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PERMANENT ADMINISTRATIVE RULES

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Date prior to or same as filing date

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

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to become effective [4/1/12]. Rulemaking Notice was published in the [3/1/12] Oregon Bulletin.**
Date upon filing or later — Month and Year

RULE CAPTION

Amending to update HCPCS codes, and clarify when documentation is required for authorization.

RULEMAKING ACTION

AMEND: OAR 410-122-0340, 410-122-0540, 410-122-0630 and 410-122-0660.

Stat. Auth.: ORS 413.042 and 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

RULE SUMMARY

The Division needs to amend the administrative rules governing incontinence supplies to allow provision of the appropriate combination of incontinent supplies without prior authorization and to correct a reference in rule explaining when additional documentation is required. The Division needs to amend the administrative rules governing wheelchair accessories, ostomy supplies, and orthotics and prosthetics to add new HCPCS codes and to remove HCPCS codes that have been discontinued or replaced with new codes effective 1/1/12.

Authorized Signer — Printed name — Date

*With this original, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. **The Oregon Bulletin is published the 1st of each month and updates rules found in the OAR Compilation. For publication in Bulletin, rule and notice filings must be submitted by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, when filings are accepted until 5:00 pm on the preceding workday. ARC 930-2005

410-122-0340 Wheelchair Options/Accessories

(1) Indications and limitations of coverage and medical appropriateness:

(a) The Division of Medical Assistance Programs (Division) may cover options and accessories for covered wheelchairs when the following criteria are met:

(A) The client has a wheelchair that meets Division coverage criteria; and

(B) The client requires the options/accessories to accomplish their mobility-related activities of daily living (MRADLs) in the home. See 410-122-0010, Definitions, for definition of MRADLs;

(b) The Division does not cover options/accessories whose primary benefit is allowing the client to perform leisure or recreational activities;

(c) Arm of Chair:

(A) Adjustable arm height option (E0973, K0017, K0018, K0020) may be covered when the client:

(i) Requires an arm height that is different than what is available using nonadjustable arms; and

(ii) Spends at least two hours per day in the wheelchair;

(B) An arm trough (E2209) is covered if the client has quadriplegia, hemiplegia, or uncontrolled arm movements;

(d) Foot rest/Leg rest:

(A) Elevating leg rests (E0990, K0046, K0047, K0053, K0195) may be covered when:

(i) The client has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or

(ii) The client has significant edema of the lower extremities that requires having an elevating leg rest; or

(iii) The client meets the criteria for and has a reclining back on the wheelchair;

(B) Elevating leg rests that are used with a wheelchair that is purchased or owned by the patient are coded E0990. This code is per leg rest;

(C) Elevating leg rests that are used with a capped rental wheelchair base should be coded K0195. This code is per pair of leg rests;

(e) Nonstandard Seat Frame Dimensions:

(A) For all adult wheelchairs, the Division includes payment for seat widths and/or seat depths of 15-19 inches in the payment for the base code. These seat dimensions must not be separately billed;

(B) Codes E2201-E2204 and E2340-E2343 describe seat widths and/or depths of 20 inches or more for manual or power wheelchairs;

(C) A nonstandard seat width and/or depth (E2201-E2204 and E2340-E2343) is covered only if the patient's dimensions justify the need;

(f) Rear Wheels for Manual Wheelchairs: Code K0064 (flat free insert) is used to describe either:

(A) A removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured; or

(B) Non-removable foam material in a foam filled rubber tire;

(C) K0064 is not used for a solid self-skinning polyurethane tire;

(g) Batteries/Chargers:

(A) Up to two batteries (E2360-E2365) at any one time are allowed if required for a power wheelchair;

(B) Batteries/chargers for motorized/power wheelchairs are separately payable from the purchased wheelchair base;

(h) Seating:

(A) The Division may cover a general use seat cushion and a general-use wheelchair back-cushion for a client whose wheelchair that meets Division coverage criteria;

(B) A skin protection seat cushion may be covered for a client who meets both of the following criteria:

(i) The client has a wheelchair that meets Division coverage criteria; and

(ii) The client has either of the following:

(I) Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; or

(II) Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis), post polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease;

(C) A positioning seat cushion, positioning back cushion, and positioning accessory (E0955-E0957, E0960) may be covered for a client who meets both of the following criteria:

(i) The client has a wheelchair that meets Division coverage criteria; and

(ii) The client has any significant postural asymmetries due to one of the diagnoses listed in criterion (h) (B)(ii)(II) or to one of the following diagnoses: monoplegia of the lower limb; hemiplegia due to stroke, traumatic brain injury, or other etiology; muscular dystrophy; torsion dystonias; spinocerebellar disease;

(D) A combination skin protection and positioning seat cushion may be covered when a client meets the criteria for both a skin protection seat cushion and a positioning seat cushion;

(E) Separate payment is allowed for a seat cushion solid support base (E2231) with mounting hardware when it is used on an adult manual wheelchair (K0001-K0009, E1161);

(F) There is no separate payment for a solid insert (E0992) that is used with a seat or back cushion because a solid base is included in the allowance for a wheelchair seat or back cushion;

(G) There is no separate payment for mounting hardware for a seat or back cushion;

(H)There is no separate payment for a headrest (E0955, E0966) on a captain’s seat on a power wheelchair;

(I) A custom fabricated seat cushion (E2609) and a custom fabricated back cushion (E2617) are cushions that are individually made for a specific patient:

(i) Basic materials include liquid foam or a block of foam and sheets of fabric or liquid coating material:

(I) A custom fabricated cushion may include certain prefabricated components (e.g., gel or multi-cellular air inserts); these components must not be billed separately;

(II) The cushion must have a removable vapor permeable or waterproof cover or it must have a waterproof surface;

(ii) The cushion must be fabricated using molded-to-patient-model technique, direct molded-to-patient technique, computer-aided design and computer-aided manufacturing (CAD-CAM) technology, or detailed measurements of the patient used to create a configured cushion:

(I) If foam-in-place or other material is used to fit a substantially prefabricated cushion to an individual client, the cushion must be billed as a prefabricated cushion, not custom fabricated;

