



PERMANENT ADMINISTRATIVE ORDER

DMAP 20-2026

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED: 06/03/2026 3:04 PM

ARCHIVES DIVISION SECRETARY OF STATE & LEGISLATIVE COUNSEL

FILING CAPTION: Resubmission of OARs to correct prior rule filing.

EFFECTIVE DATE: 06/03/2026

AGENCY APPROVED DATE: 06/03/2026

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RULES:

410-122-0184, 410-122-0250, 410-122-0300

AMEND: 410-122-0184

REPEAL: Temporary 410-122-0184 from DMAP 95-2025

NOTICE FILED DATE: 04/13/2026

RULE SUMMARY: Oregon Health Plan, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Repairs, Servicing, Replacement, Delivery, and Dispensing rule. This update is revising rule language to remove the duplicative description of HCPCS code K0739 for clarity.

CHANGES TO RULE:

410-122-0184

Repairs, Servicing, Replacement, Delivery, and Dispensing ¶

(1) For indications and limitations of coverage and medical appropriateness, the Division may cover reasonable and necessary repairs, servicing, and replacement of medically appropriate, covered durable medical equipment, prosthetics, and orthotics, including those items purchased or in use before the client enrolled with the Division:/ ¶

(a) Repairs:/ ¶

(A) To repair means to fix or mend and to put the equipment back in good condition after damage or wear to make the equipment serviceable;/ ¶

(B) Repairs (parts and labor) of DMEPOS items are performed on the base item. The replacement of parts or components that make up the base item is considered a repair;/ ¶

(C) If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment may be made for the amount of the excess;/ ¶

(D) Payment for repairs is not covered when:/ ¶

(i) The skill of a technician is not required;/ ¶

(ii) The equipment has been previously denied;/ ¶

(iii) Equipment is being rented, including separately itemized charges for repair;/ ¶

(iv) Equipment, parts and labor are covered under a manufacturer's or supplier's warranty./ ¶

(E) Code K0739 may not be used on an initial claim for equipment. Payment for any labor involved in assembling, preparing, or modifying the equipment on an initial claim is included in the allowable rate./ ¶

(b) Servicing:/ ¶

(A) Additional payment for routine periodic servicing, such as testing, cleaning, regulating, and checking the client's equipment is not covered. However, more extensive servicing that, based on the manufacturers' recommendations may only be performed by authorized technicians, may be covered for medically appropriate client-owned equipment;/ ¶

(B) Payment for maintenance/service is not covered for rented equipment. Providers must maintain, repair, or replace rented equipment at no charge to the Division or the client during the authorized rental period. The Division may authorize payment for covered servicing of capped rental items after six months have passed from the end of the final paid rental month. Use the corresponding Healthcare Common Procedure Coding System (HCPCS) code for the equipment in need of servicing at no more than the rental fee schedule allowable amount;/ ¶

(C) Up to one (1) month's rental shall be reimbursed at the level of either the equipment provided, or the equipment being repaired, whichever is less costly;/ ¶

(D) Maintenance and servicing that includes parts and labor covered under a manufacturer's or supplier's warranty is not covered./ ¶

(i) Providers must notify clients of warranty coverage and honor all warranties under applicable State law, whether it is a warranty from the manufacturer or the supplier. All equipment under warranty shall be repaired or replaced at no charge to the Division or the client in accordance with ORS 646A.460 to 646A.476./ ¶

(ii) If the dispensing provider is unable to fulfill the warranty and the equipment continues to be medically appropriate, the provider is responsible for any costs incurred to have a different provider repair or replace the equipment./ ¶

(c) Replacement refers to the provision of an identical or nearly identical item:/ ¶

(A) Temporary Replacement: One (1) month's rental of temporary replacement equipment (K0462) may be reimbursed when client-owned equipment, such as a wheelchair, is being repaired. The equipment in need of repair must be unavailable for use for more than one (1) day;/ ¶

(B) Permanent Replacement: Situations involving the provision of medically appropriate items when there is a change in the client's condition that warrants a new device, the client has outgrown the equipment, or when reasonable wear and tear renders the item non-functioning and not repairable, and there is coverage for the specific item identified in chapter 410, division 122;/ ¶

