## **Prior Authorization for Enteral and Parenteral Pumps**

Effective for dates of service on or after <u>December 1, 2011</u>, the following items require an electronic Dispensing Validation System (DVS) prior authorization for **purchase**.

Pumps **rented**, for short-term medical need (up to 4 months) do **not** require prior authorization and are paid via a **direct bill claim** and must be reported with, the 'RR' (rental) modifier.

B9002 '-RR'	# Enteral nutrition infusion pump
B9004 '-RR'	# Parenteral nutrition infusion pump, portable
B9006 '-RR'	# Parenteral nutrition infusion pump, stationary
E0781 '-RR'	# Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0791 '-RR'	# Parenteral infusion pump, stationary, single or multichannel
E0776 '-RR'	# I.V. pole

Questions may be directed to the Division of OHIP Operations at 1 800 342-3005, option 1.