

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (OHA), Division of Medical Assistance Programs (Division)	410
Agency and Division	Administrative Rules Chapter Number
Sandy Cafourek	500 Summer St NE, Salem, OR 97301
Rules Coordinator	Address
	(503) 945-6430
	Telephone

RULE CAPTION

Amend Rule to Meet Requirements of the HERC Guideline Expanding Coverage of Lymphedema Conditions

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

October 15, 2015	10:30 a.m.	500 Summer St. NE, Salem, OR 97301	Room 165	Sandy Cafourek
Hearing Date	Time	Location		Hearings Officer

Auxiliary aids for persons with disabilities are available upon advance request.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

ADOPT: OAR

AMEND: OAR 410-122-0658

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth. : ORS 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

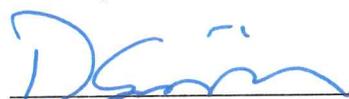
RULE SUMMARY

Rule changes are necessary to meet requirements of HERC guideline note 43 that provides coverage for compression stockings and sleeves for the treatment of lymphedema even in the absence of an ulcer. The current rule limits coverage for lymphedema when an ulcer is present. The rule changes add coverage for mastectomy sleeves for treatment of post-mastectomy lymphedema as this condition is on a funded line, and it is a medically necessary treatment for this condition. The rule adds prior authorization criteria for custom compression stockings and sleeves to determine if least costly and to manually price. The rule clarifies how many stockings are covered and when a replacement may be requested. The table is amended to remove codes that are no longer valid and add codes that will be covered.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

October 17, 2015 by 5 p.m. Send written comments to: dmap.rules@state.or.us

Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)


Signature


Printed name


Date

Note: Hearing Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division) **410**
Agency and Division **Administrative Rules Chapter Number**

Amend Rule to Meet Requirements of the HERC Guideline Expanding Coverage of Lymphedema Conditions
Rule Caption (Not more than 15 words that reasonably identify the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 410-122-0658

Statutory Authority: ORS 414.065

Other Authority:

Stats. Implemented: ORS 414.065

Need for the Rule(s): The Division needs to amend the rule to meet requirements of the HERC guideline note 43 that expands coverage for gradient compression stockings and sleeves.

Documents Relied Upon, and where they are available: HERC guideline note 43 of the Prioritized List of Health Services.

Fiscal and Economic Impact: High estimate of approximately \$50,000 increase in spending on compression sleeves and stockings per year.

Statement of Cost of Compliance:

- 1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):** No fiscal or economic impact is anticipated for other state agencies, units of local government, or the general public.
- 2. Cost of compliance effect on small business (ORS 183.336):**
 - a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:** Less than 100 small businesses
 - b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:** None
 - c. Equipment, supplies, labor and increased administration required for compliance:** None

How were small businesses involved in the development of this rule? Rule changes were discussed at the quarterly stakeholder meetings on 3/5/15. Those invited to the stakeholders meetings included individuals from both large and small provider groups and associations. A RAC was held and all stakeholders received an invitation to participate.

Administrative Rule Advisory Committee consulted? Yes, a RAC meeting was held 3/18/15. A request for comment on draft rules was sent to RAC members on 6/1/15 and on 7/7/15. **If not, why?**


Signature


Date

410-122-0658

Gradient Compression Stockings/Sleeves

(1) Indications and Limitations of Coverage and Medical Appropriateness:

(a) The Division of Medical Assistance Programs (Division) may cover gradient compression stockings/sleeves for the following indications:

(A) Ulceration due to chronic venous insufficiency;

(B) Varicose veins with ulcer or inflammation;

(C) Phlebitis/thrombophlebitis;

(D) Deep vein thrombosis (DVT) prophylaxis during pregnancy and postpartum, or immobilization due to surgery, trauma, or debilitation;

(E) ~~Covered Funded~~ lymphedema conditions ~~when an ulcer is present~~; and

(F) Edema following a covered surgery, fracture, burns, or other trauma;

(b) A gradient compression stocking may be covered when it is used to secure a primary dressing over an open venous stasis ulcer ~~which that~~ is currently being treated by a practitioner and requires medically necessary debridement, and when the gradient stocking delivers compression less than 50 mmHg;

(c) ~~On initial dispensing, two pair of~~ Two gradient compression stockings/sleeves per affected limb may be provided at dispensing (the second one is for use while the first one is being laundered);

(d) Replacement stockings/sleeves are limited to two per affected limb every six months. Requests for quantities that exceed this amount require Any subsequent dispensing within the same calendar year requires detailed medical documentation (e.g., change in size, unusual drainage, wear that renders them ineffective);

(e) Custom-made gradient compression stockings/sleeves require prior authorization with documentation that supports that the treating practitioner has considered ready-made gradient compression stockings/sleeves and the reason why they will not meet the medical needs of the client.

