

Joan Kapowich, Manager,
Program and Policy Section, OMAP

Number: OMAP-IM-04-033

Authorized Signature

Issue Date: 4/29/04

Topic: Medical Benefits

Subject: Provider Notice: DMEPOS – Change in PA Requirements for Incontinent Supplies

Applies to (check all that apply):

- All DHS Employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Health Services
- Seniors and People with Disabilities
- Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists

Message: The prior authorization (PA) process for incontinent supplies will change effective May 1, 2004. The attached provider notice explains the revised process and we will send it to durable medical equipment, prosthetic, orthotic, and supplies (DMEPOS) providers the week of April 26. This information will also be put in the DMEPOS Supplemental Information booklet.

If you have any questions about this information, contact:

Contact(s):	Rosanne Harksen		
Phone:	(503) 945-6502		
E-mail:	rosanne.m.harksen@state.or.us	Fax:	(503) 373-7689



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Health Services

Office of Medical Assistance Programs

500 Summer Street NE, E44

Salem, OR 97301-1079

Voice - (503) 945-5772

FAX - (503) 373-7689

TTY - (503) 378-6791

April 28, 2004

To: Durable Medical Equipment, Prosthetic, Orthotic, and Supplies (DMEPOS) Providers

From: Joan M. Kapowich, Manager
OMAP Program and Policy Section

Subject: Change in PA Requirements for Incontinent Supplies



Effective May 1, 2004, prior authorization (PA) requirements for incontinent supplies are changing. This change is being made to coincide with the DMEPOS PA centralization, and only affects requests made after May 1. All requests made prior to May 1, are valid for the dates specified in the authorization.

Initial Request

An initial request is a request submitted to the Medical Unit for the first time, even if the service has been authorized by field staff in the past.

- 1) In the absence of a recognized specific diagnosis code for incontinent supplies, a signs and symptoms code is acceptable for an initial six month authorization. At time of approval, the Medical Unit will send a letter to the requesting DMEPOS provider for clarification regarding the diagnosis code.
- 2) A definitive, appropriate diagnosis code for the service is acceptable for up to a 12 month authorization.

Subsequent Request

A subsequent request is a request submitted to the Medical Unit beyond the initial request. For a subsequent request, the first-listed code will be considered for the service being requested.

A code that describes signs and symptoms, as opposed to diagnosis, is acceptable only if the practitioner has provided a brief notation to the effect that a more precise diagnosis is not available or a more specific diagnosis cannot be made. If there is not an explanation from the practitioner as to why a signs and symptoms code is first-listed on a subsequent request, your request may be delayed or denied.

Questions

If you have questions regarding this letter, contact the Medical Unit, toll-free at 1-800-642-8635 or direct at (503) 945-6821 (in-state).

*"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer*