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	
11/01/2015	
Effective date	

RULE CAPTION

Amend Rule to Describe Prior Authorization Requirements for Clients Enrolled in CCOs

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-122-0040

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

RULE SUMMARY

Amending this rule as it was missed when OHP went from contracting with managed care plans to contracting with CCOs. It adds language that instructs providers to obtain prior authorization from CCOs when a client is enrolled in a CCO.

Authorized Signer	Printed Name	Date
D Simm	DAVID SIMMITT	10/28/2015

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410-122-0040

Prior Authorization

(1) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers shall obtain prior authorization (PA) for Healthcare Common Procedure Coding System (HCPCS) Level II codes as specified in rule, unless otherwise noted.

(2) Providers shall request PA as follows (see the DMEPOS Supplemental Information for contact information):

(a) For Medically Fragile Children's Unit (MFCU) clients, from the Department of Human Services (Department) MFCU;

(b) For clients enrolled in a Coordinated Care Organization (CCO), from the CCO;

(c) For clients enrolled in a prepaid health plan (PHP), from the PHP;

(d) For all other clients, from the Division of Medical Assistance Programs (Division).

(3) For DMEPOS provided after normal working hours, providers must submit PA requests within five working days from the initiation of service.

(4) See OAR 410-120-1320 for more information about PA.

Stat. Auth.: ORS 414.065
Stats. Implemented: ORS 414.065