

Jean S. Phillips, DMAP Deputy Administrator

Authorized Signature

Number: DMAP- IM-08-189

Issue Date: 12/05/2008

Topic: Medical Benefits

Subject: Provider announcement re: PA no longer required for DME providers of incontinent supplies - Effective Jan. 1, 2009

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, AMH and DMAP transmittal lists |

Message:

DMAP will send a letter to DMEPOS providers who dispense incontinent supplies telling them:

Effective **January 1, 2009**, prior authorization (PA) will no longer be required for incontinent supplies. For existing PA's, you will no longer have to enter the PA number on the claim.

You may dispense and bill for up to a three month supply on a single date of service.

If you have any questions about this information, contact:

Contact(s):	Provider Services		
Phone:	1-800-366-6016		
E-mail:	DMAP.providerservices@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

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Division of Medical Assistance Programs
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Voice (503) 945-5772
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December 1, 2008



To: DMEPOS Providers Who Dispense Incontinent Supplies

From: Jean S. Phillips, Deputy Administrator
DMAP Policy and Planning Section

Subject: Important Reminder! Prior Authorization (PA) for incontinent supplies.

Effective **January 1, 2009**, prior authorization (PA) will no longer be required for incontinent supplies.

CMS 1500 Health Insurance Claim Form

- For existing PA's, you will no longer have to enter the PA number on the claim.
- You may dispense and bill for up to a 90-day supply on a single date of service. In box 19 of the form, enter narrative indicating that the claim is for a 90-day supply.
- In field 24A (see portion of form below), the "Date of Service" is the date the supplies were delivered or shipped to the client or picked up by the client; **do not** enter a 90-day date range in this field. Instead, list the date the items were supplied in both the "From and To" sections.
- In field 24G, list the number of supplies provided.

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #					
From	To	MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER											
01	01	09	01	01	09	12		T4521	NU					1	### ##	660		NPI	123456	1234567890

Reminder: Providers with clients who are eligible for both Medicare and Medicaid coverage need to use the **DMAP 505 Form** instead of the CMS 1500.

Questions?

If you have questions please contact DMAP Provider Services at 800-366-6016 or DMAP.providerservices@state.or.us.

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