(C) Equipment that the client owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster./ ¶

(D) Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to irreparable wear takes into consideration the reasonable useful lifetime of the equipment:/ ¶

(i) Reasonable useful lifetime of DME is no less than five (5) years unless otherwise specified in Chapter 410, Division 122 rules;/ ¶

(ii) Computation of the useful lifetime is based on when the equipment is delivered to the client, not the age of the equipment;/ ¶

(iii) Replacement of the base item due to wear is not covered during the reasonable useful lifetime of the equipment;/ ¶

(iv) During the reasonable useful lifetime, repair up to the cost of replacement (but not actual replacement for medically appropriate equipment owned by the client) may be covered./ ¶

(E) Cases suggesting malicious damage, culpable neglect, or wrongful disposition of equipment may not be covered./ ¶

(d) Delivery:/ ¶

(A) Providers may deliver directly to the client or the authorized designee;/ ¶

(B) Providers, their employees, or anyone else having a financial interest in the delivery of an item may not sign and accept an item on behalf of a client;/ ¶

(C) Provider shall have documentation on file containing a description of the item delivered to the client to determine the accuracy of claims coding including, but not limited to, an invoice or statement in the provider records.// ¶

(D) A provider may deliver DMEPOS to a client in a hospital or nursing facility for the purpose of fitting or training the client in its proper use. This may be done up to two (2) days prior to the client's anticipated discharge to home. On the claim, bill the date of service as the date of discharge and specify the place of service as the client's home. The item must be for subsequent use in the client's home;/ ¶

(E) A provider may deliver DMEPOS to a client's home in anticipation of a discharge from a hospital or nursing facility. The provider may arrange for actual delivery approximately two (2) days prior to the client's anticipated discharge to home. On the claim, bill the date of service as the date of discharge and specify the place of service as the client's home;/ ¶

(F) No payment is made on dates of service the client receives training or fitting in the hospital or nursing facility for a particular DMEPOS item./ ¶

(e) For Dispensing Refills:/ ¶

(A) For DMEPOS products that are supplied as refills to the original order, providers must contact the client or designee prior to dispensing the refill to check the quantity on hand and continued need for the product;/ ¶

(B) Contact with the client or designee regarding refills must take place no sooner than thirty (30) calendar days prior to the expected end of the current supply./Contact with the client or designee regarding refills may only take place no sooner than approximately fourteen (14) calendar days prior to the delivery/shipping date;/ ¶

(C) For subsequent deliveries of refills, the provider shall deliver the DMEPOS product no sooner than ten (10) calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized. The Division shall allow for the processing of claims for refills delivered/shipped prior to the client exhausting their supply, but the provider must not dispense supplies that exceed a client's expected utilization;/ ¶

(D) Supplies dispensed are based on the practitioner's order. Regardless of utilization, a provider may not dispense more than a three (3) -month quantity of supplies at a time. This three (3) -month dispensing restriction for supplies may be further limited by rule limitations of coverage;/ ¶

(E) The provider may not automatically ship, dispense, or deliver a quantity of supplies on a predetermined regular basis, even if the client or designee has "authorized" this in advance;/ ¶

(F) Shipping and handling charges are not covered as this is included in the allowable rate for the DMEPOS product./ ¶

(f) The following services are not eligible for reimbursement:/ ¶

(A) Pick-up, delivery, shipping, and handling charges for DMEPOS, whether rented or purchased including travel time:/ ¶

(i) These costs are included in the calculations for allowable rates;/ ¶

(ii) These charges are not billable to the client./ ¶

(B) Supplies used with DME or a prosthetic device prior to discharge from a hospital or nursing facility;/ ¶

(C) Surgical dressings, urological supplies, or ostomy supplies applied in the hospital or nursing facility, including items worn home by the client./ ¶

(2) Documentation Requirements:/ ¶

(a) For repairs, servicing, and temporary replacement, a new practitioner's order is not required;/ ¶

(b) Submit the following documentation with the prior authorization (PA) request:/ ¶

(A) For repairs and servicing:/ ¶

(i) Narrative description, manufacturer and brand name/model name and number, serial number, and original date of purchase for the covered equipment in need of repair;/ ¶

