390	OXYGEN CONCENTRATOR	\$ 84.35	\$ 68.51	\$ (15.84)
E0424	STATIONARY COMPRESSED GAS O2	\$ 84.35	\$ 68.51	\$ (15.84)
E0431	PORTABLE GASEOUS O2	\$ 19.80	\$ 16.10	\$ (3.70)
E0434	PORTABLE LIQUID O2	\$ 42.74	\$ 17.29	\$ (25.45)
E0465	VOLUME VENTILATOR	\$ 1,269.40	\$ 1,055.23	\$ (214.17)

Please contact us if you have any questions.