(II) The cushion must have structural features that significantly exceed the minimum requirements for a seat or back positioning cushion;

(iii) If a custom fabricated seat and back are integrated into a one-piece cushion, code as E2609 plus E2617;

(J) A custom fabricated seat cushion may be covered if criteria (i) and (iii) are met. A custom fabricated back cushion may be covered if criteria (ii) and (iii) are met:

(i) Client meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;

(ii) Client meets all of the criteria for a prefabricated positioning back cushion;

(iii) There is a comprehensive written evaluation by a licensed clinician (who is not an employee of or otherwise paid by a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider) which clearly explains why a prefabricated seating system is not sufficient to meet the client's seating and positioning needs;

(K) A prefabricated seat cushion, a prefabricated positioning back cushion, or a brand name custom fabricated seat or back cushion which has not received a written coding verification as published by the Pricing, Data Analysis and Coding (PDAC) contractor by the Centers for Medicare and Medicaid Services;

or which does not meet the criteria stated in this rule is not covered;

(L) A headrest extension (E0966) is a sling support for the head. Code E0955 describes any type of cushioned headrest;

(M) The code for a seat or back cushion includes any rigid or semi-rigid base or posterior panel, respectively, that is an integral part of the cushion;

(N) A solid insert (E0992) is a separate rigid piece of wood or plastic which is inserted in the cover of a cushion to provide additional support and is included in the allowance for a seat cushion;

(O) A solid support base for a seat cushion is a rigid piece of plastic or other material that is attached with hardware to the seat frame of a wheelchair in place of a sling seat. A cushion is placed on top of the support base. Use code E2231 for this solid support base;

(i) The Division will only cover accessories billed under the following codes when PDAC has made written confirmation of use of the code for the specific product(s) being billed: E2601-E2608, E2611-E2616, E2620, E2621; E2609 and E2617 (brand-name products), K0108 (for wheelchair cushions):

(A) Information concerning the documentation that must be submitted to PDAC for a Coding Verification Request can be found on the PDAC Web site or by contacting PDAC;

(B) A Product Classification List with products that have received a coding verification can be found on the PDAC Web site;

(j) Code E1028 (swingaway or removable mounting hardware upgrade) may be billed in addition to codes E0955-E0957. It must not be billed in addition to code E0960. It must not be used for mounting hardware related to a wheelchair seat cushion or back cushion code;

(k) Power seating systems:

(A) A power-tilt seating system (E1002):

(i) Includes all the following:

(I) A solid seat platform and a solid back; any frame width and depth;

(II) Detachable or flip-up fixed height or adjustable height armrests;

(III) Fixed or swingaway detachable leg rests;

(IV) Fixed or flip-up footplates;

(V) Motor and related electronics with or without variable speed programmability;

(VI) Switch control that is independent of the power wheelchair drive control interface;

(VII) Any hardware that is needed to attach the seating system to the wheelchair base;

(ii) It does not include a headrest;

(iii) It must have the following features:

(I) Ability to tilt to greater than or equal to 45 degrees from horizontal;

(II) Back height of at least 20 inches;

(III) Ability for the supplier to adjust the seat to back angle;

(IV) Ability to support patient weight of at least 250 pounds;

(B) A power recline seating system (E1003-E1005):

(i) Includes all the following:

(I) A solid seat platform and a solid back;

(II) Any frame width and depth;

(III) Detachable or flip-up fixed height or adjustable height arm rests;

(IV) Fixed or swingaway detachable leg rests;

(V) Fixed or flip-up footplates;

(VI) A motor and related electronics with or without variable speed programmability;

(VII) A switch control that is independent of the power wheelchair drive control interface;

(VIII) Any hardware that is needed to attach the seating system to the wheelchair base;

(ii) It does not include a headrest;

(iii) It must have the following features:

(I) Ability to recline to greater than or equal to 150 degrees from horizontal;

(II) Back height of at least 20 inches;

(III) Ability to support patient weight of at least 250 pounds;

(C) A power tilt and recline seating system (E1006-E1008):

(i) Includes the following:

(I) A solid seat platform and a solid back;

(II) Any frame width and depth; detachable or flip-up fixed height or adjustable height armrests;

(III) Fixed or swing-away detachable leg rests; fixed or flip-up footplates;

(IV) Two motors and related electronics with or without variable speed programmability;

(V) Switch control that is independent of the power wheelchair drive control interface;

(VI) Any hardware that is needed to attach the seating system to the wheelchair base;

(ii) It does not include a headrest;

(iii) It must have the following features:

(I) Ability to tilt to greater than or equal to 45 degrees from horizontal;

(II) Ability to recline to greater than or equal to 150 degrees from horizontal;

(III) Back height of at least 20 inches; ability to support patient weight of at least 250 pounds;

(D) A mechanical shear reduction feature (E1004 and E1007) consists of two separate back panels. As the posterior back panel reclines or raises, a mechanical linkage between the two panels allows the client's back to stay in contact with the anterior panel without sliding along that panel;

(E) A power shear reduction feature (E1005 and E1008) consists of two separate back panels. As the posterior back panel reclines or raises, a separate motor

controls the linkage between the two panels and allows the client's back to stay in contact with the anterior panel without sliding along that panel;

(F) A power leg elevation feature (E1010) involves a dedicated motor and related electronics with or without variable speed programmability which allows the leg rest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s);

(l) Codes E2310 and E2311 (Power Wheelchair Accessory):

(A) Describe the electronic components that allow the client to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or non-proportional interface): power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing;

(B) Include a function selection switch that allows the client to select the motor that is being controlled and an indicator feature to visually show which function has been selected;

(C) When the wheelchair drive function is selected the indicator feature may also show the direction that is selected (forward, reverse, left, right). This indicator feature may be in a separate display box or may be integrated into the wheelchair interface;

(D) Payment for the code includes an allowance for fixed mounting hardware for the control box and for the display box (if present);

(E) When a switch is medically appropriate and a client has adequate hand motor skills, a switch would be considered the least costly alternative;

(F) E2310 or E2311 may be considered for coverage when a client does not have hand motor skills or presents with cognitive deficits, contractures or limitation of movement patterns that prevents operation of a switch;

