Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Provider Guide

Use this guide as a supplement to DMEPOS Oregon Administrative Rules (Chapter 410 Division 122). See current DMEPOS rules for official policies regarding billing.

Contents (last updated July 17, 2018)

Client eligibility and enrollment

Refer to General Rules and OHP Rules for information about the service coverage according to OHP benefit plans and the Prioritized List of Health Services.

The OHP eligibility verification page explains how to verify eligibility using the Provider Web Portal (PWP), Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

Prior authorization

The DMEPOS Oregon Administrative Rules lists services requiring prior authorization and specific requirements for submitting requests to OHA. Submit prior authorization (PA) requests using the Provider Web Portal (instructions) or the MSC 3971.

- For coordinated care organization (CCO) members, contact the CCO for PA instructions.
- For complete information about how to submit a PA request to OHA, see the Prior Authorization Handbook.

Information needed to request PA

OHA may automatically deny requests that do not include one or more of the following pieces of information. Field in bold are required for processing and review.

- If using the MSC 3971 to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-373-7689 for immediate/urgent requests.

Information needed	New PA	Existing PA
EDMS Coversheet ■ **From (contact name)** ■ Phone Number ■ **Date** ■ No. of pages ■ **PA Processing Time Frame** ■ **Provider ID** ■ **Recipient ID** ■ **Prior Authorization Number** (for updates to existing requests)	X	X
Box I – Request Information ■ **Client Name, Client ID, DOB** ■ **Requesting Provider NPI** ■ Performing Provider NPI ■ Referring Provider NPI ■ **PA Assignment - "DME"** ■ **Length of treatment** ■ **Frequency** ■ **Time per session** ■ **Primary diagnosis code** ■ **Dates of service**	X	X
Box II – Line Item Information ■ **Service Type Code** (procedure code) ■ **Modifiers** (if applicable) ■ Description (use this field to enter diabetic supply NDC) ■ **Units** ■ MSRP	X	X
Box V – Additional Notes ■ The needed change ■ The reason for change		X
Attachments Attach the following (describe in Notes or EDMS Coversheet): ■ **A proper written order from the prescribing practitioner** ■ **Any other required documentation (see DMEPOS rules for specific requirements).**	X	X

Role of Assistive Technology Professional in PA documentation

The Assistive Technology Professional (ATP) provides specific technical information to support the evaluating clinician's (PT, OT, NP, MD, or DO) recommendations for DME equipment that requires PA.

The ATP does not perform the specialty evaluation. ATP recommends options, based on the order and evaluation, that lead to the selection of appropriate and available equipment.

Wheelchairs (WCs)

PA requests for manual WCs (410-122-0320), power WCs (410-122-0325) and pediatric WCs (410-122-0720) must include the following documentation.

- An order and related progress notes from a licensed clinician (DO, MD, NP).

- A specialty evaluation report from a PT, OT, NP, MD, or DO *who has specific training and experience in rehabilitation and WC assessments/evaluations*. OHA will not accept reports from Assistive Technology Professionals (ATPs) in place of this specialty evaluation.

Both the information in the specialty report and clinician's order/progress notes must include at a minimum all of the following:

1. Medical justification for WC
2. Needs assessment of patient
3. Specifications of WC
4. Symptoms of patient
5. Related diagnoses of patient
6. How long patient has had present condition
7. Statement reflecting clinical progression or regression of patient
8. Failure of other less costly measures to serve client

Rehab shower/commode chair-related DME

The Bath Supplies rule (410-122-0580) states the intent of ATP involvement is not to replace a medical evaluation/justification and order from an appropriately qualified clinician or licensed professional.

The clinician or licensed professional(s) determine what equipment will best meet the client's needs. The ATP ensures that the equipment being requested is appropriate for the client's home setting, as intended by the clinician or licensed professional(s).

Billing for DMEPOS services

Use the Provider Web Portal, 837P or CMS-1500.

- Bill using the most appropriate procedure codes as described in DMEPOS rules.
- **Billing instructions** are available on the OHP provider billing tips page.
- **For information about electronic billing,** go to the Electronic Business Practices Web page.

Emergency Response Service (ERS) providers **do not** have to provide diagnosis information.

DMEPOS claims are billed on a monthly basis, except for diabetic strips, lancets, incontinence and ostomy supplies, which may be billed on a 3-month schedule.

When billing for rental equipment, use a single date of service. The date the item is delivered, shipped or picked up is considered the "Date of Service." One month rental equals one unit of service, unless otherwise specified.

Enter one of the following modifiers for each procedure code.

- NU – DME Purchase
- RR – DME Rental, Medicare capped rental maintenance and repair
- RP – DME Repair
- UI - For wheelchair purchase or rental (for nursing facility clients only)

Diabetic supplies

OHA maintains a list of accepted National Drug Codes for diabetic supplies on the DMEPOS web page.

Report the National Drug Code (NDC) for the following supplies in the NDC fields on the Provider Web Portal or in the Supplemental Information field (Box 24 of the CMS-1500, Box 22 of the OHP 505).

- A4253 - Blood glucose test or reagent strips
- A4256 - Normal, high, low calibrator solution/chips
- A4258 - Lancing device
- A4259 - Lancets
- E0607 - Home blood glucose monitor
- S8490 - Insulin syringes

Claim status and adjustments

For information about the paper remittance advice and other ways to get claim status information via the Provider Web Portal, AVR or EDI 835 (Electronic Remittance Advice), go to the OHP remittance advice page.

For information about how to adjust a claim, refer to the Claim Adjustment Handbook.