



Automated Medical Payments

# Medicaid Bulletin

## Colorado Title XIX

Fiscal Agent

**CONSULTEC**

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### Medicaid Fiscal Agent Information on the Internet

[WWW.CONSULTEC-GCRO.COM](http://WWW.CONSULTEC-GCRO.COM)

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Supply and Pharmacy  
providers

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**Urgent  
Read Immediately**

## Oxygen billing changes

**Effective for claims received on and after September 1, 2000, regardless of the date of service, providers must bill the correct oxygen-related procedure code for the place of service.**

**To receive correct payment, providers must bill the following:**

### Nursing Facility (NF) clients

- Procedure codes X2400-X2477 must be used for oxygen-related services provided to NF clients. These codes will only be valid when billed with the following places of service:

Skilled Nursing Facilities (SNF)

Nursing Facilities (NF)

Intermediate Care Facilities for the Mentally Retarded (ICF-MR).

### Custodial Care Facility and Hospice clients

- The procedure codes listed on the following page must be used for oxygen-related services for clients residing in Custodial Care Facilities or Hospices.
- Oxygen-related services billed with nursing facility places of service *will be denied*.

Please refer to the chart on the following page for the correct procedure codes and descriptions.

Description	SNF, NF, & ICF-MR Procedure codes	Cust Care Facility & Hospice Procedure codes
Oxygen contents, gaseous, per cubic foot	X2400	X0400
Oxygen contents, liquid, per pound	X2410	X0410
Oxygen refill for portable gaseous system only, up to 23 cubic feet	X2416	X0416
Stationary compressed gas system rental; includes regulator flowmeter, humidifier, nebulizer, cannula or mask, and tubing	X2425-01	E0424-01
Portable gaseous oxygen system rental, includes regulator flowmeter, humidifier, cannula or mask, and tubing	X2430-01	E0431-01
Portable liquid oxygen system rental, includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	X2435-01	E0434-01
Monthly rental of centrally located stationary liquid oxygen system (reservoir) used to refill portable units for multiple patients	X2436-01	X0417-01
Monthly rental of a portable liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing and refill adapter	X2437-01	X0418-01
Oxygen system, liquid, stationary, includes use of reservoir, contents indicator, flow meter, humidifier, cannula or masks, and tubing, per month	X2440-01	E0439-01
Oxygen concentrator, includes flow meter, humidifier, cannula or mask, and tubing, per hour	X2477-01	E1377-01 thru E1385-01 E1390-01

Please direct questions about this bulletin to:

**Medicaid Provider Services**  
**303-534-0146 or 1-800-237-0757 (toll free Colorado)**