

**Health Services  
Office of Medical Assistance Programs**

Joan Kapowich, Manager  
OMAP Program and Policy Section

**Number:** OMAP-IM-04-071  
**Issue Date:** 07/23/2004

**Authorized Signature**

**Topic:** Medical Benefits

**Subject:** Provider Notice: DMEPOS Recently Opened HCPCS Codes

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, OHMAS and OMAP transmittal lists |

**Message:** The attached notice advises OMAP DMEPOS providers of recently opened HCPCS codes, including indications and limitations

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Rosanne Harksen		
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<b>E-mail:</b>	rosanne.m.harksen@state.or.us		



# Oregon

Theodore R. Kulongoski, Governor

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July 23, 2004

**To:** DMEPOS Providers  
**From:** Joan M. Kapowich, Manager  
OMAP Program and Policy Section  
**Re:** Recently opened HCPCS codes

*Joan M. Kapowich*



**Effective:** For dates of service on or after June 1, 2004

OMAP is providing the following information on recently opened HCPCS codes, including the indications and limitations of coverage. Providers are responsible to ensure all rule and coverage requirements are met.

This language will be included in the April 1, 2005, administrative rule revisions for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). Until that time, please insert this notice in your DMEPOS rulebook.

Effective for dates of service on or after June 1, 2004:

### **410-122-0208 – Suction Pumps**

A4216 – Sterile water/saline, 10 ml.  
A4217 – Sterile water/saline, 500 ml.

Sterile saline solution (A4216, A4217) may be covered and separately payable when used to clear a suction catheter after tracheostomy suctioning. It is not usually medically necessary for oropharyngeal suctioning. Saline used for tracheal lavage is not covered.

Medicare's indications and limitations of coverage must be met.

### **410-122-0365 – Standing and Positioning Aids**

E0637 – Combination sit to stand system, any size, with seat lift feature, with or without wheels – **Requires prior authorization**

For E0637, all current rules per 410-122-0365 apply.

## **410-122-0560 – Urological Supplies**

A4217 – Sterile water/saline, 500 ml.

### **Intermittent Irrigation of Indwelling Catheters**

Supplies for the intermittent irrigation of an indwelling catheter are covered when they are used on an as needed (non-routine) basis in the presence of acute obstruction of the catheter.

Medicare's indications and limitations of coverage must be met.

### **Continuous Irrigation of Indwelling Catheters**

Supplies for continuous irrigation of a catheter are covered if there is a history of obstruction of the catheter and the patency of the catheter cannot be maintained by intermittent irrigation in conjunction with medically necessary catheter changes.

Medicare's indications and limitations of coverage must be met.

## **410-122-0580 – Bath Supplies**

E0240 – Bath/shower chair, with or without wheels, any size

This code was inadvertently omitted from the 4/01/04 DMEPOS rulebook revision. E0240 will suspend for pricing by the policy analyst.

DMEPOS providers need to include a copy of the invoice and shipping charges for payment review.

See the DMERC Region D Supplier Manual for more information.

### **Questions?**

Check OMAP's fee schedule at

<http://www.dhs.state.or.us/policy/healthplan/guides/dme/>

Contact Provider Services at 1-800-336-6016