(ef) The following services are not covered:

(A) Antiembolism [surgical or Thrombo-Embolism Deterrent (TED)] stockings (Healthcare Common Procedure Coding System (HCPCS) codes ~~(A4490-A4510)~~);

(B) Garter belts (A6544);

~~(C) Gradient compression stockings; below knee, 18-30 mmHg (A6530);~~

~~(D) Gradient compression stocking/sleeve, not otherwise specified (A6549);~~

~~(E) Prevention of stasis ulcers;~~

~~(F) Prevention of the reoccurrence of stasis ulcers that have healed;~~

(GC) Stockings/sleeves for the following conditions:

(i) Solely for the purpose of air travel;

(ii) Treatment of non-coveredfunded lymphedema conditions in the absence of ulcers;

(iii) Venous insufficiency without stasis ulcers;

~~(HD) Support hose (pantyhose).~~

(2) Documentation Requirements: Medical records that support the conditions of coverage are met, as specified in this rule, ~~must~~ shall be kept on file by the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider and made available to the Division on request.

(3) **Table 122-0658**

[ED. NOTE: Tables referenced are not included in rule text. [Click here for PDF copy of table\(s\).](#)]

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Table 122-0658 – Gradient compression stockings/sleeves

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
<u>A6530</u>	<u>Below knee, 18-30 mm Hg, each</u>		<u>PC</u>				
A6531	below knee, 30-40 mmHg, each		PC				
A6532	below knee, 40-50 mmHg, each		PC				
A6533	thigh length, 18-30 mmHg, each		PC				
A6534	thigh length, 30-40 mmHg, each		PC				
A6535	thigh length, 40-50 mmHg, each		PC				
A6536	full length/chap style, 18-30 mmHg, each		PC				
A6537	full length/chap style, 30-40 mmHg, each		PC				
A6538	full length/chap style, 40-50 mmHg, each		PC				
A6539	waist length, 18-30 mmHg, each		PC				
A6540	waist length, 30-40 mmHg, each		PC				
A6541	waist length, 40-50 mmHg, each		PC				
<u>A6549</u>	<u>Gradient compression stocking/sleeve, not otherwise specified</u>	<u>PA</u>	<u>PC</u>				
<u>A6542L</u> <u>8010</u>	<u>Custom made Mastectomy sleeve</u>		PC				
<u>S8420</u>	<u>Gradient pressure aid (sleeve and glove combination), custom made</u> <u>Manually priced</u>	<u>PA</u>	<u>PC</u>				
<u>S8421</u>	<u>Gradient pressure aid (sleeve and glove combination), ready made</u> <u>Manually priced</u>	<u>PA</u>	<u>PC</u>				
<u>S8422</u>	<u>Gradient pressure aid (sleeve), custom made, medium weight</u> <u>Manually priced</u>	<u>PA</u>	<u>PC</u>				
<u>S8423</u>	<u>Gradient pressure aid (sleeve) custom made, heavy weight</u> <u>Manually priced</u>	<u>PA</u>	<u>PC</u>				
<u>S8424</u>	<u>Gradient pressure aid (sleeve) ready made</u> <u>Manually priced</u>	<u>PA</u>	<u>PC</u>				
<u>S8425</u>	<u>Gradient pressure aid (glove) custom made, medium weight</u>	<u>PA</u>	<u>PC</u>				

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
	<u>Manually priced</u>						
<u>S8426</u>	<u>Gradient pressure aid (glove) custom made, heavy weight</u>	<u>PA</u>	<u>PC</u>				
	<u>Manually priced</u>						
<u>S8427</u>	<u>Gradient pressure aid (glove) ready made</u>	<u>PA</u>	<u>PC</u>				
	<u>Manually priced</u>						
<u>S8428</u>	<u>Gradient pressure aid (gauntlet) ready made</u>	<u>PA</u>	<u>PC</u>				
	<u>Manually priced</u>						