

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**

Revision to Fee-For-Service Medicaid rule; Additional Services Will Require Prior Authorization

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

June 17, 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:** 410-130-0200

**REPEAL:**

**RENUMBER:**

**AMEND & RENUMBER:**

Stat. Auth. : ORS 413.042

Other Auth.:

Stats. Implemented: ORS 414.025, 414.065

**RULE SUMMARY**

This rule lists medical services by billing code for which the Division requires prior authorization (PA). It applies to Medicaid clients who are fee-for-service, i.e., not enrolled in a CCO. It includes a link to the required forms and directions. This revision adds language to specify when providers must obtain PA and outlines the criteria the Division uses to make authorization decisions. Additionally, this revision adds PA requirement to new groups of billing codes for tonsillectomy, cholecystectomy, and ear tubes, and it adds codes to several existing groups, such as bariatric surgery, that already require PA.

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.

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)

		5-9-14
Signature	Printed name	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

Revision to Fee-For-Service Medicaid rule; Additional Services Will Require Prior Authorization

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 410-130-0200

Statutory Authority: ORS 413.042

Other Authority:

Stats. Implemented: ORS 414.025, 414.065

Need for the Rule(s):

The Division is responsible to ensure that members receive medically appropriate services and that we are fiscally responsible. To meet this obligation, we have identified that some services need close management. We use prior authorization (PA) to manage these services. This rule lists the billing codes for services that require PA. The current revision of this rule adds PA requirement to the codes for tonsillectomy, cholecystectomy, and ear tubes.

Documents Relied Upon, and where they are available:

- Minutes from Medical Management Committee meetings where prior authorization was discussed.
- Minutes from the Rule Advisory Committee meeting for this rule revision.

Fiscal and Economic Impact:

- No new fiscal impact is anticipated.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):  
 No new impact is anticipated as existing staff can review and authorize these services.

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:  
 There will be minimal impact to small business medical providers. They are already obtaining PA for identified procedures. This revision will add a few new codes.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

For most small businesses, this impact will be small and assumed by their existing billing staff.

c. Equipment, supplies, labor and increased administration required for compliance:

Little, as they are already staffed to process medical billing requirements.

How were small businesses involved in the development of this rule?

The solicitation to participate in the rule advisory committee was sent to many small businesses.

Administrative Rule Advisory Committee consulted?: Yes

If not, why?:



Signature

Rhonda Buser 5-9-19

Printed name

Date

## 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-surgsupp+1090912.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 that term is defined in OAR 410-120-0000.

(5) For bariatric surgery, PA is required from both of the following:

(a) The primary care provider prior to referral to a bariatric surgery center, and

(b) The bariatric surgery center prior to surgery.

~~(6)~~ (3) PA is not required: For clients with both Medicare and Medicaid coverage PA is not required in most instances. PA may be required when a service is covered by Medicaid but not by Medicare and PA is required for the following regardless of Medicare coverage:

i) Bariatric surgery evaluations,

ii) Bariatric surgeries,

iii) And most transplants;

~~(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;~~

(7) PA is not required:

~~(a)(b)~~ For kidney and cornea transplants, unless they are performed out-of-state;

~~(b)(e)~~ For emergent or urgent procedures or services;

~~(c)(d)~~ For hospital admissions, unless the procedure requires PA.

~~(8)(4)~~ The Division may request ~~A~~a second opinion may be requested by the Division of Medical Assistance Programs or the contractor before PA is given for a surgery.

~~(9)(5)~~ Treating and performing practitioners are responsible for obtaining PA.

~~(10)(6)~~ Refer to Table 130-0200-1 for all services and/procedures requiring PA.

~~(11)(7)~~ **Table 130-0200-1**

Statutory Authority: 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	32852	41899
00796	21194	22804	32853	42820
00938	21195	22808	32854	42821
01990	21196	22810	32855	42825
11960	21198	22812	32856	42826
11970	21199	22818	33933	42830
15822	21206	22819	33935	42831
15823	21208	22840	33944	42835
17106 (*1)	21209	22841	33945	42836
17107 (*1)	21256	22842	33976	43631
17108 (*1)	21260	22843	33979	43632
20910	21261	22844	33981	43633
21050	21263	22845	33982	43634
21120	21267	22846	33983	43641
21121	21268	22847	33990	43644
21137	21270	22848	33991	43645
21138	21275	22849	33992	43770
21139	21280	22851	33993	43771
21141	22532	23472	38204	43773
21142	22534	23473	38205	43775
21143	22548	23474	38206	43842
21145	22551	26560	38207	43843
21146	22552	26561	38208	43846
21147	22554	26562	38209	43847
21150	22556	27447	38210	43848
21151	22558	28340	38211	44135
21154	22585	28341	38212	44715
21155	22586	28344	38213	44720
21159	22590	28345	38214	44721
21160	22595	29800	38215	47135
21172	22600	30400	38230	47136
21175	22610	30410	38240	47140
21179	22612	30420	38241	47141
21180	22614	30430	38243	47142
21181	22630	30435	40840	47143
21182	22632	30450	40842	47144
21183	22633	30460	40843	47145
21184	22634	30462	40844	47146
21188	22800	32851	40845	47147

**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

47562	58200	63003	63103	63295
47563	58210	63005	63170	63300
47564	58240	63011	63172	63301
47570	58260	63012	63173	63302
47600	58262	63015	63180	63303
47605	58263	63016	63182	63304
47610	58267	63017	63185	63305
47612	58270	63020	63190	63306
47620	58275	63030	63191	63307
48160	58280	63035	63194	63308
48551	58285	63040	63195	63295
48552	58290	63042	63196	65125
48554	58291	63043	63197	65130
48556	58292	63044	63198	65135
49000	58293	63045	63199	65140
49329	58294	63046	63200	65150
51840	58400	63047	63250	65155
51841	58410	63048	63251	67311 (*2)
51845	58541	63050	63252	67312 (*2)
54360	58542	63051	63265	67314 (*2)
54400	58543	63055	63266	67316 (*2)
54401	58544	63056	63267	67318 (*2)
54405	58548	63057	63268	67320 (*2)
54408	58550	63064	63270	67331 (*2)
54410	58552	63066	63271	67332 (*2)
54411	58553	63075	63272	67334 (*2)
54416	58554	63076	63273	67335 (*2)
54417	58570	63077	63275	67340 (*2)
56805	58571	63078	63276	67343 (*2)
57267	58572	63081	63277	67345 (*2)
57283	58573	63082	63278	67346 (*2)
57284	58660	63085	63280	67550
57288	58661	63086	63281	67560
57291	58672	63087	63282	67900
57292	58673	63088	63282	67901
57335	58720	63090	63285	67902
58150	58940	63091	63286	67903
58152	62351	63101	63287	67904
58180	63001	63102	63290	67906

**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

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	
72192	
72193	
72194	
73221	
73222	
73223	
73721	
73722	