

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.

## 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.

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## 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.
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## All incontinence orders require a Prior Authorization through <br> Title 19.

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.) | $\begin{gathered} \$ 0.86 \\ \mathrm{EA} \end{gathered}$ | $\begin{gathered} \$ 0.86 \\ \text { EA } \end{gathered}$ |
| T4526 | Pull Ups (Adult) PF512 Moderate Medium (34" to 46") Pack of 20 (\$ 1.01 ea.) | $\underset{\text { EA }}{\$ 1.01}$ | $\underset{\text { EA }}{\$ 1.01}$ |
| T4526 | Pull Ups (Adult) PVS512 Super Medium (34" to 46") Pack of 18 (\$ 1.01 ea.) | $\begin{gathered} \$ 1.01 \\ \text { EA } \end{gathered}$ | $\underset{\text { EA }}{\$ 1.01}$ |
| T4527 | Pull Ups (Adult) PF513 Moderate <br> Large (44" to 54") <br> Pack of 18 (\$ 1.10 ea.) | $\underset{\mathrm{EA}}{\$ 1.10}$ | $\underset{\mathrm{EA}}{\$ 1.10}$ |
| T4527 | Pull Ups Adult) PVS513 Super <br> Large ( $44^{\prime \prime}$ to 54 ") <br> Pack of 16 (\$ 1.10 ea.) | $\underset{E A}{\$ 1.10}$ | $\underset{\mathrm{EA}}{\$ 1.10}$ |
| T4528 | Pull Ups (Adult) PF514 Moderate XLarge ( 48 " to 68 ") Pack of 14 (\$ 1.25 ea.) | $\begin{gathered} \$ 1.25 \\ E A \end{gathered}$ | $\begin{gathered} \$ 1.25 \\ \text { EA } \end{gathered}$ |
| T4528 | Pull Ups (Adult) PVS514 Super XLarge (48"to 68") Pack of 14 (\$ 1.25 ea.) | $\begin{gathered} \$ 1.25 \\ \text { EA } \end{gathered}$ | $\begin{gathered} \$ 1.25 \\ \text { EA } \end{gathered}$ |
| T4544 | Bariatric Pull Ups (Adult) PV517 Super XXL (68" to 80") <br> Pack of 12 (\$ 2.02 ea) | *Manually Priced | $\begin{gathered} \$ 2.25 \\ \mathrm{EA} \end{gathered}$ |

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


| HCPCS | Description | Medicaid <br> Title 19 <br> PA REQ'D | Advantage |
| :--- | :--- | :---: | :---: |
| T4535 | MALE Incontinent Pads <br> PV811 <br> Moderate (13" long) <br> Pack of 14 (\$ 0.59 ea) | \$0.59 <br> EA | $\$ 0.59$ <br> EA |
| T4535 | First Quality Pads PV930 <br> Light (9.25" Length) <br> Pack of 30 (\$ 0.59 ea) | \$0.59 <br> EA | $\$ 0.59$ <br> EA |
| T4535 | First Quality Pads BC012 <br> Regular (9.25" Length) <br> Pack of 20 (\$ 0.59 ea) | \$0.59 <br> EA | $\$ 0.59$ <br> EA |
| T4535 | Poise Pads 19564 <br> Moderate (3.0" X 9.5") <br> Pack of 20 (\$ 0.59 ea) | $\$ 0.59$ <br> EA | $\$ 0.59$ <br> EA |
| T4535 | First Quality Pads BC013 <br> Moderate (4.0" X 11.00") <br> Pack of 16 (\$ 0.59 ea) | \$0.59 <br> EA | $\$ 0.59$ <br> EA |
| T4535 | First Quality Pads PV9231 <br> Super 16" length) <br> Pack of 33 (\$ 0.59 ea) | \$0.59 <br> EA | $\$ 0.59$ <br> 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 <br> 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" <br> reacher, sock aid w/ foam handle, <br> plastic 16 1/4" shoehorn, bendable 18" <br> handled bathing sponge. |  | $\$ 62.50$ |
| E1399 |  <br> Set <br> (Curved and Weighted available) |  | $\$ 68.00$ |
| A4927 | **Gloves (only with incontinence or- <br> der) <br> Two Boxes Per Month May be Author- <br> 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 <br> Title 19 <br> PA REQ'D | Advantage |
| :--- | :--- | :---: | :---: |
| T4522 | Diaper (Adult) PF012BG Moderate <br> Medium (32" to 44") <br> Pack of 20 (\$ 0.85 ea) | $\$ 0.85$ <br> EA | $\$ 0.85$ <br> EA |
| T4523 | Diaper (Adult) NUFIT013 Moderate <br> Large (45" to 58") <br> Pack of 18 (\$ 0.96 ea) | $\$ 0.96$ <br> EA | $\$ 0.96$ <br> EA |
| T4523 | Diaper (Adult) 0132BG Moderate <br> Large (45" to 58") <br> Pack of 18 (\$ 0.96 ea) | $\$ 0.96$ <br> EA | $\$ 0.96$ <br> EA |
| T4524 | Diaper (Adult) PF0141BG Moderate <br> XLarge (59" to 64") <br> Pack of 15 (\$ 1.13 ea) | $\$ 1.13$ <br> EA | $\$ 1.13$ <br> EA |
| T4543 | Bariatric Diaper (Adult) PV017 Moderate <br> XXLarge (62" to 73") - Size A <br> Pack of 12 (\$ 2.02) | Manually <br> Priced | $\$ 2.25$ <br> EA |
| T4543 | Bariatric Diaper (Adult) PV097 Moderate <br> XXXLarge (Up to 94") - Size B <br> Pack of 10 (\$ 2.25) | Manually <br> Priced | $\$ 2.25$ <br> EA |