(ii) Itemized statement of parts needed for repair including the estimated date of service, manufacturer's name (if billing for parts, include manufacturer's name and part number for each part), product name, part number, manufacturer's suggested retail price or manufacturer's invoice price, and estimated labor time; and/ ¶

(iii) Justification of the client's medical need for the item and statement that the client owns the equipment in need of repair./ ¶

(B) For temporary replacement:/ ¶

(i) Narrative description, manufacturer and brand name/model name and number, serial number, and original date of purchase for the covered equipment in need of repair;/ ¶

(ii) Narrative description, manufacturer and brand name/model name, and number of the replacement equipment;/ ¶

(iii) Itemized statement of parts needed for repair including the estimated date of service, manufacturer's name (if billing for parts, include manufacturer's name and part number for each part), product name, part number, manufacturer's suggested retail price or manufacturer's invoice price, and estimated labor time;/ ¶

(iv) Justification of the client's medical need for the item and statement that the client owns the equipment in need of repair; and/ ¶

(v) Description of why the repair takes more than one (1) day to complete./ ¶

(C) For permanent replacement, see specific coverage criteria in chapter 410, division 122 for more information;/ ¶

(D) For proof of delivery, DMEPOS providers shall:/ ¶

(i) Maintain proof of delivery documentation to the client in their records for seven (7) years;/ ¶

(ii) Maintain documentation that supports conditions of coverage in this rule are met;/ ¶

(iii) Make proof of delivery documentation available to the Division upon request./ ¶

(c) Proof of delivery requirements are based on the method of delivery;/ ¶

(d) A signed and dated delivery slip is required for items delivered directly by the provider to the client or designee. The delivery slip must include the following:/ ¶

(A) When a designee signs the delivery slip, their relationship to the client must be noted and the signature legible;/ ¶

(B) The client or designee's signature with the date the items were received;/ ¶

(C) Client's name;/ ¶

(D) Quantity, brand name, serial number, and a detailed description of the items being delivered;/ ¶

(E) The date of signature on the delivery slip must be the date the DMEPOS item is received by the client or designee; and/ ¶

(F) The date the client receives the item is the date of service./ ¶

(e) If the provider uses a delivery or shipping service or mail order, proof of delivery must include the service's tracking slip and the provider's own shipping invoice:/ ¶

(A) The provider's shipping invoice must include the:/ ¶

(i) Client's name;/ ¶

(ii) Quantity, brand name, serial number, and a detailed description of the items being delivered;/ ¶

(iii) Delivery service's package identification number associated with each individual client's package with a unique identification number and delivery address, including the actual date of delivery, if possible; and/ ¶

(iv) The shipping date must be used as the date of service, unless the actual date of delivery is available, then use this date as the date of service./ ¶

(B) The delivery service's tracking slip must reference:/ ¶

(i) Each client's packages; and/ ¶

(ii) The delivery address and corresponding package identification number given by the delivery service./ ¶

(f) Providers must utilize a signed and dated return postage-paid delivery or shipping invoice from the client or designee as a form of proof of delivery that must contain the following information:/ ¶

(A) Client's name;/ ¶

(B) Quantity, brand name, serial number, and a detailed description of items being delivered;/ ¶

(C) Required signatures from either the client or the designee./ ¶

(g) Delivery to nursing facilities or hospitals:/ ¶

(A) The date of service is the date the DMEPOS item is received by the nursing facility if delivered by the DMEPOS provider;/ ¶

(B) The date of service is the shipping date (unless the actual delivery date is known and documented) if the DMEPOS provider uses a delivery or shipping service./ ¶

(h) For those clients who are residents of an assisted living facility, a twenty-four (24) hour residential facility, an adult foster home, a child foster home, a private home or other similar living environment, providers must ensure supplies are identified and labeled for use only by the specific client for whom the supplies or items are intended./ ¶

(3) Procedure codes:/ ¶

(a) Replacement parts for wheelchair repair are billed using the specific HCPCS code, if one exists, or code K0108 (other accessories);/ ¶

(b) ~~K0739 - Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes;/ ¶~~

(A) Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes;/ ¶

(B) This code is used for services not covered by other codes or combination of codes in reference to the repairs of DMEPOS./ ¶