(G) In addition, an alternate switching system must be medically appropriate and not hand controlled (not running through a joystick);

(H) If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it is not covered;

(m) Power Wheelchair Drive Control Systems:

(A) The term interface in the code narrative and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc;

(B) A proportional interface is one in which the direction and amount of movement by the client controls the direction and speed of the wheelchair. One example of a proportional interface is a standard joystick;

(C) A non-proportional interface is one that involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is pre-programmed. One example of a non-proportional interface is a sip-and-puff mechanism;

(D) The term controller describes the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output to the motor and gears in the power wheelchair base;

(E) A switch is an electronic device that turns power to a particular function either “on” or “off”. The external component of a switch may be either mechanical or non-mechanical. Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include, but are not limited to, toggle, button, ribbon, etc. Examples of the external components of non-mechanical switches include, but are not limited to, proximity, infrared, etc. Some of the codes include multiple switches. In those situations, each functional switch may have its own external component or multiple functional switches may be integrated into a single external switch component or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component;

(F) A stop switch allows for an emergency stop when a wheelchair with a non-proportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the patient having to continually activate the interface.) This switch is sometimes referred to as a kill switch;

(G) A direction change switch allows the client to change the direction that is controlled by another separate switch or by a mechanical proportional head control interface. For example, it allows a switch to initiate forward movement one time and backward movement another time;

(H) A function selection switch allows the client to determine what operation is being controlled by the interface at any particular time. Operations may include,

but are not limited to, drive forward, drive backward, tilt forward, recline backward, etc.;

(I) An integrated proportional joystick and controller is an electronics package in which a joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair;

(J) The interfaces described by codes E2320-E2322, E2325, and E2327-E2330 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking;

(K) A remote joystick (E2320, E2321) is one in which the joystick is in one box that is mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. These codes include remote joysticks that are used for hand control as well as joysticks that are used for chin control. Code E2320 includes any type of proportional remote joystick stick including, but not limited to standard, mini-proportional, compact, and short throw remote joysticks;

(L) When code E2320 or E2321 is used for a chin control interface, the chin cup is billed separately with code E2324;

(M) Code E2320 also describes a touchpad that is an interface similar to the pad-type mouse found on portable computers;

(N) Code E2322 describes a system of 3-5 mechanical switches that are activated by the client touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch, if provided, are included in the allowance for the code;

(O) Code E2323 includes prefabricated joystick handles that have shapes other than a straight stick – e.g., U shape or T shape – or that have some other nonstandard feature – e.g., flexible shaft;

(P) A sip and puff interface (E2325) is a non-proportional interface in which the client holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit that is described by code E2326;

(Q) A proportional, mechanical head control interface (E2327) is one in which a headrest is attached to a joystick-like device. The direction and amount of movement of the client’s head pressing on the headrest control the direction and

speed of the wheelchair. A mechanical direction control switch is included in the code;

(R) A proportional, electronic head control interface (E2328) is one in which a client's head movements are sensed by a box placed behind the client's head.

The direction and amount of movement of the client's head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface (E2328) is one in which the direction and amount of movement of the client's arm or leg control the direction and speed of the wheelchair;

(S) A non-proportional, contact switch head control interface (E2329) is one in which a client activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code;

(T) A non-proportional, proximity switch head control interface (E2330) is one in which a client activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code;

(U) The KC modifier (replacement of special power wheelchair interface):

(i) Is used in the following situations:

(I) Due to a change in the client's condition an integrated joystick and controller is being replaced by another drive control interface – e.g., remote joystick, head control, sip and puff, etc.; or

(II) The client has a drive control interface described by codes E2320-E2322, E2325, or E2327-E2330 and both the interface (e.g., joystick, head control, sip and puff) and the controller electronics are being replaced due to irreparable damage;

(ii) The KC modifier is never used at the time of initial issue of a wheelchair;

(iii) The KC modifier specifically states replacement, therefore, the RP modifier is not required;

(n) Other Power Wheelchair Accessories: An electronic interface (E2351) to allow a speech generating device to be operated by the power wheelchair control interface may be covered if the client has a covered speech generating device. (See division 129, Speech-Language Pathology, Audiology and Hearing Aid Services.);

(o) Miscellaneous Accessories:

(A) Anti-rollback device (E0974) is covered if the client propels himself/herself and needs the device because of ramps;

(B) A safety belt/pelvic strap (E0978) is covered if the client has weak upper body muscles, upper body instability or muscle spasticity that requires use of this item for proper positioning;

(C) A shoulder harness/straps or chest strap (E0960) and a safety belt/pelvic strap (E0978) are covered only to treat a client's medical symptoms:

(i) A medical symptom is defined as an indication or characteristic of a physical or psychological condition;

(ii) E0960 and E0978 are not covered when intended for use as a physical restraint or for purposes intended for discipline or convenience of others;

(D) One example (not all-inclusive) of a covered indication for swingaway, retractable, or removable hardware (E1028) would be to move the component out of the way so that a client could perform a slide transfer to a chair or bed;

(E) A fully reclining back option (E1226) is covered if the client spends at least 2 hours per day in the wheelchair and has one or more of the following conditions/needs:

(i) Quadriplegia;

(ii) Fixed hip angle;

(iii) Trunk or lower extremity casts/braces that require the reclining back feature for positioning;

(iv) Excess extensor tone of the trunk muscles; and/or

(v) The need to rest in a recumbent position two or more times during the day and transfer between wheelchair and bed is very difficult.

(2) Documentation Requirements: Submit documentation that supports coverage criteria in this rule are met and the specified information as follows with the prior authorization (PA) request:

(a) When code K0108 is billed, a narrative description of the item, the manufacturer, the model name or number (if applicable), and information justifying the medical appropriateness for the item;

(b) Options/accessories for individual consideration might include documentation on the client's diagnosis, the client's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the client performs, etc.), the duration of the condition, the expected prognosis, past experience using similar equipment;

(c) For a custom-fabricated seat cushion:

(A) A comprehensive written evaluation by a licensed clinician (who is not an employee of or otherwise paid by a DMEPOS provider) which clearly explains why a prefabricated seating system is not sufficient to meet the client's seating and positioning needs, and;

(B) Diagnostic reports that support the medical condition;

(C) Dated and clear photographs;

(D) Body contour measurements;

(d) Documentation that the coverage criteria in this rule have been met must be present in the client’s medical record. This documentation and any additional medical information from the DMEPOS provider must be made available to the Division on request.

