

Advantage Waiver Case Managers -Please contact us for assistance with questions regarding service plans.

iMed Supply

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Advantage Waiver Resource Guide

2024

iMed Supply is locally owned and operated. We have been an Advantage Waiver preferred provider since 2004.



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2024

Local to Oklahoma

iMed Supply is a locally owned and operated company. We provide a wide range of high quality home medical equipment and supplies from leading manufacturers in the industry.

Always Available

Any time you have questions pertaining to home medical equipment and supplies, we are just a phone call away. We have trained professionals available to answer any questions you may have.

Our Products

Our products allow individuals to maintain their independence and lead a healthy and active lifestyle. Our highly trained customer service representatives are specialists with respect to the equipment that we provide.



Delaying services to members is the MOST important piece of the changes that were implemented in 2020. We were told that members would not go without. Unfortunately, many have ended up in nursing homes due to these changes. It is frustrating that most of it is out of our control. What is in our control, is working hard to get people what they need. The people we serve depend on our services. After months of creating and perfecting our processes, we are confident that we have effectively adapted to all of the changes that were made. We have a hard working, strong, caring and compassionate team that we are proud of.

We are passionate about the Advantage Waiver Program, and the difference it has made in the lives of the Oklahomans we serve. We will continue adapting to the changes as we have for the past 18 years that we have been an Advantage Waiver Provider.

If you are interested in learning more about iMed Supply or iMed Alert Systems, Please call Gina Nowlin and we will set up your in service today at 405-799-8855.

Table of Contents

iMed's Mission Statement

The mission of iMed Supply is to provide timely, professional service and quality durable medical equipment products to individuals consistent with their medical equipment needs. Our mission requires a commitment to quality, safety, and education as well as communication between individual customers and their healthcare providers. Our mission is accomplished through the consideration of patient needs, access to healthcare providers, and communication between the customer/patient, their family members, and their healthcare professionals.



Description	Page
Incontinence Supplies	4-8
OHCA Quantity Limits	9
Bathroom Safety	10-11
P.E.R.S.	12-13
Miscellaneous	14-15
Nutritional Supplements	16
Keep The Money in Oklahoma	17
iMed Supply Mission Statement	18
A Word From Us	19

All incontinence orders require a Prior Authorization through

<u>Title 19.</u>

Our staff will work with your members in a timely manner to obtain the required paperwork to submit a Prior Authorization.

We will keep you updated with notes in Harmony letting you know where we are in the process.

If the member needs additional quantities, the Case manager will put the overage on the member's Advantage service plan.

Call us for any questions - 405-799-8855









Why It's Important to Keep Oklahoma Medicaid in Oklahoma

With all of the uncertainty in the DME industry, there has been an increase in the number of manufacturers and out-of-state providers participating in Oklahoma Medicaid programs. These providers are positioning themselves to clinch your business by obtaining provider numbers to bill Oklahoma Medicaid and the various waiver programs (*programs funded by your tax dollars*) for their products. Typically, these out-of-state entities send the payments they receive back to their headquarters, not in Oklahoma, and do not invest it back into the local economy.

Local businesses can provide the exact same service, many times at lower cost than that of an out-of-state company or provider. iMed Supply is a family owned, Oklahoma based business, and we understand the importance of keeping business local. We realize that Oklahoma Medicaid and the various waiver programs are funded by your tax dollars. That is why iMed Supply continually evaluates our operations to provide the most efficient services and quality products. We are invested in our community and the State of Oklahoma!



Due to a National ongoing shortage with key ingredients used to make some of the products, we are experiencing some difficulties with getting some of the nutritional products.

Please call our office for Advantage Waiver Nutritional pricing and availability.









If Title 19 denies the requested order, we will contact the Case Manager to submit the order to Advantage Waiver for approval.

