

Authorization Page
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TEMPORARY 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	
10/01/2014 thru 03/30/2015	
Effective dates	

RULE CAPTION

Remove Not Covered Status from Billing Codes for Sex Reassignment Surgery, Add Prior Authorization Requirement

Not more than 15 words

RULEMAKING ACTION

ADOPT:

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

SUSPEND:

Stat. Auth.: ORS 413.042

Other Auth.:

Stats. Implemented: ORS 414.025, 414.065

RULE SUMMARY

The two billing codes for intersex surgeries will be covered for payment. Payment consideration will be subject to prior authorization.

STATEMENT OF NEED AND JUSTIFICATION

The amendment of 410-130-0200 Table 130-0200-1 and 410-130-0220 Table 130-0220-1
In the Matter of

None

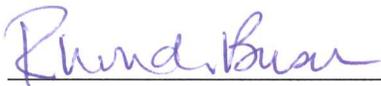
Documents Relied Upon, and where they are available

OHA is working to include treatment for gender dysphoria in our benefit package. Coverage guidance from the HERC is on track to take effect 1/1/15. Among other things this coverage guidance will include coverage of intersex surgeries. The billing codes for these surgeries are currently listed as not covered in Table 1 of OAR 410-130-0220. This rule revision would remove these codes from this table. Additionally, it is the Division's intention to require prior authorization for this treatment to insure that the HERC treatment guidelines are being followed. This rule revision would add these billing codes, the list of codes for which prior authorization is required found in Table 1 of OAR 410-130-0200.

Need for the Temporary Rule(s)

Late August, 2014 in the matter of Michelle Aryellah Johnson vs. Oregon Health Authority, et.al., the OHA stated that rules will be revised effective October 1, such that the "Plaintiff will be free to seek coverage" for sex reassignment surgery. Temporary rule process is needed to meet this time line.

Justification of Temporary Rules



Authorized Signer

Rhonda Bussek

Printed Name

9-25-14

Date

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

Secretary of State
STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

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

In the Matter of: The amendment of 410-130-0200 Table 130-0200-1 and 410-130-0220 Table 130-0220-1

Rule Caption: Remove Not Covered Status from Billing Codes for Sex Reassignment Surgery, Add Prior Authorization Requirement

Statutory Authority: ORS 413.042

Other Authority:

Stats. Implemented: ORS 414.025, 414.065

Need for the Temporary Rule(s):

OHA is working to include treatment for gender dysphoria in our benefit package. Coverage guidance from the HERC is on track to take effect 1/1/15. Among other things this coverage guidance will include coverage of intersex surgeries. The billing codes for these surgeries are currently listed as not covered in Table 1 of OAR 410-130-0220. This rule revision would remove these codes from this table. Additionally, it is the Division's intention to require prior authorization for this treatment to insure that the HERC treatment guidelines are being followed. This rule revision would add these billing codes, the list of codes for which prior authorization is required found in Table 1 of OAR 410-130-0200.

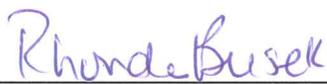
Documents Relied Upon, and where they are available: None.

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Authorized Signer



Printed name



Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

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 & 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 (*#):

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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)
<u>55970</u>	58554	63076	63273	67335 (*2)
<u>55980</u>	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	72192
67560	72193
67900	72194
67901	73221
67902	73222
67903	73223
67904	73721
67906	73722
67908	73723
67909	74150
67911	74160
67912	74170
67914	74176
67915	74177
67916	74178
67917	77058
69420	77059
69421	78608
69433	78609
69436	78811
70350	78812
70450	78813
70460	78814
70470	78815
70551	78816
70552	90378
70553	92507
71250	S2053
71260	S2065
71270	S2118
72141	S2142
72142	S2150
72146	S2350
72147	S2351
72148	
72149	
72156	
72157	
72158	

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

0001F-7025F	29914-29916	45391
0019T-0259T	31620	45392
802	31627	46505
11920-11922	32491	47133 BND
11980	32850 BND	48550 BND
15819-15821	32998	50380
15824-15826	33140	50592
15847	33141	50593
15928	33282	52010
15929	33548	58345
19316	33930 BND	53850
20696	33940 BND	53852
20697	36455	53860
20979	37210	5530055873
20982	38129	55970
21685	41530	55980
22520-22525	41821	58321-58323
22856	43257	58345
22857	43647	58350
22861	43648	58672
22862	43842	58740 BND
22864	43843	58750
22865	43881	58752
27080	43882	58760
27418	43886-43888	58825
28890	44132 BND	58970
29866-29868	44133 BND	58974
58976	75571	84431
59897	75572	84830
6163562263	75574	86305
62264	76376	86356
62290-6229264479	76377	86891 BND

64480	77083	86910
64490-64495	77084	86911
64550	77373	87808
64566	78459	87905
64626	78491	88000-88099
64627	78492	88384-88386
65760	80104 (*7)	88738
65771	82107	88740
66174	82610	88741
66175	82757	88749
69090	83037	89235
69720	83631	89250-89398
69725	83695	90665
69740	83698	90690-90693
69745	83700	90712
69820	83701	90717
69840	83704	90725
6.99557E+14	83913	90727
72285	83951	90735
72295	83987	90738
74261-74263	83993	90749
74742	84145	90867
90868	95012	99000-99002 BND
91013	95803	99024 BND
91022	95928	99026
91037	95929	99027
91038	96020	99053
91040	96116	99056
91111	99119	99070 (*1)
91117	96120	99071 BND
91120	97005	99075
92354	97006	99090
92355	97010 BND	99091
92559	97016	99100 BND
92592	97018	99116 BND
92593	97024	99135 BND
92595 (*2)	97026	99140 BND
92620	97028	99174
92621	97032	99241-99245 (*6)
92625	97033	99251-99255 (*6)
92640	97034	99358
93571	97035	99359
93572	97039	99360 (*3)
93662	97139	99367

93890	97533	99368
92892	97537	99450
93893	97545	99455
94452	97546	99456
94453	98960-98962	99500-99602 (*5)
A4570 (*4)	P2028-P2029	S2102
A4580 (*4)	P2031	S2103
A4590 (*4)	P2033	S2107
A4641G0109	P2038	S2112
G0166	P7001P9010-P9060	S2120
G0168	Q0035	S2235
G0219	Q0091 BND	S2300
G0252	Q0092 BND	S2348
G0281-G0283	Q0115	S3625
G0295	S0630 BND	S4011
G0428	S0800	S8940
G9147	S0810	S9436-S9470
M0075	S0812	S9970
M0076	S2054	S9986-S9999
M0100	S2055	
M0300-M0301	S2095	