Authorization Page

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PERMANENT ADMINISTRATIVE RULES

Oregon Health Authority, Division of Medical Assistance Programs	410
Agency and Division	Administrative Rules Chapter Number
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Upon filing.	
Adopted on	
03/10/2015	
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RULE CAPTION

Remove Not Covered Status from Billing Codes and Add Prior Authorization Requirement

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-130-0200,410-130-0220

REPEAL: 410-130-0200(T),410-130-0220(T)

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.042

Other Auth.:

Stats. Implemented: ORS 414.025, 414.065

RULE SUMMARY

These rules list medical billing services not covered or services that the Division of Medical Assistance Programs (Division) considers to be bundled in other services for payment purposes. No payment is issued for services listed in

this rule. This rule change will remove artificial disc procedures and intersex surgeries from this rule so that the Division may pay for these services. Payment consideration will be subject to prior authorization.

Authorized Signer	Printed Name	Date
D Simnitt	DAVID SIMNITT	3/6/2015

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410-130-0200

Prior Authorization

(1) For fee-for-service (FFS) clients, prior authorization (PA) is required for all procedure codes listed in Table 130-0200-1 regardless of the setting in which they are performed. For details on where to obtain PA, download a copy of the Medical-Surgical Services Supplemental Information booklet at: http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/med-surgsupp0912.pdf.

(2) For clients enrolled in a prepaid health plan (PHP), providers must obtain PA from the client's PHP.

(3) The Division shall authorize for the level of care or type of service that meets the client's medical need consistent with the Health Evidence Review Commission's (HERC) Prioritized List of Health Services (Prioritized List) and guideline notes, as referenced in OAR 410-141-0520.

(4) Codes for which medical need has not been specified by the HERC shall be authorized based on medical appropriateness as the term is defined in OAR 410-120-0000.

(5) For bariatric surgery, PA is required in two steps from:

(a) The OHP primary care provider prior to referral to a bariatric surgery center, and

(b) The bariatric surgery center prior to surgery.

(6) PA is not required:

(a) For clients with both Medicare and Medical Assistance Program coverage, and the service is covered by Medicare. However, PA is still required for bariatric surgeries and evaluations and most transplants, even if they are covered by Medicare;

(b) For kidney and cornea transplants unless they are performed out-of-state;

(c) For emergent or urgent procedures or services;

(d) For hospital admissions unless the procedure requires PA.

(7) A second opinion may be requested by the Division or the contractor before PA is given for a surgery.

(8) Treating and performing practitioners are responsible for obtaining PA.

(9) Refer to Table 130-0200-1 for all services and procedures requiring PA.

(10) **Table 130-0200-1**

Statutory Authority: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065

410-130-0220

Not Covered/Bundled Services

(1) Refer to the Oregon Health Plan administrative rules (chapter 410, division 141) and General Rules (chapter 410, division 120) for coverage of services. Refer to Table 130-0220-1 in this rule for additional information regarding not covered services or for services that the Division of Medical Assistance Programs (Division) considers to be bundled in other services.

(2) The following are examples of not covered services. This is not an all-inclusive list:

(a) Psychotherapy services (covered only through local mental health clinics and Mental Health Organizations);

(b) Routine postoperative visits (included in the payment for the surgery) during 90 days following major surgery (global period) or 10 days following minor surgery;

(c) Services that are normally provided in the practitioner's office but at the client's request are provided in a location other than the practitioner's office;

(d) Telephone calls for purposes other than tobacco cessation, maternity case management, and telemedicine.

(3) For specific information, see General Rules OAR 410-120-1200, Medical Assistance Benefits: Excluded Services and Limitations.

(4) **Table 130-0220-1**

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025 and 414.065

Table 130-0200-1 Prior Authorization

For numbers followed by (*#):

(*1) Authorized for facial lesions only, if meets other PA requirements

(*2) PA not required for clients under age 21

00580	21193	22802	30430	38243
00796	21194	22804	30435	40840
00938	21195	22808	30450	40842
01990	21196	22810	30460	40843
11960	21198	22812	30462	40844
11970	21199	22818	32851	40845
15822	21206	22819	32852	41899
15823	21208	22840	32853	42820
17106 (*1)	21209	22841	32854	42821
17107 (*1)	21256	22842	32855	42825
17108 (*1)	21260	22843	32856	42826
20910	21261	22844	33933	42830
21050	21263	22845	33935	42831
21120	21267	22846	33944	42835
21121	21268	22847	33945	42836
21137	21270	22848	33976	43631
21138	21275	22849	33979	43632
21139	21280	22851	33981	43633
21141	22532	22856	33982	43634
21142	22534	22857	33983	43641
21143	22548	22861	33990	43644
21145	22551	22862	33991	43645
21146	22552	22864	33992	43770
21147	22554	22865	33993	43771
21150	22556	23472	38204	43773
21151	22558	23473	38205	43775
21154	22585	23474	38206	43842
21155	22586	26560	38207	43843
21159	22590	26561	38208	43846
21160	22595	26562	38209	43847
21172	22600	27447	38210	43848
21175	22610	28340	38211	44135
21179	22612	28341	38212	44715
21180	22614	28344	38213	44720
21181	22630	28345	38214	44721
21182	22632	29800	38215	47135
21183	22633	30400	38230	47136
21184	22634	30410	38240	47140
21188	22800	30420	38241	47141

