

Home Enteral, Parenteral and IV Services Provider Guide

Use this guide as a supplement to Home Enteral/ Parenteral and IV Services (EPIV) Oregon Administrative Rules ([Chapter 410 Division 148](#)). See the current EPIV rules for official policies regarding billing.

Contents (last updated Sep. 1, 2012)

Client eligibility and enrollment.....	1
Prior authorization	1
Information needed to request PA for medical services.....	1
Information needed to request PA for oral nutritional supplements	2
Billing for Home EPIV services	3
How to bill units	3
Claim status and adjustments.....	3

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, Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

Prior authorization

See [OAR 410-148-0060 Authorization](#) in the Home Enteral/Parenteral and IV Services rulebook for the services that require prior authorization (PA).

Refer to the program-specific administrative rules and supplemental information for specific details and required forms. Submit prior authorization (PA) requests to DMAP using the [Provider Web Portal \(instructions\)](#) or the [DHS 3971](#).

- For OHP managed care plan members, contact the plan for PA instructions.
- For complete instructions on how to submit PA requests to DMAP, see the [Prior Authorization Handbook](#).

Information needed to request PA for medical services

DMAP may automatically deny requests that do not include one or more of the following pieces of information.

- Information in **bold** is required for correct processing.
- If using the [DHS 3971](#) to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-378-3435 for immediate/urgent requests.

Information needed	New PA	Existing PA (provide PA number)	
		Continue	Change
Section I - Provider number - Enter your NPI.	X		
Section II - Type of PA request - Mark “Home EPIV”	X		
Section III <ul style="list-style-type: none"> ■ Client ID -The 8-digit Medicaid ID. ■ Client’s name 	X	X	X
Section IV <ul style="list-style-type: none"> ■ Frequency of service ■ ICD-9-CM Diagnosis Code – to the highest specificity, obtained from the prescribing practitioner, for each service requested – The code must be the reason chiefly responsible for the service being provided as shown in the medical records. 	X		
Section V - Procedure codes; units of service	X		X
Section VIII - Performing provider number - Enter the NPI.	X		
Section IX <ul style="list-style-type: none"> ■ Date of request; ■ Expected service begin/end dates 	X	X	X
Notes <ul style="list-style-type: none"> ■ New PA: Explanation of medical necessity, other options considered and why they cannot be used ■ Existing PA: The needed change and reason for change 	X		X
Attachments Written order to support the request	X	X	X

Information needed to request PA for oral nutritional supplements

Complete the form as follows. The Oregon Pharmacy Call Center may ask for some or all of the following information, depending upon the class of the drug requested:

DMAP 3978 section	Information needed
Section I:	Requesting provider name and National Provider Identifier. <ul style="list-style-type: none"> ■ FQHC/RHC and AI/AN providers - Also enter the pharmacy or clinic NPI for your facility.
Section II	Type of PA Request: Mark “Home EPIV.” <ul style="list-style-type: none"> ■ FQHC/RHC and AI/AN providers -Mark “Other,” followed by provider type (FQHC, RHC, IHS or Tribal 638).
Section III:	Client name and recipient ID number;
Section IV:	Diagnosis code (ICD-9-CM);
Section V:	Drug name, strength, size and quantity of medication. <ul style="list-style-type: none"> ■ Participating pharmacy: Include the dispensing pharmacy’s name and phone number (if available).

DMAP 3978 section	Information needed
Section VI:	Date of PA Request Begin and End Dates of Service
Section VII:	Procedure codes and cost information: Complete for EPIV and oral nutritional supplements only.
Section VIII	Patient Questionnaire: Complete for oral nutritional supplements only.

Billing for Home EPIV services

Use the Provider Web Portal professional claim, 837P or CMS-1500 for the following services:

- Home enteral/parenteral nutrition and IV services identified with a five-digit HCPCS
- Oral nutritional supplements identified with a five-digit HCPCS

Use the Provider Web Portal pharmacy claim or UCF 5.1 for other services.

Billing instructions are available on the [OHP provider billing tips page](#).

For information about electronic billing, go to the [Electronic Business Practices Web page](#).

Enter the most appropriate HCPCS code as indicated in the [Home Enteral/ Parenteral Nutrition and IV Services](#) rules.

See [OAR 410-148-0160](#) for billing clients with Medicare coverage.

How to bill units

Item	Qty	Unit(s)
Parenteral Nutrition Supply Kit	1 kit	1 unit
Parenteral Solution (500 ml)	1 unit x 30 days	30 units
Parenteral Solution (1000 ml)	2 units x 30 days	60 units
Pump Rental (Home IV)	1 day	1 unit
100 calories per day	100 calories	1 unit
1200 calories per day	1200 divided by 100= 12 units x 30 days	360 units
Units exceeding 999 units per month must be billed using two lines with different dates of service as shown below.		
4000 calories per day	4000 divided by 100= 40 units x 30 days	1200 units

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](#).