(3) Table 122-0340 – 1

(4) Table 122-0340 – 2

Statutory Authority: ORS 413.042 and 414.065
Stats. Implemented: ORS 414.065

Table 122-0340 - 1

Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	**Column II**
Power Operated Vehicle (K0800-K0802)	All options and accessories
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072
Power Wheelchair Base Groups 1 and 2 (K0813-K0816, K0820–K0829, K0835-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098
Power Wheelchair Base Groups 3 and 5 (K0848-K0864)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098
E0973	K0017, K0018, K0019
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1010	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195

E2325	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
Arm of Chair							
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		PC	RT	13	RP	*
E2209	Wheelchair accessory, arm trough, with or without hand support, each		PC	RT	13	RP	*
K0015	Detachable, non-adjustable height armrest, each		PC	RT	13	RP	*
K0017	Detachable, adjustable height armrest, base, each		PC	RT	13	RP	*
K0018	Detachable, adjustable height armrest, upper portion, each		PC	RT	13	RP	*
K0019	Arm pad, each		PC	RT	13	RP	*
K0020	Fixed, adjustable height armrest, pair		PC	RT	13	RP	*
E2626	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, adjustable, prefabricated, includes fitting and adjustment	PA	PC				
E2627	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment	PA	PC				

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2628	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, reclining, prefabricated, includes fitting and adjustment	PA	PC				
E2629	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	PA	PC				
E2630	Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment	PA	PC				
E2631	SEO, addition to mobile arm support, elevating proximal arm	PA	PC				
E2632	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	PA	PC				
E2633	SEO, addition to mobile arm support, supinator	PA	PC				
Foot rest/Leg rest							
E0951	Heel loop/holder, any type, with or without ankle strap, each		PC	RT	13	RP	*
E0952	Toe loop/holder, any type, each		PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each		PC	RT	13	RP	*
E0995	Wheelchair accessory, calf rest/pad, each		PC	RT	13	RP	*
E1020	Residual limb support system for wheelchair		PC	RT	13	RP	*
K0037	High mount flip-up foot rest, each		PC	RT	13	RP	*
K0038	Leg strap, each		PC	RT	13	RP	*
K0039	Leg strap, H style, each		PC	RT	13	RP	*
K0040	Adjustable angle foot-plate, each		PC	RT	13	RP	*
K0041	Large size foot-plate, each		PC	RT	13	RP	*
K0042	Standard size foot-plate, each		PC	RT	13	RP	*
K0043	Foot rest, lower extension tube, each		PC	RT	13	RP	*
K0044	Foot rest, upper hanger bracket, each		PC	RT	13	RP	*
K0045	Foot rest, complete assembly		PC	RT	13	RP	*
K0046	Elevating leg rest, lower extension tube, each		PC	RT	13	RP	*
K0047	Elevating leg rest, upper hanger bracket, each		PC	RT	13	RP	*
K0050	Ratchet assembly		PC	RT	13	RP	*
K0051	Cam release assembly, foot rest or leg rest, each		PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
K0052	Swing-away, detachable foot rests, each, replacement		PC	RT	13	RP	*
K0053	Elevating foot rests, articulating (telescoping), each		PC	RT	13	RP	*
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)			RT			*
Non-standard Seat Frame Dimensions							
E2201	Manual wheelchair accessory, non-standard seat frame, width greater than or equal to 20 inches and less than 24 inches		PC	RT	13	RP	
E2202	Manual wheelchair accessory, non-standard seat frame width, 24-27 inches		PC	RT	13	RP	
E2203	Manual wheelchair accessory, non-standard seat frame depth, 20 to less than 22 inches		PC	RT	13	RP	
E2204	Manual wheelchair accessory, non-standard seat frame depth, 22 to 25 inches		PC	RT	13	RP	
E2340	Power wheelchair accessory, non-standard seat frame width, 20-23 inches		PC	RT	13	RP	*
E2341	Power wheelchair accessory, non-standard seat frame width, 24-27 inches		PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2342	Power wheelchair accessory, non-standard seat frame depth, 20 or 21 inches		PC	RT	13	RP	*
E2343	Power wheelchair accessory, non-standard seat frame depth, 22-25 inches		PC	RT	13	RP	*
K0056	Seat height < 17” or > 21” for a high strength, lightweight or ultra-lightweight wheelchair		PC	RT	13	RP	
Rear Wheels for Manual Wheelchairs							
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each		PC	RT	13	RP	*
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each		PC	RT			
E2205	Manual wheelchair accessory, handrim without projections, any type, replacement only, each		PC	RT			
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each		PC	RT	13	RP	*
K0064	Zero pressure tube (flat free inserts), any size, each		PC	RT	13	RP	*
K0065	Spoke protectors, each		PC	RT	13	RP	*
K0066	Solid tire, any size, each		PC	RT	13	RP	*
K0067	Pneumatic tire, any size, each		PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
K0068	Pneumatic tire tube, each		PC	RT	13	RP	*
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each		PC	RT	13	RP	*
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each		PC	RT	13	RP	*
Front Casters for Manual Wheelchairs							
K0071	Front caster assembly, complete, with pneumatic tire, each		PC	RT	13	RP	*
K0072	Front caster assembly, complete, with semi-pneumatic tire, each		PC	RT	13	RP	*
K0073	Caster pin lock, each		PC	RT	13	RP	*
K0074	Pneumatic caster tire, any size, each		PC	RT	13	RP	*
K0075	Semi-pneumatic caster tire, any size, each		PC	RT	13	RP	*
K0076	Solid caster tire, any size, each		PC	RT	13	RP	*
K0077	Front caster assembly, complete, with solid tire, each		PC	RT	13	RP	*
K0078	Pneumatic caster tire tube, each		PC	RT	13	RP	*
Batteries/Chargers							
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each		PC				*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		PC				*
E2362	Power wheelchair accessory, Group 24 non-sealed lead acid battery, each		PC				*
E2363	Power wheelchair accessory, Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		PC				*
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each		PC				*
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		PC				*
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each		PC	RT	13	RP	*
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)		PC	RT			*
Power Seating Systems							
E1002	Wheelchair accessory, power seating system, tilt only	PA	PC	RT	13	RP	*
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	PA	PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	PA	PC	RT	13	RP	*
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	PA	PC	RT	13	RP	*
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	PA	PC	RT	13	RP	*
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	PA	PC	RT	13	RP	*
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	PA	PC	RT	13	RP	*
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	PA	PC	RT	13	RP	*
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	PA	PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	PA	PC	RT	13	RP	*
Power Wheelchair Drive Control Systems							
E2313	Power wheelchair accessory, harness for upgrade for expandable controller, including all fasteners	PA	PC	RT			
E2321	Power wheelchair accessory, hand control interface, remote joystick, non-proportional	PA	PC	RT	13	RP	*
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional	PA	PC	RT	13	RP	*
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, pre-fabricated		PC	RT	13	RP	*
E2324	Power wheelchair accessory, chin cup for chin control interface		PC	RT	13	RP	*
E2325	Power wheelchair accessory, sip and puff interface, non-proportional	PA	PC	RT	13	RP	*
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	PA	PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2327	Power wheelchair accessory, head control interface, mechanical, proportional	PA	PC	RT	13	RP	*
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	PA	PC	RT	13	RP	*
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, non-proportional	PA	PC	RT	13	RP	*
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, non-proportional	PA	PC	RT	13	RP	*
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	PA	PC	RT	13		
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware replacement only	PA	PC	RT	13		
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	PA	PC	RT	13		

