



# Oregon

Theodore R. Kulongoski, Governor

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**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<br>(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 |    |    |    |    |                     | CPT/HCPCS | MODIFIER  |  |                      |               |                  |                      |             |                             |
| MM                        | DD | YY | MM | DD | YY |                     |           |   |  |                      |               |                  |                      |             |                             |
| 01                        | 01 | 09 | 01 | 01 | 09 | 12                  | T4521     | NU  |  | 1                    | ### ##        | 660              | NPI                  | 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](mailto:DMAP.providerservices@state.or.us).

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