Title 19 Quantity Limit for Pull Ups: 150

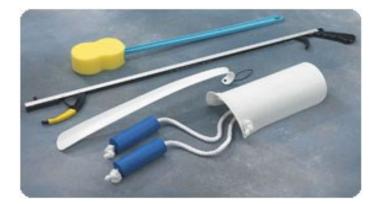
HCPCS	Description	Medicaid/ Title 19 PA REQ'D	Advantage
T4525	Pull Ups (Adult) PV511 Moderate Small (20" to 34") Pack of 22 (\$ 0.86 ea.)	\$0.86 EA	\$0.86 EA
T4526	Pull Ups (Adult) PF512 Moderate Medium (34" to 46") Pack of 20 (\$ 1.01 ea.)	\$1.01 EA	\$1.01 EA
T4526	Pull Ups (Adult) PV8512 Super Medium (34" to 46") Pack of 18 (\$ 1.01 ea.)	\$1.01 EA	\$1.01 EA
T4527	Pull Ups (Adult) PF513 Moderate Large (44" to 54") Pack of 18 (\$ 1.10 ea.)	\$1.10 EA	\$1.10 EA
T4527	Pull Ups Adult) PV8513 Super Large (44" to 54") Pack of 16 (\$ 1.10 ea.)	\$1.10 EA	\$1.10 EA
T4528	Pull Ups (Adult) PF514 Moderate XLarge (48" to 68") Pack of 14 (\$ 1.25 ea.)	\$1.25 EA	\$1.25 EA
T4528	Pull Ups (Adult) PV8514 Super XLarge (48"to 68") Pack of 14 (\$ 1.25 ea.)	\$1.25 EA	\$1.25 EA
T4544	Bariatric Pull Ups (Adult) PV517 Super XXL (68" to 80") Pack of 12 (\$ 2.02 ea)	*Manually Priced	\$2.25 EA

Title 19 limit for Guard Liners: 150 Any overage will need to go on the member's Advantage Service Plan.





HCPCS	Description	Medicaid Title 19 PA REQ'D	Advantage
T4535	MALE Incontinent Pads PV811 Moderate (13" long) Pack of 14 (\$ 0.59 ea)	\$0.59 EA	\$0.59 EA
T4535	First Quality Pads PV930 Light (9.25" Length) Pack of 30 (\$ 0.59 ea)	\$0.59 EA	\$0.59 EA
T4535	First Quality Pads BC012 Regular (9.25" Length) Pack of 20 (\$ 0.59 ea)	\$0.59 EA	\$0.59 EA
T4535	Poise Pads 19564 Moderate (3.0" X 9.5") Pack of 20 (\$ 0.59 ea)	\$0.59 EA	\$0.59 EA
T4535	First Quality Pads BC013 Moderate (4.0" X 11.00") Pack of 16 (\$ 0.59 ea)	\$0.59 EA	\$0.59 EA
T4535	First Quality Pads PV9231 Super 16" length) Pack of 33 (\$ 0.59 ea)	\$0.59 EA	\$0.59 EA







****ADVANTAGE ITEMS THAT REQUIRE A**

PRESCRIPTION FOR CASE MANAGERS TO SUBMIT FOR APPROVAL.

When you request these items, we will obtain all scripts for you to submit to Advantage Waiver.

HCPCS	Description	Medicaid Title 19	Advantage
A9281	** Reacher -26" or 32"		\$ 35.00
A9281	**Sock Aid		\$ 24.50
A9281	**Comfort Hygiene Wipe		\$ 28.00
A9281	** Hip Kit - Includes: 32" or 26" reacher, sock aid w/ foam handle, plastic 16 1/4" shoehorn, bendable 18" handled bathing sponge.		\$ 62.50
E1399	Adaptive Utensils - Universal Size & Set (Curved and Weighted available)		\$ 68.00
A4927	**Gloves (only with incontinence or- der) Two Boxes Per Month May be Author- ized for those receiving PCA Services		\$10.00
E0705	Transfer Device–Gait Belt	\$ 28.50	
E0274	Overbed Table	\$150.00	

Title 19 Quantity limit for Briefs: 180

Any overage will need to go on the member's Advantage Service Plan.



HCPCS	Description	Medicaid Title 19 PA REQ'D	Advantage
T4522	Diaper (Adult) PF012BG Moderate Medium (32" to 44") Pack of 20 (\$ 0.85 ea)	\$0.85 EA	\$0.85 EA
T4523	Diaper (Adult) NUFIT013 Moderate Large (45" to 58") Pack of 18 (\$ 0.96 ea)	\$0.96 EA	\$0.96 EA
T4523	Diaper (Adult) 0132BG Moderate Large (45" to 58") Pack of 18 (\$ 0.96 ea)	\$0.96 EA	\$0.96 EA
T4524	Diaper (Adult) PF0141BG Moderate XLarge (59" to 64") Pack of 15 (\$ 1.13 ea)	\$1.13 EA	\$1.13 EA
T4543	Bariatric Diaper (Adult) PV017 Moderate XXLarge (62" to 73") - Size A Pack of 12 (\$ 2.02)	Manually Priced	\$2.25 EA
T4543	Bariatric Diaper (Adult) PV097 Moderate XXXLarge (Up to 94") - Size B Pack of 10 (\$ 2.25)	Manually Priced	\$2.25 EA

Title 19 Limit for T4542 & T4541

Disposable Undepads: 60

T4537 & T4540

Washable Underpads:



