

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

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

RULE CAPTION

Eye Prostheses Rule Rewritten for Clarity

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

September 16, 2014	10:30 a.m.	500 Summer St. NE, Salem, OR 97301 Room 137B	Sandy Cafourek
Hearing Date	Time	Location	Hearings Officer

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

RULEMAKING ACTION

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

ADOPT:

AMEND: 410-122-0640

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth. : ORS ORS 413.042 and 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

RULE SUMMARY

The rule language amended to clarify age limitations and documentation requirements.

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

September 18, 2014, by 5 p.m. Send written comments to: dmap.rules@state.or.us

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



Signature

Rhonda Busek

8-15-14

Date

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

STATEMENT OF NEED AND FISCAL IMPACT

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

Oregon Health Authority, Division of Medical Assistance Programs (Division)

410

Agency and Division

Administrative Rules Chapter Number

Eye Prostheses Rule Rewritten for Clarity

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

In the Matter of: The amending of OAR 410-122-0640

Statutory Authority: ORS 413.042 and 414.065

Other Authority:

Stats. Implemented: ORS 414.065

Need for the Rule(s): Rule language amended to clarify age limitations and documentation requirements.

Documents Relied Upon, and where they are available: N/A

Fiscal and Economic Impact: No fiscal impact is anticipated as there is no policy change associated with this rule amendment.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): No impact in the implementation of these amendments.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: Three Eye Prosthesis providers are currently on file as billing for codes covered under this rule.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: No administrative costs expected with this rule amendment.

c. Equipment, supplies, labor and increased administration required for compliance: No increased or decreased costs to small businesses for compliance.

How were small businesses involved in the development of this rule? DMEPOS stakeholders were advised in stakeholder meetings held on June 5, 2014.

Administrative Rule Advisory Committee consulted?: Yes. Rule Advisory Committee meeting was held on June 6, 2014 with no additional comments or feedback regarding the rule amendments.

If not, why?:



Signature

Rhonda Busek

8-15-14

Date

410-122-0640

Eye Prostheses

(1) Indications and coverage:

(a) An eye prosthesis is indicated for a client (adult or child) with absence or shrinkage of an eye due to birth defect, trauma, or surgical removal;

(b) For clients under age 21, the prescribing practitioner must determine and document medical appropriateness of the eye prosthesis and related services;

(c) For clients age 21 and older, coverage is limited as follows:

(bA) Polishing and resurfacing will be allowed on a twice per year yearly-basis;

(eB) Replacement is covered every five years if documentation supports medical appropriateness. -An exception to this limitation is allowed when clinical documentation with extensions allowed when documentation supports medical appropriateness for more frequent replacement.

(C) -One enlargement (V2625) or reduction (V2626) of the prosthesis is covered. -Additional enlargements or reductions are rarely medically indicated and are therefore covered only when clinical documentation supports medical appropriateness.

(2) Documentation requirements:

(a) An order for each item must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request;:

(b) Documentation of medical appropriateness which that has been reviewed and signed by the prescribing practitioner (for example, CMN) must be kept on file by the DME provider supplier and made available upon request;:

(c) -When billing for an item or service at a greater frequency than allowed, there must be documentation in the patient's medical records that corroborates the order and supports the medical appropriateness of the items. -This documentation must be kept on file by the supplier and available upon request.

(3) Procedure Codes – Table 122-0640.

Statutory Authority: ORS 413.042 and 414.065

Statutes Implemented: 414.065

~~2-1-10 (Stat lines only)~~

~~7-1-10 (Hk only)~~

~~3-1-11 (hk)~~

Table 122-0640

Eye Prostheses

For the code legend see OAR 410-122-0182

Code	Description	PA	PC	RT	MR	RP	NF
V2623	Prosthetic eye, plastic, custom		PC				NF
V2624	Polishing/Resurfacing of ocular prosthesis		PC				NF
V2625	Enlargement of ocular prosthesis		PC				NF
V2626	Reduction of ocular prosthesis		PC				NF
V2627	Scleral cover shell		PC				NF
V2628	Fabrication and fitting of ocular conformer		PC				NF
V2629	Prosthetic eye, other type		PC				NF