

Chapter 30. Medical Providers-Fee For Service
Subchapter 5. Individual Providers and Specialties
Part 4. Long Term Care Hospitals Specific

317:30-5-65. Ancillary services

Ancillary services are those items which are not considered routine services. Ancillary services may be billed separately to the Oklahoma Medicaid program, unless reimbursement is available from Medicare or other insurance or benefit programs. Coverage criteria, utilization controls and program limitations are specified in ~~OAC 317:30-5-211~~Part 17 of OAC 317:30-5. Ancillary services are limited to the following services:

- (1) Services requiring prior authorization:
 - (A) Respirators and supplies.
 - (B) Ventilators and supplies.
 - (C) Total Parenteral Nutrition (TPN), and supplies.
 - (D) Custom wheelchairs.
 - (E) Enteral feeding.
- (2) Services not requiring prior authorization:
 - (A) Permanent indwelling or male external catheters and catheter accessories.
 - (B) Colostomy and urostomy supplies.
 - (C) Tracheostomy supplies.
 - (D) Prescription drugs, laboratory procedures, and x-rays.

Part 9. Long Term Care Facilities

317:30-5-133.2. Ancillary services

(a) Ancillary services are those items which are not considered routine services. Ancillary services may be billed separately to the ~~Oklahoma Medicaid~~ SoonerCare program, unless reimbursement is available from Medicare or other insurance or benefit programs. Coverage criteria, utilization controls and program limitations are specified in ~~OAC 317:30-5-211~~Part 17 of OAC 317:30-5. Ancillary services are limited to the following services:

- (1) Services requiring prior authorization:
 - (A) ~~Oxygen concentrators and supplies, liquid oxygen system, portable oxygen and supplies.~~External breast prosthesis and support accessories.
 - (B) Respirators and supplies.
 - (C) Ventilators and supplies.
 - (D) Total Parenteral Nutrition (TPN), and supplies.
 - (E) Custom seating for wheelchairs.
- (2) Services not requiring prior authorization:

(A) Permanent indwelling or male external catheters and catheter accessories.

(B) Colostomy and urostomy supplies.

(C) Tracheostomy supplies.

(D) Catheters and catheter accessories.

(E) Oxygen and oxygen concentrators.

(i) PRN Oxygen. Members in nursing facilities requiring oxygen PRN will be serviced by oxygen kept on hand as part of the per diem rate.

(ii) Billing for Medicare eligible members. Oxygen supplied to Medicare eligible nursing home members may be billed directly to OHCA. It is not necessary to obtain a denial from Medicare prior to filing the claim with OHCA.

(b) Items not considered ancillary, but considered routine and covered as part of the routine rate include but are not limited to:

(1) Diapers.

(2) Underpads.

(3) Medicine cups.

(4) Eating utensils.

(5) Personal comfort items.