Title 19 Limit for T4542 \& T4541

Disposable

## Undepads: 60

T4537 \& T4540
Washable Under-
 pads:

## Limit 24

| HCPCS | Description | Medicaid <br> Title 19 <br> PA REQ'D | Advantage |
| :---: | :---: | :---: | :---: |
| T4542 | Disposable Underpad $23 \times 36$ " <br> Pack of 15 (\$ 0.38 ea) <br> UP150 | $\begin{gathered} \$ .038 \\ \text { EA } \end{gathered}$ | $\underset{\mathrm{EA}}{\$ .038}$ |
| T4541 | Disposable Underpad 30 " X 30 " <br> Pack of 10 (\$ 0.58 ea) <br> UP100 | $\underset{\text { EA }}{\$ 0.58}$ | $\underset{\mathrm{EA}}{\$ 0.58}$ |
| T4541 | Disposable Underpad 30 " X 36 " <br> Pack of 10 (\$ 0.58 ea) <br> UFPP360 | $\underset{\text { EA }}{\$ 0.58}$ | $\begin{gathered} \$ 0.58 \\ \text { EA } \end{gathered}$ |
| T4537 | Washable Underpad 34" X 35" (each) <br> 63178601 | $\begin{aligned} & \text { \$ } 13.50 \\ & \text { Each } \end{aligned}$ | $\begin{gathered} \$ 13.50 \\ \text { Each } \end{gathered}$ |
| T4540 | Chair Size Washable Underpads 18" X 24" (each) 71188600 | $\begin{gathered} \$ 14.40 \\ \text { Each } \end{gathered}$ | $\begin{gathered} \$ 14.40 \\ \text { Each } \end{gathered}$ |
| T2028 | Breathable Underpads $30^{\prime} \times 30^{\prime}$ <br> Pack of 12 <br> 988B6 | $\begin{gathered} \$ 1.50 \\ \text { Each } \end{gathered}$ | $\begin{gathered} \$ 1.50 \\ \text { Each } \end{gathered}$ |
| T4535 | Belted Undergarment One Size Pack of 10 (\$ 0.59 ea.) 1711310 | $\underset{\text { EA }}{\$ 0.59}$ | $\underset{\text { EA }}{\$ 0.59}$ |



- 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


# QUANTITY LIMITS FOR TITLE 19 <br> PER OHCA GUIDELINES 



IMED AlERT SYSTEMS MUST bE CHOSEN FOR THIS ITEM ONLY

## SERVICE PLAN PROVIDER MUST BE LISTED AS

 iMed Alert Systems . 405-310-2 166TAG 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 <br> Fee | $\$ 50.00$ | -- |
| S5161 | GPS Cellular Unit /Monthly Monitor- <br> ing | $\$ 35.00$ | -- |
| E1399 | Lock Box/Key Safe | $\$ 25.00$ | -- |


| HCPS | Description | Monthly | Annual |
| :---: | :---: | :---: | :---: |
| T4521-T4524 | Disposable Brief/ Diaper | 180 | 2,160 |
| T4525-T4532 | Disposable Underwear/ 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.

[^0]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.

## Title 19

## PA REQUIRED

RX and Medical Records Required

## E0240

Shower Chair with back $\$ 75.00$

Shower Chair without back
$\$ 70.00$
Heavy Duty Shower Chair $\$ 95.00$

## Title 19

## NO <br> PA REQUIRED

## E0247

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




[^0]:    iMed Supply will gather and submit all required documentation for the Prior Authorization.

