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ARCHIVES DIVISION
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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 15-2018

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED
03/14/2018 11:06 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Revision to FFS Medical Surgical Prior Authorization Rule; Remove Codes That No Longer Require PA

EFFECTIVE DATE: 03/14/2018 THROUGH 09/09/2018

AGENCY APPROVED DATE: 03/13/2018

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Filed By:
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NEED FOR THE RULE(S):

The Division needs to amend this rule to match current policy. Providers rely on this rule to know if they need to seek prior authorization for services.

JUSTIFICATION OF TEMPORARY FILING:

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and recipients of Medicaid benefits. These rules need to be adopted promptly to avoid unnecessary and time consuming PA requests.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

None

AMEND: 410-130-0200

RULE TITLE: Prior Authorization

RULE SUMMARY: This rule has a list of billing codes used by medical surgical providers for which OHP's FFS program requires prior authorization (PA). This change is to remove codes from the list to match current policy.

RULE TEXT:

- (1) For fee-for-service (FFS) clients, prior authorization (PA) is required for all procedure codes listed in Table 130-0200-1. Prior authorization is required in all settings unless otherwise indicated. See indicators in table heading. For details on where to obtain PA, download a copy of the Prior Authorization Handbook at:
<http://www.oregon.gov/oha/HSD/OHP/Tools/Prior%20Authorization%20Handbook.pdf>.
- (2) Providers must obtain PA from the OHP payer, either FFS or CCO; that shall be responsible for payment at the time the service is delivered.
- (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 out-of-hospital birth PA requests, initial documentation adequate to assess pregnancy risk per OAR 410-130-0240 must be received before 27 weeks 6 days gestation. Exceptions to the 27 week 6 day limit may be granted in cases where the member has recently moved into Oregon, provided requirements for prior prenatal care documentation are met. Requests for ongoing documentation to continue the support of assessment of pregnancy risk must also be met per OAR 410-120-1320(2)(3).

(6) 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.

(7) 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.

(8) A second opinion may be requested by the Division or the contractor before PA is given.

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

(10) PA documentation must be complete and legible.

(11) PA shall be considered based on the documentation submitted.

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

(13) Table 130-0200-1.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.025, 414.065

Table 130-0200-1 Prior Authorization

For codes with the following indicators:

- (*1) Authorized for facial lesions only, if meets other PA requirements
- (*2) PA not required for clients under age 21
- (*3) PA only required if procedure is for treatment of gender dysphoria
- (*4) PA only required for out-of-hospital births
- (*5) PA only required when billed with headache diagnosis codes on the Migraine and Tension Headache lines of the Prioritized list.
- (*6) PA not required when billed with cancer diagnosis codes (C00-D49.9) that are also above the funding line on the Prioritized list. PA required for all other diagnosis codes.

Code	Indicator
00580	
S2053	
S2065	
S2118	
S2142	
S2150	
S2350	
S2351	
00796	
00938	
01990	
11960	
11970	
14000	(*3)
14001	(*3)
15200	(*3)
15201	(*3)
15822	
15823	
17106	(*1)
17107	(*1)
17108	(*1)
17380	(*3)
19303	(*3)
19304	(*3)
19316	(*3)
19318	(*3)
19324	(*3)
19325	(*3)
19340	(*3)
19342	(*3)
19350	(*3)

20910	
21050	
21120	
21121	
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22865	
23472	
23473	
23474	
26560	
26561	
26562	
28340	
28341	
28344	
28345	
29800	
30400	
30410	
30420	
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30435	
30450	
30462	

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44135	
44715	
44720	
44721	
47135	
47136	
47140	
47141	
47142	
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48556	
49329	
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