DHS Oregon Department of Human Services

Division of Medical Assistance Programs

Information Memorandum Transmittal

Jean S. Phillips, Deputy Administrator
Authorized Signature

Number: DMAP- IM-08-191
Issue Date: 12/11/2008

Topic: Medical Benefits

Subject: Provider announcement: MMIS, Oral Nutritional Supplements and UCF 5.1

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, AMH and DMAP transmittal lists

Message:

DMAP will send the following letter to providers who dispense oral nutritional supplements.

If you have any questions about this information, contact:

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

Oregon
Theodore R. Kulongoski, Governor

Department of Human Services
Division of Medical Assistance Programs
Operations Section
500 Summer Street NE, E-44
Salem, OR 97301-1079
Voice (503) 945-5772
Fax (503) 947-5359

Date: December 5, 2008

To: Providers of Oral Nutritional Supplements

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

Subject: **MMIS, Nutritional Supplements and Universal Claim Form 5.1**

Beginning December 9, 2008, the new MMIS will not process claims for oral nutritional supplements on the Universal Claim Form (UCF) 5.1.

New Billing Requirements for oral nutritional supplements:

- Submit all oral nutritional supplements on an electronic 837P or a paper CMS-1500 claim format.
- Bill with Healthcare Common Procedure Coding System (HCPCS) codes B4150-B4162. Include the National Drug Code (NDC) for each item.

Questions?

If you have questions about this information, please contact Provider Services @ 1-800-366-6016 or DMAP.providerservices@state.or.us