

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
Rules Coordinator	Address
	(503) 945-6430
	Telephone

**RULE CAPTION**

Amend Rule to Add Reference to Other Applicable Rules and to Update Tables  
**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

October 15, 2015	10:30 a.m.	500 Summer St. NE, Salem, OR 97301	Room 165	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:** OAR 410-122-0660

**REPEAL:**

**RENUMBER:**

**AMEND & RENUMBER:**

Stat. Auth. : ORS 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

**RULE SUMMARY**

The Division needs to amend this rule to add reference to other applicable rules to assist providers in determining coverage guidelines and to amend the tables to remove HCPCS codes that are no longer valid and to add new codes or replacement codes.

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.

October 17, 2015 by 5 p.m. Send written comments to: [dmap.rules@state.or.us](mailto:dmap.rules@state.or.us)  
**Last Day for Public Comment** (Last day to submit written comments to the Rules Coordinator)

  
Signature

DAVID SUMMIT  
Printed name

9/9/2015  
Date

Secretary of State  
**STATEMENT OF NEED AND FISCAL IMPACT**

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

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

Amend Rule to Add Reference to Other Applicable Rules and to Update Tables

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

In the Matter of: The amendment of OAR 410-122-0660

Statutory Authority: ORS 414.065

Other Authority:

Stats. Implemented: ORS 414.065

Need for the Rule(s): The Division needs to amend this rule to add reference to other applicable rules to assist providers in determining coverage guidelines. The Division will also amend the tables to remove codes that are no longer valid and to add new codes.

Documents Relied Upon, and where they are available: Per HCPCS Level II

Fiscal and Economic Impact: \$0

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): No fiscal or economic impact is anticipated for other state agencies, units of local government, or the general public.
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: Less than 100 small businesses
  - b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: None
  - c. Equipment, supplies, labor and increased administration required for compliance: None

How were small businesses involved in the development of this rule? This was not necessary so small businesses were not involved in the revisions to this rule.

Administrative Rule Advisory Committee consulted? No. If not, why? There is essentially no impact to the state, providers, or clients with these changes.

  
Signature Rhonda Busek,

9/9/2015  
Date

**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~~shall 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~~coverage criteria for speech and audiology prosthetic devices and accessories.

(i) See OAR 410-122-0658 for coverage criteria for mastectomy sleeves (L8010).

(2) Documentation requirements:

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

(b) For services that do not require PA: Medical records ~~which that~~support conditions of coverage as specified in this rule are met ~~must~~shall 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

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

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

L0636-L0640
L0859
L0999
L1499
L2999
L3649
L3960-L3962
L3967
L3971
L3973-L3978
L3975-L3978
L3999
L5999
L7499
L8499
L9900
L8691

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

L1001	L6881-L6885
L1844	L6920
L3031	L6925
L3251	L6930
L3927	L6935
L5610	L6940
L5613	L6945
L5614	L6950
L5722	L6955
L5724	L6960
L5726	L6965
L5728	L6970
L5780-L5782	L6975
L5822	L7007-L7009
L5824	L7040
L5828	L7045
L5830	L7170
L5846	L7180
L5848	L7181
L5856	L7185
L5857	L7186
L5858	L7190
L5980	L7191
L5989	L7260
L5993	L7261
L5994	L7360
L6025	L7362
L6310	L7364
L6360	L7366-L7367-L7368
L6611	L7400-L7402
L6621	L7611-L7614
L6624	L7621
L6638	L7622
L6639	L7900
L6646	L8500
L6648	L8505
L6677	L8507
L6694-L6698	L8614
L6703	L8619
L6704	L8690
L6707	
L6706-L6709	L8691