Table 130-0200-1 Prior Authorization

For numbers followed by (*#):

(*1) Authorized for facial lesions only, if meets other PA requirements

(*2) PA not required for clients under age 21

47142	57284	58660	63085	63280
47143	57288	58661	63086	63281
47144	57291	58672	63087	63282
47145	57292	58673	63088	63282
47146	57335	58720	63090	63285
47147	58150	58940	63091	63286
47562	58152	62351	63101	63287
47563	58180	63001	63102	63290
47564	58200	63003	63103	63295
47570	58210	63005	63170	63300
47600	58240	63011	63172	63301
47605	58260	63012	63173	63302
47610	58262	63015	63180	63303
47612	58263	63016	63182	63304
47620	58267	63017	63185	63305
48160	58270	63020	63190	63306
48551	58275	63030	63191	63307
48552	58280	63035	63194	63308
48554	58285	63040	63195	63295
48556	58290	63042	63196	65125
49000	58291	63043	63197	65130
49329	58292	63044	63198	65135
51840	58293	63045	63199	65140
51841	58294	63046	63200	65150
51845	58400	63047	63250	65155
54360	58410	63048	63251	67311 (*2)
54400	58541	63050	63252	67312 (*2)
54401	58542	63051	63265	67314 (*2)
54405	58543	63055	63266	67316 (*2)
54408	58544	63056	63267	67318 (*2)
54410	58548	63057	63268	67320 (*2)
54411	58550	63064	63270	67331 (*2)
54416	58552	63066	63271	67332 (*2)
54417	58553	63075	63272	67334 (*2)
55970	58554	63076	63273	67335 (*2)
55980	58570	63077	63275	67340 (*2)
56805	58571	63078	63276	67343 (*2)
57267	58572	63081	63277	67345 (*2)
57283	58573	63082	63278	67346 (*2)

Table 130-0200-1 Prior Authorization

For numbers followed by (*#):

(*1) Authorized for facial lesions only, if meets other PA requirements

(*2) PA not required for clients under age 21

67550
67560
67900
67901
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67904
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74177
74178
77058
77059
78608
78609
78811
78812
78813
78814
78815
78816
90378
92507
S2053
S2065
S2118
S2142
S2150
S2350
S2351

Table 130-0220-1 – Not Covered/Bundled Services

0001F-7025F	29914-29916	45391
0019T-0259T	31620	45392
11920-11922	31627	46505
11980	32491	47133 BND
15819-15821	32850 BND	48550 BND
15824-15826	32998	50380
15847	33140	50592
15928	33141	50593
15929	33282	52010
19316	33548	58345
20696	33930 BND	53850
20697	33940 BND	53852
20979	36455	53860
20982	37210	55300-55873
21685	38129	58321-58323
22520-22525	41530	58345
27080	41821	58350
27418	43257	58672
28890	43647	58740 BND
29866-29868	43648	58750
58976	43842	58752
59897	43843	58760
6163562263	43881	58825
62264	43882	58970
62290-6229264479	43886-43888	58974

64480	44132 BND	84431
64490-64495	44133 BND	84830
64550	75571	86305
64566	75572	86356
64626	75574	86891 BND
64627	76376	86910
65760	76377	86911
65771	77083	87808
66174	77084	87905
66175	77373	88000-88099
69090	78459	88384-88386
69720	78491	88738
69725	78492	88740
69740	80104 (*7)	88741
69745	82107	88749
69820	82610	89235
69840	82757	89250-89398
69955	83037	90665
72285	83631	90690-90693
72295	83695	90712
74261-74263	83698	90717
74742	83700	90725
90868	83701	90727
91013	83704	90735
91022	83913	90738
91037	83951	90749
91038	83987	90867
91040	83993	99000-99002 BND

91111	84145	99024 BND
91117	95012	99026
91120	95803	99027
92354	95928	99053
92355	95929	99056
92559	96020	99070 (*1)
92592	96116	99071 BND
92593	99119	99075
92595 (*2)	96120	99090
92620	97005	99091
92621	97006	99100 BND
92625	97010 BND	99116 BND
92640	97016	99135 BND
93571	97018	99140 BND
93572	97024	99174
93662	97026	99241-99245 (*6)
93890	97028	99251-99255 (*6)
92892	97032	99358
93893	97033	99359
94452	97034	99360 (*3)
94453	97035	99367
A4570 (*4)	97039	99368
A4580 (*4)	97139	99450
A4590 (*4)	97533	99455
A4641G0109	97537	99456
G0166	97545	99500-99602 (*5)
G0168	97546	S2102
G0219	98960-98962	S2103

G0252	P2028-P2029	S2107
G0281-G0283	P2031	S2112
G0295	P2033	S2120
G0428	P2038	S2235
G9147	P7001P9010-P9060	S2300
M0075	Q0035	S2348
M0076	Q0091 BND	S3625
M0100	Q0092 BND	S4011
M0300-M0301	Q0115	S8940
	S0630 BND	S9436-S9470
	S0800	S9970
	S0810	S9986-S9999
	S0812	
	S2054	
	S2055	
	S2095	