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	PA	PC	RT	13		
Other Power Wheelchair Accessories							
E1016	Shock absorber for power wheelchair, each	PA	PC	RT	13	RP	*
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair	PA	PC	RT	13	RP	*
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	PA	PC	RT	13	RP	*
E2368	Power wheelchair component, motor, replacement only,	PA	PC	RT	13	RP	*
E2369	Power wheelchair component, gear box, replacement only	PA	PC	RT	13	RP	*
E2370	Power wheelchair component, motor and gearbox combination, replacement only	PA	PC	RT	13	RP	*
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each		PC	RT	13		
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each		PC	RT	13		

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each		PC	RT	13		
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each		PC	RT	13		
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each		PC	RT	13	RP	*
K0090	Rear wheel tire for power wheelchair, any size, each		PC	RT	13	RP	*
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each		PC	RT	13	RP	*
K0092	Rear wheel assembly for power wheelchair, complete, each		PC	RT	13	RP	*
K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each		PC	RT	13	RP	*
K0094	Wheel tire for power base, any size, each		PC	RT	13	RP	*
K0095	Wheel tire tube other than zero pressure for each base, any size, each		PC	RT	13	RP	*
K0096	Wheel assembly for power base, complete, each		PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each		PC	RT	13	RP	*
K0098	Drive belt for power wheelchair		PC	RT	13	RP	*
K0099	Front caster for power wheelchair, each		PC	RT	13	RP	*
Seat Cushions							
E2601	General-use wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2602	General-use wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			
E2609	Custom fabricated wheelchair seat cushion, any size	PA	PC				NF
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth		PC	RT			
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth		PC	RT			
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth		PC	RT			
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth		PC	RT			
Back Cushions							
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2612	General-use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	PA	PC	RT			
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	PA	PC	RT			
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			
E2616	Positioning wheelchair back cushion, posterior-lateral width 22 inches or greater, any height, including any type mounting hardware	PA	PC	RT			
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	PA	PC				NF
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	PA	PC	RT			
Miscellaneous & Positioning Accessories							
E0950	Wheelchair accessory, tray, each		PC	RT		RP	
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each		PC	RT		RP	
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each		PC	RT		RP	
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each		PC	RT		RP	*
E0958	Manual wheelchair accessory, one-arm drive attachment, each ■ Covered if the client propels the chair himself/herself with only one hand and the need is expected to last at least six months		PC	RT	13	RP	*
E0959	Manual wheelchair accessory, each, adapter for amputee, each		PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		PC	RT	13	RP	*
E0966	Manual wheelchair accessory, headrest extension, each	PA	PC	RT	13	RP	
E0971	Anti-tipping device, wheelchair		PC	RT	13	RP	
E0972	Wheelchair accessory, transfer board or device, each		PC	RT	13	RP	*
E0974	Manual wheelchair accessory, anti-rollback device, each		PC	RT	13	RP	*
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each		PC	RT	13	RP	*
E0981	Wheelchair accessory, seat upholstery, replacement only, each		PC	RT	13	RP	*
E0982	Wheelchair accessory, back upholstery, replacement only, each		PC	RT	13	RP	*
E0985	Wheelchair accessory, seat lift mechanism	PA	PC	RT	13	RP	*
E0992	Manual wheelchair accessory, solid seat insert		PC	RT	13	RP	*
E1015	Shock absorber for manual wheelchair, each	PA	PC	RT	13	RP	*
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	PA	PC	RT	13	RP	*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E1028	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory		PC	RT	13	RP	*
E1029	Wheelchair accessory, ventilator tray, fixed		PC	RT	13	RP	*
E1030	Wheelchair accessory, ventilator tray, gimbaled	PA	PC	RT	13	RP	*
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	PA		RT	13		*
E1226	Wheelchair accessory, manual, fully reclining back (recline greater than 80 degrees), each	PA	PC	RT	13	RP	NF
E2208	Wheelchair accessory, cylinder tank carrier, each		PC	RT	13	RP	*
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	PA	PC	RT		RP	
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	PA	PC	RT			
K0105	IV hanger, each		PC	RT	13	RP	*
K0108	Wheelchair component or accessory, not otherwise specified	PA	PC	RT	13	RP	*
K0452	Wheelchair bearings, any type		PC				*

Table 122-0340 - 2 Wheelchair Options/Accessories

For the code legend see 410-122-0182

* *May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF

410-122-0540 Ostomy Supplies

(1) Indications and Limitations of Coverage and Medical Appropriateness: The Division of Medical Assistance Programs (Division) may cover ostomy supplies for a client with a surgically created opening (stoma) to divert urine or fecal contents outside the body:

(a) Only one liquid barrier may be dispensed at a time:

(A) A liquid or spray (A4369); or

(B) Individual wipes or swabs (A5120);

(b) For a client with a continent stoma, only one of the following means to prevent/manage drainage may be covered on a given day:

(A) Stoma cap (A5055);

(B) Stoma plug (A5081); or

(C) Gauze pads (A6216);

(c) For a client with a urinary ostomy, only one of the following may be covered for drainage at night:

(A) Bag (A4357); or

(B) Bottle (A5102);

(d) Provision of ostomy supplies for a client is limited to a three month supply;

(e) The following services are not covered:

(A) Ostomy clamps;

(B) Ostomy supplies when a client is in a covered home health episode;

(C) Pouch covers.