(c) K0108 - Wheelchair component or accessory, not otherwise specified - PA is required when the billed charge for an item is greater than \$150;/ ¶

(d) E1399 - Durable medical equipment, miscellaneous, - PA is required when the billed charge for an item is greater than \$150;/ ¶

(e) K0462 - Temporary replacement for client-owned equipment being repaired, any type - No PA required./

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: 414.065

AMEND: 410-122-0250

REPEAL: Temporary 410-122-0250 from DMAP 95-2025

NOTICE FILED DATE: 04/13/2026

RULE SUMMARY: Oregon Health Plan, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Breast Pumps rule. These updates include removing an old pump supply HCPCS code and adding a new HCPCS code with new description that currently represents the pump replacement valve; and, amending pump supply units and utilization for clarity regarding reimbursement.

CHANGES TO RULE:

410-122-0250

Breast Pumps ¶

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

(a) In accordance with Prioritized List of Health Services Breastfeeding Support and Supplies Guideline Note, the Division may cover a breast pump and supplies for postpartum women when a pump is necessary to establish or maintain milk production in order to maximize availability of breast milk to the baby; ¶

(b) For cases in which there is a medical indication for breast pumps, the pumps shall be supplied whenever possible within 24 hours to allow for continued milk production; ¶

(c) The client or caregiver shall receive instruction from the supplier in the proper use and care of the breast pump within 48 hours of receiving the equipment; ¶

(d) The rental of a hospital grade breast pump (E0604) may be covered for up to three (3) months when prescribed for use in the home; ¶

(e) A breast pump shall not be provided until a need is determined following birth; ¶

(f) A breast pump shall not be provided if it is known that mother is using a substance that is contraindicated while breastfeeding and does not plan to stop its use; ¶

(g) Replacement supplies may be covered when medically necessary and for the continued operation of the breast pump (E0602, E0603, E0604); ¶

(A) Reimbursement of medically necessary replacement supplies are limited to replacement tubing, replacement adapter, replacement cap for breast pump bottle, replacement breast shield and protector, replacement polycarbonate bottle, replacement locking ring, replacement ~~membrane and~~ valve, and a disposable collection and storage bag for breast milk (any size, any type); ¶

(B) The following represents the usual number of supplies expected to be medically appropriate; however, the quantity and frequency of replacement supplies shall be determined by the treating practitioner: ¶

(i) A4281 - 2 ~~se~~units per year; ¶

(ii) A4282 - 2 ~~se~~units per year; ¶

(iii) A4283 - 2 ~~se~~units per year; ¶

(iv) A4284 - 2 sets per year; ¶

(v) A4285 - 2 ~~se~~units per year; ¶

(vi) A4286 - 2 ~~se~~units per year; ¶

(vii) A4287 - 186 units per month; ¶

(viii) ~~A4649 - Valves and membranes, 1 pair = 1 unit, 6 pair~~ 288 - 2 units per year. ¶

(2) Prior Authorization (PA): A PA is obtained from the same authorizing authority as specified in OAR 410-122-0040. PA is required for the following: ¶

(a) Replacement of the breast pump due to loss, theft, or irreparable damage in accordance with OAR 410-122-0184; ¶

(b) Replacement supplies not identified in this rule; ¶

(c) Rental of a hospital grade breast pump (E0604) beyond the third month; ¶

(3) The following services are not considered medically necessary: ¶

(a) Accessories not necessary for the operation of a breast pump (for example, travel bags, nursing bras, bra pads, breast feeding pillows, etc.); ¶

(b) An electric breast pump for the comfort and convenience of the mother; ¶

(c) Purchase of heavy-duty hospital grade breast pumps; ¶

(d) Replacement parts covered under the manufacturer's and/or supplier's warranty. ¶