HCPCS	Description	Medicaid Title 19 PA REQ'D	Advantage
T4542	Disposable Underpad 23 X 36" Pack of 15 (\$ 0.38 ea) UP150	\$.038 EA	\$.038 EA
T4541	Disposable Underpad 30" X 30" Pack of 10 (\$ 0.58 ea) UP100	\$ 0.58 EA	\$ 0.58 EA
T4541	Disposable Underpad 30" X 36" Pack of 10 (\$ 0.58 ea) UFPP360	\$ 0.58 EA	\$ 0.58 EA
T4537	Washable Underpad 34" X 35" (each) 63178601	\$ 13.50 Each	\$ 13.50 Each
T4540	Chair Size Washable Underpads 18" X 24" (each) 71188600	\$ 14.40 Each	\$ 14.40 Each
T2028	Breathable Underpads 30' x 30' Pack of 12 988B6	\$ 1.50 Each	\$ 1.50 Each
T4535	Belted Undergarment One Size Pack of 10 (\$ 0.59 ea.) 1711310	\$ 0.59 EA	\$ 0.59 EA



- Users can be located with GPS/ Cellular location technology
- Expert operators can send loved ones or emergency personnel to your customers
- No landline or base station is needed: the unit has a speaker and microphone built in long-lasting rechargeable batteries and come with simple charging cradles
- Water-resistant devices
- Reliable and simple to use: just one button to press for help
- Belle lasts up to 30 days per charge and includes GPS /Cellular location services





IMED ALERT SYSTEMS MUST BE CHOSEN FOR THIS ITEM ONLY

SERVICE PLAN PROVIDER MUST BE LISTED AS IMED ALERT SYSTEMS . 405-310-2166

TAG ALL HARMONY NOTES TO EVAN MCCOWN

We have converted all units to the GPS Units at the same low price.

These units can be used anywhere your member goes!

Call us to today and find out how to get a Personal Emergency Response System approved for your members safety.

HCPCS	Description	Advantage	Medicaid
S5160	GPS Cellular Unit Set Up/Document Fee	\$ 50.00	
S5161	GPS Cellular Unit /Monthly Monitor- ing	\$35.00	_
E1399	Lock Box/Key Safe	\$ 25.00	

QUANTITY LIMITS FOR TITLE 19

PER OHCA GUIDELINES

HCPS	Description	Monthly	Annual
T4521-T4524	Disposable Brief/ Diaper	180	2,160
T4525-T4532	Disposable Under- wear/ Pull up	150	1,800
T4535	Disposable Guard Liner (pads)	150	1,800
T4537	Reusable Under pad	2	24
	Bed Size		
T4540	Reusable Under Pad	2	24
	Chair Size		
T4541-T4542	Disposable Under Pad	60	720

Any combination of Disposable Briefs/Diapers and Disposable Underwear/Pull ups will not exceed 150 per month or 1,800 annually.

Only 2 Reusable Under pads allowed per month, not both Bed Size and chair Size during the same month.

Requests for amounts exceeding these quantity limits must be approved by the Medical Director.

iMed Supply will gather and submit all required documentation for the Prior Authorization.

When we receive a denial and send it to you to be put through Advantage Waiver and our paperwork is then sent to another DME for approval through Advantage, it is costing our staff time that could be spent working on orders for other members.

This has been happening often and we please ask that you use only one DME for the entire process. We are working hard to process the paperwork as quickly as possible and when we lose that order to another DME it is not only frustrating, it is taking away time that could be devoted to another member that is having to wait for their supplies.

Thank you for your understanding.

<u>Title 19</u> PA REQUIRED

RX and Medical Records Required

<u>E0240</u>

Shower Chair with back

\$75.00

Shower Chair without back

\$70.00

Heavy Duty Shower Chair \$95.00

<u>Title 19</u>

NO

PA REQUIRED

<u>E0247</u>

Tub Transfer Bench

Padded

\$150.00

Regular

Heavy Duty Tub Transfer Bench \$160.00



Notify us and we will obtain

the required documentation

and submit the PA



We will obtain the prescription and medical records





S5165 With a TF Modifier Must be used for all Advantage installed DME Items.



HCPCS	Description	Advantage
S5165: TF	Grab Bar - NON-WALL MOUNT, 250 lbs. Cap.	\$ 65.00
S5165: TF	Grab Bar–WALL MOUNT, <i>350 lbs. CAPACITY</i> , INSTALLED 12" 16", 18", 24", 32"	\$150.00 EACH
S5165: TF	Toilet Safety Frame —250 lbs. capacity	\$ 90.00
S5165: TF	Raised Toilet Seat W/OUT Arms– 250 lbs. Capacity	\$ 80.00
S5165: TF	Raised Toilet Seat WITH Arms – 250 Lbs. Capacity	\$ 100.00
S5165: TF	Hand Held Shower w/ Diverter — Installed	\$90.00