(2) Documentation Requirements:

(a) For miscellaneous ostomy supplies (A4421) ,submit documentation which supports coverage criteria as specified in this rule are met to the responsible unit for prior authorization;

(b) Medical records which support conditions of coverage as specified in this rule are met must be kept on file by the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider and made available to the Division on request;

(c) A client's medical records must support the justification for supplies billed to the Division including when a greater quantity of supplies than the amounts listed in this rule are dispensed (e.g., client has more than one ostomy).

(3) Table 122-0540-1, Maximum Quantity of Supplies – Monthly Basis.

(4) Table 122-0540-2, Maximum Quantity of Supplies – 6-Month Basis.

(5) Table 122-0540-3, Faceplate Systems.

(6) Table 122-0540-4, Procedure Codes.

Statutory Authority: ORS 413.042 and 414.065
Statutes Implemented: 414.065

Table 122-0540-1, Maximum Quantity of Supplies – Monthly Basis

Code	#/Mos.		Code	#/Mos.		Code	#/Mos.		Code	#/Mos.
A4357	2		A4415	20		A4432	20		A5062	20
A4362	20		A4416	60		A4433	20		A5063	20
A4364	4		A4417	60		A4434	20		A5071	20
A4367	1		A4418	60		A4450	40		A5072	20
A4369	2		A4419	60		A4452	40		A5073	20
A4377	10		A4420	60		A5051	60		A5081	31
A4381	10		A4423	60		A5052	60		A5082	1
A4397	4		A4424	20		A5053	60		A5093	10
A4402	4		A4425	20		A5054	60		A5121	20
A4404	10		A4426	20		A5055	31		A5122	20
A4405	4		A4427	20		A5056	20		A5126	20
A4406	4		A4429	20		A5057	20		A5131	1
A4414	20		A4431	20		A5061	20		A6216	60

Table 122-0540-2, Maximum Quantity of Supplies – 6-Month Basis

Code	#/6 Months
A4361	3
A4371	10
A4398	2
A4399	2
A4455	16
A5102	2
A5120	150

Table 122-0540-3, Faceplate Systems

Column I supplies cannot be dispensed at the same time or anticipated usual coverage period as Column II supplies.

Column I	Column II
A4375	A4361, A4377
A4376	A4361, A4378
A4379	A4361, A4381, A4382
A4380	A4361, A4383
A4416	A4366
A4417	A4366
A4418	A4366
A4419	A4366
A4423	A4366
A4424	A4366
A4425	A4366
A4427	A4366

Table 122-0540-4 Ostomy Supplies

For the code legend see OAR 410-122-0182

Code	Description	PA	PC	RT	MR	RP	NF
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each		PC				
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each		PC				
A4361	Ostomy face plate, each ■ May not bill for A4375, A4376, A4379, or A4380 at the same time		PC				
A4362	Skin barrier; solid, 4 x 4 or equivalent, standard wear, each		PC				
A4364	Adhesive, liquid or equal, any type, per oz.		PC				
A4366	Ostomy vent, any type, each		PC				
A4367	Ostomy belt, each		PC				
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.		PC				
A4371	Ostomy skin barrier, powder, per oz.		PC				
A4372	Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each		PC				
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each		PC				
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each		PC				

Code	Description	PA	PC	RT	MR	RP	NF
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each		PC				
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each		PC				
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each		PC				
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each		PC				
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each		PC				
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		PC				
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each		PC				
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each		PC				
A4384	Ostomy faceplate equivalent, silicone ring, each		PC				
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each		PC				
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each		PC				
A4388	Ostomy pouch, drainable, with extended wear barrier attached (one piece), each		PC				
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each		PC				

Code	Description	PA	PC	RT	MR	RP	NF
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built- in convexity (one piece), each		PC				
A4391	Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (one-piece), each		PC				
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each		PC				
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each		PC				
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce		PC				
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet		PC				
A4396	Ostomy belt with peristomal hernia support		PC				
A4397	Irrigation supply, sleeve, each		PC				
A4398	Ostomy irrigation supply bag, each ■ May bill for A4399 at the same time		PC				
A4399	Ostomy irrigation supplies, cone/catheter, including brush ■ May bill for A4398 at the same time		PC				
A4402	Lubricant, per ounce ■ One unit of service = one oz.		PC				
A4404	Ostomy ring, each		PC				

Code	Description	PA	PC	RT	MR	RP	NF
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce		PC				
A4406	Ostomy skin barrier, pectin based, paste, per ounce		PC				
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each		PC				
A4408	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each		PC				
A4409	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each		PC				
A4410	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each		PC				
A4411	Ostomy skin barrier, solid 4x4 equivalent, extended wear, with built-in convexity, each		PC				
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each		PC				

Code	Description	PA	PC	RT	MR	RP	NF
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system) with filter, each		PC				
A4414	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each		PC				
A4415	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each		PC				
A4416	Ostomy pouch, closed, with barrier attached, with filter, each		PC				
A4417	Ostomy pouch, closed, with barrier attached, with filter, with built-in convexity, each		PC				
A4418	Ostomy pouch, closed; without barrier attached, with filter, each		PC				
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter, (2-piece), each		PC				
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each		PC				
A4421	Ostomy supply; miscellaneous	PA	PC				
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each		PC				
A4423	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), with filter, each		PC				