(4) Reimbursement: ¶

- (a) Reimbursement for the purchase of a single-user electric breast pump (E0603) includes all parts and supplies necessary for the operation of the electric pump; ¶
- (b) Reimbursement for the purchase of a manual breast pump (E0602) includes all parts and supplies necessary for the operation of the manual pump; ¶
- (c) Reimbursement for the first month's rental of a hospital grade breast pump (E0604) includes all parts and supplies necessary for the operation of the hospital grade pump; ¶
- (d) Replacement supplies, other than breast shields, are not reimbursable at the time of purchase or rental; ¶
- (e) Rental charges apply to purchase; ¶
- (f) Reimbursement is limited to the purchase of one (1) breast pump per pregnancy; ¶
- (5) Documentation: ¶
 - (a) For services requiring prior authorization, submit documentation that supports coverage criteria in this rule are met; ¶
 - (b) Medical records and documentation to support the client meets criteria and conditions of coverage in this rule must be on file with the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider and made available to the Division on request. ¶
- (6) Procedure Codes: ¶
 - (a) E0602 - Breast pump, manual, any type - purchase only; ¶
 - (b) E0603 - Breast pump, electric (AC and/or DC), any type - purchase only; ¶
 - (c) E0604 - Breast pump, hospital grade, electric (AC and/or DC), any type - rental only; ¶
 - (d) A4281 - Tubing for breast pump, replacement; ¶
 - (e) A4282 - Adapter for breast pump, replacement; ¶
 - (f) A4283 - Cap for breast pump bottle, replacement; ¶
 - (g) A4284 - Breast shield and splash protector for use with breast pump, replacement; ¶
 - (h) A4285 - Polycarbonate bottle for use with breast pump, replacement; ¶
 - (i) A4286 - Locking ring for breast pump, replacement; ¶
 - (j) A4287 - Disposable collection and storage bag for breast milk, any size, any type; ¶
 - (k) ~~A4649~~A4288 - Valve and membrane for breast pump, replacement.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

AMEND: 410-122-0300

REPEAL: Temporary 410-122-0300 from DMAP 95-2025

NOTICE FILED DATE: 04/13/2026

RULE SUMMARY: Oregon Health Plan, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Light Therapy rule. This update includes removing language which incorrectly identifies the Prioritized List Guideline Note for clarity.

CHANGES TO RULE:

410-122-0300
Light Therapy ¶¶

(1) Indications and limitations of coverage and medical appropriateness: The Division may cover home phototherapy when medically appropriate and for the following conditions: ¶¶

(a) For a term or near-term infant whose elevated bilirubin is not due to a primary hepatic disorder or other hemolytic disorder that requires inpatient care and the American Academy of Pediatrics Clinical Practice Guidelines for management of hyperbilirubinemia with phototherapy are met; the Practice Guidelines are available at <https://publications.aap.org/pediatrics/article/150/3/e2022058859/188726/Clinical-Practice-Guideline-Revision-Management-of?autologincheck=redirected> ¶¶

(b) For severe inflammatory skin conditions identified in the ~~Health Evidence Review Commission's~~ Prioritized List of Health Services Severe Inflammatory Skin Disease Guideline Note. / ¶¶

(2) Prior Authorization (PA): ¶¶

(a) Ultraviolet light therapy systems (E0691, E0692, E0693, E0694); ¶¶

(b) Refer to the Prioritized List of Health Services Severe Inflammatory Skin Disease Guideline Note for coverage guidelines. ¶¶

(3) Reimbursement: ¶¶

(a) Reimbursement for the monthly rental of a phototherapy light (E0202) includes supplies, instruction, training, and twenty-four (24) hour on-call service necessary for the operation and effective use of the equipment; ¶¶

(b) Reimbursement for the monthly rental or purchase of the ultraviolet light therapy systems includes supplies, instruction, and training necessary for the operation and effective use of the equipment; ¶¶

(c) Rental charges apply to purchase. ¶¶

(4) Documentation Requirements: ¶¶

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

(b) Documentation and medical records to support the client meets all criteria and conditions of coverage in this rule must be kept on file with the DMEPOS provider and shall be made available to the Division upon request. ¶¶

(5) Procedure Codes: ¶¶

(a) E0202 - Phototherapy (bilirubin) light with photometer ¶¶

(b) E0691 - Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less ¶¶

(c) E0692 - Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel ¶¶

(d) E0693 - Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel/ ¶¶

(e) E0694 - Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection ¶¶

(f) A4633 - Replacement bulb/lamp for ultraviolet light therapy system, each ¶¶

(6) Table_122-0300 Light Therapy.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

NOTE: Attachments referenced are attached to this document. You may view the attachment 410-122-0300.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:

<https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=336244>