



Important Provider Notice: #0053

Date: 11/7/05

**Subject: Incontinence Supplies
Effective 1/1/2006**

Effective January 1, 2006, Partnership Health Plan of California (PHC) will adopt the new MediCal Incontinence Medical Supplies Product List and reimbursement. PHC's current authorization requirements will remain in place and there will be NO CHANGE. PHC will honor current authorization (with a date PRIOR to 1/1/06) and codes at the current (existing) reimbursement levels until the TAR expires OR has been used in full. No requests for modification to existing TARs issued for dates of service prior to 1/1/06 will be accepted or put into the PHC system. A NEW TAR will be required using the NEW codes if modifications are needed to TARS prior to the effective date of this memo. Providers MUST submit a NEW TAR using the NEW CODES for any and all services on or after date of service January 1, 2006. If there is a new RETROACTIVE request submitted after January 1, 2006 and the dates of service are in BOTH 2005 and 2006 TWO TARS will need to be submitted. One with the codes for the services in 2005 and one with the NEW codes for services in 2006.