Code	Description	PA	PC	RT	MR	RP	NF
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each		PC				
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each		PC				
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each		PC				
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each		PC				
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each		PC				
A4429	Ostomy pouch, urinary, with barrier, attached, with built-in convexity, with faucet-type tap with valve (1 piece), each		PC				
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each		PC				
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each		PC				
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each						
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each		PC				

Code	Description	PA	PC	RT	MR	RP	NF
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type		PC				
A4455	Adhesive remover or solvent (for tape, cement or other adhesive ■ One unit of service = one oz. of liquid or spray)		PC				
A4456	Adhesive remover, wipes, any type,each		PC				
A5051	Ostomy pouch, closed; with barrier attached (1 piece), standard wear, each		PC				
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each		PC				
A5053	Ostomy pouch, closed; for use on faceplate, each		PC				
A5054	Ostomy pouch, closed for use on barrier with flange (2 piece), each		PC				
A5055	Stoma cap, each		PC				
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each						
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity, with filter, (one piece), each A5061 Ostomy pouch, drainable; with barrier attached (one piece), each						PC
A5062	Ostomy pouch, drainable, without barrier attached (1 piece), each		PC				
A5063	Ostomy pouch, drainable, for use on barrier with flange (2 piece system), each		PC				

Code	Description	PA	PC	RT	MR	RP	NF
A5071	Ostomy pouch, urinary, with barrier attached (1 piece), each		PC				
A5072	Ostomy pouch, urinary, without barrier attached (1 piece), each		PC				
A5073	Ostomy pouch, urinary, for use on barrier with flange (2 piece), each		PC				
A5081	Continent device; plug for continent stoma, each		PC				
A5082	Catheter for continent stoma, each		PC				
A5093	Ostomy accessory; convex insert, each		PC				
A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each		PC				
A5120	Skin barrier, wipes or swabs, each		PC				
A5121	Skin barrier, solid, 6 x 6 or equivalent, each		PC				
A5122	Skin barrier, solid, 8 x 8 or equivalent, each		PC				
A5126	Adhesive or non-adhesive; disc or foam pad		PC				
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.		PC				
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing		PC				

410-122-0630 Incontinent Supplies

(1) The Division of Medical Assistance Programs (Division) may cover incontinent supplies for urinary or fecal incontinence as follows:

(a) Category I Incontinent Supplies –

For up to 200 units (any code or product combination in this category) per month, unless documentation supports the medical appropriateness for a higher quantity. For quantities over this limit a prior authorization shall be required. When requesting multiple Category I product types (i.e, diapers and liners) that exceed the allowable, prior authorization and documentation as described in (4)(a)(D) of this rule are required ;

(b) Category II Underpads:

(A) Disposable underpads (T4541 and T4542): For up to 100 units (any combination of T4541 and T4542) per month, unless documentation supports the medical appropriateness for a higher quantity, up to a maximum of 150 units per month;

(B) Reusable/washable underpads: (T4537 and T4540) For up to eight units (any combination of T4537 and T4540) in a 12 month period;

(C) Category II Underpads may be separately payable with Category I Incontinent Supplies with documentation that supports medical appropriateness for the use of this product ;

(D) T4541 and T4542 are not separately payable with T4537 and T4540 for the same dates of service or anticipated coverage period. For example, if a provider bills and is paid for eight reusable/washable underpads on a given date of service, a client would not be eligible for disposable underpads for the subsequent 12 months;

(c) Category III Washable Protective Underwear:

(A) For up to 12 units in a 12 month period;

(B) Category III Washable Protective Underwear are not separately payable with Category I Incontinent Supplies for the same dates of service or anticipated coverage period. For example, if a provider bills and is paid for 12 units of T4536 on a given date of service, a client would not be eligible for Category I Incontinent Supplies for the subsequent 12 months;

(d) The following services require PA:

(A) A4335 (Incontinence supply; miscellaneous); and

(B) A4543 (Disposable incontinence product, brief/diaper, bariatric, each);

(C) Quantity of supplies greater than the amounts listed in this rule as the maximum monthly utilization (e.g., more than 200 units per month of Category I Incontinent Supplies, or 100 gloves per month). (2) Incontinent supplies are not covered:

(a) For nocturnal enuresis; or

(b) For children under the age of three.

(3) A provider may only submit A4335 when there is no definitive Healthcare Common Procedure Coding System (HCPCS) code that meets the product description.

(4) Documentation requirements:

(a) The client's medical records must support the medical appropriateness for the services provided or being requested by the medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider, including, but not limited to:

(A) For all categories, the medical reason and condition causing the incontinence; and

(B) When a client is using urological or ostomy supplies at the same time as incontinent products specified in this rule, information that clearly corroborates the overall quantity of supplies needed to meet bladder and bowel management is medically appropriate;

(C) For all clients not residing in their home subsequent PA requests for incontinence product(s), the provider must submit a log with the PA request. This log must be the most recent log for the client documenting the number and frequency of incontinent product changes;

(D) PA requests for multiple Category I incontinence product types for the same client (i.e. doubling up) must be accompanied by adequate explanation from the client's ordering practitioner to explain why a single, more appropriate, incontinence product can not be used;

(E) Although PA is not required for Category II incontinence products, the DMEPOS provider must have documentation on file from the prescribing practitioner supporting medical appropriateness;

(/F) When requesting PA for T4543 (Bariatric Brief/Diaper) submit product information showing that the item is size XXL or larger. The request shall also include client weight and measurements that support the use of the bariatric incontinence product. (e.g. client weight, waist and hip size) These items are manually priced following payment methodology outlined in OAR 410-122-0186.

(b) For services requiring PA, submit documentation as specified in (4)(a)(A)-(D);

(c) The DMEPOS provider is required to keep supporting documentation on file and make available to the Division on request.

(5) Quantity specification:

(a) For PA and reimbursement purposes, a unit count for Category I – III codes is considered as a single or individual piece of an item and not as a multiple quantity;

(b) If an item quantity is listed as number of boxes, cases or cartons, the total number of individual pieces of that item contained within that respective measurement (box, case or carton) must be specified in the unit column on the PA request. See table 122-0630-2;

(c) For gloves (Category IV Miscellaneous), 100 gloves equal one unit.

(6)Table 122-0630-1, Incontinent Supplies

(7)Table 122-0630-2, Incontinent Supplies – Counting Units and Pieces

Statutory Authority: ORS 413.042 and 414.065
Statutes Implemented: ORS 414.065 and 413.042

Table 122-0630-1 Incontinent Supplies

For the code legend see OAR 410-122-0182

Code	Description	PA	PC	RT	MR	RP	NF
CATEGORY I – Incontinent Supplies							
A4335	Incontinence supply; miscellaneous	PA	PC				
T4521	Adult-sized disposable incontinence product, brief/diaper, small, each		PC				
T4522	Adult-sized disposable incontinence product, brief/diaper, medium, each		PC				
T4523	Adult-sized disposable incontinence product brief/diaper, large, each		PC				
T4524	Adult-sized disposable incontinence product, brief/diaper, extra large, each		PC				
T4525	Adult-sized disposable incontinence product, protective underwear/pull-on, small size, each		PC				
T4526	Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each		PC				
T4527	Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each		PC				
T4528	Adult-sized disposable incontinence product, protective underwear/pull-on, extra large size, each		PC				
T4529	Pediatric-sized disposable incontinence product, brief/diaper, small/medium, each		PC				

Table 122-0630-1 Incontinent Supplies

For the code legend see OAR 410-122-0182

Code	Description	PA	PC	RT	MR	RP	NF
T4530	Pediatric-sized disposable incontinence product, brief/diaper, large, each		PC				
T4531	Pediatric-sized disposable incontinence product, protective underwear/pull-on, small/medium size, each		PC				
T4532	Pediatric-sized disposable incontinence product, protective underwear/pull-on, large size, each		PC				
T4533	Youth-sized disposable incontinence product, brief/diaper, each		PC				
T4534	Youth-sized disposable incontinence product, protective underwear/pull-on, each		PC				
T4535	Disposable liner/ shield/ guard/ pad/ undergarment, for incontinence, each ■ Including but not limited to: pant liner, insert, insert pad, shield, pad, guard, booster pad, or belt-less undergarment		PC				
T4538	Diaper service, reusable diaper, each diaper		PC				
T4543	Disposable incontinence product, brief/diaper, bariatric, each	PA	PC				

Table 122-0630-1 Incontinent Supplies

For the code legend see OAR 410-122-0182

Code	Description	PA	PC	RT	MR	RP	NF
CATEGORY II – Underpads							
T4537	Incontinence product, protective underpad, reusable, bed size, each		PC				
T4540	Incontinence product, protective underpad, reusable, chair size, each		PC				
T4541	Incontinence product, disposable, large, each (more than 394 square inches)		PC				
T4542	Incontinence product, disposable, small, each (less than or equal to 394 square inches)		PC				
CATEGORY III – Washable Protective Underwear							
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each		PC				
CATEGORY IV - Miscellaneous							
A4927	Gloves, non-sterile, per 100 (50 pairs) ■ Limited to 2 units (100 pairs) per month ■ Covered only when directly related to usage of incontinent supplies		PC				

Table 122-0630-2 Incontinent Supplies – Counting Units and Pieces

How to count units/pieces when requesting prior authorization (PA) – *Sample*

Container description	Individual pieces (count)	Units considered for PA
1 box of diapers	10	10
1 box of gloves	100 pieces (50 pairs)	100 gloves = 1 unit

410-122-0660 Orthotics and Prosthetics

(1) Indications and limitations of coverage and medical appropriateness:

(a) The Division of Medical Assistance Programs (Division) may cover some orthotics and prosthetics for covered conditions;

(b) Use the current Healthcare Common Procedure Coding System (HCPCS) Level II Guide for current codes and descriptions;

(c) For adults, follow Medicare current guidelines for determining coverage;

(d) For clients under age 19, the prescribing practitioner must determine and document medical appropriateness;

(e) The hospital is responsible for reimbursing the provider for orthotics and prosthetics provided on an inpatient basis;

(f) Evaluations, office visits, fittings and materials are included in the service provided;

(g) Evaluations will only be reimbursed as a separate service when the provider travels to a client's residence to evaluate the client's need;

(h) See Division 129, Speech-Language Pathology, Audiology and Hearing Aid Services for rule information on tracheostomy speaking valves.

(2) Documentation requirements:

(a) For services that require prior authorization (PA): Submit documentation for review which supports conditions of coverage as specified in this rule are met;

(b) For services that do not require PA: Medical records which support conditions of coverage as specified in this rule are met must be on file with the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider and made available to the Division on request.

(3) Table 122-0660-1: Codes requiring PA

(4) Table 122-0660-2: Exclusions of Coverage

Statutory Authority: ORS 413.042 and 414.065
Statutes Implemented: 414.065

Table 122-0660-1 Codes requiring prior authorization (PA)

L0636-L0640	L3971
L0859	L3973-L3978
L0999	L3999
L1499	L5999
L2999	L7499
L3649	L8499
L3960-L3962	L9900
L3967	

Table 122-0660-2 Orthotics and Prosthetics - Exclusions of Coverage

L1001	L6677	L7622
L1844	L6694-L6698	L7900
L3031	L6703	L8500
L3251	L6704	L8505
L3927	L6706-L6709	L8507
L5610	L6881-L6885	L8614
L5613	L6920	L8619
L5614	L6925	L8690
L5722	L6930	L8691
L5724	L6935	
L5726	L6940	
L5728	L6945	
L5780-	L6950	
L5782	L6955	
L5822	L6960	
L5824	L6965	
L5828	L6970	
L5830	L6975	
L5846	L7007-L7009	
L5848	L7040	
L5856	L7045	
L5857	L7170	
L5858	L7180	
L5980	L7181	
L5989	L7185	
L5993	L7186	
L5994	L7190	
L6025	L7191	
L6310	L7260	
L6360	L7261	
L6611	L7360	
L6621	L7362	
L6624	L7364	
L6638	L7366-L7368	
L6639	L7400-L7402	
L6646	L7611-L7614	
L6648	L7621	