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CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Auditory Osseointegrated Device Component Replacement Codes And Supporting Rules To Allow For Needed Member services

EFFECTIVE DATE: 10/22/2021

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RULES:

410-129-0070, 410-129-0085, 410-129-0240

AMEND: 410-129-0070

REPEAL: Temporary 410-129-0070 from DMAP 17-2021

NOTICE FILED DATE: 07/09/2021

RULE SUMMARY: Auditory osseointegrated device component replacement codes and supporting rules to allow for needed member services. Currently approved at 100%, need to revise rule to match process.

CHANGES TO RULE:

410-129-0070
Limitations ¶¶

(1) SLP services:¶¶

(a) Shall be provided by a practitioner as described in OAR 410-129-0065;¶¶

(b) Requirements for rehabilitative and habilitative therapy treatment:¶¶

(A) May not exceed one hour per day each for a group or individual;¶¶

(B) Shall be either group or individual and may not be combined in the authorization period; and¶¶

(C) Require PA after 30 habilitative and 30 rehabilitative visits per calendar year.¶¶

(c) The following SLP services are not subject to PPR and do not require PA but are limited to:¶¶

(A) Two SLP evaluations in a 12-month period;¶¶

(B) Two evaluations for dysphagia in a 12-month period;¶¶

(C) Up to four re-evaluations in a 12-month period;¶¶

(D) One evaluation for speech-generating/augmentative communication system or device (SGD) shall be reimbursed per recipient in a 12-month period;¶¶

(E) One evaluation for voice prosthesis or artificial larynx shall be reimbursed in a 12-month period;¶¶

(F) Purchase, repair, or modification of electrolarynx;¶¶

(G) Supplies for speech therapy shall be reimbursed up to two times in a 12-month period, not to exceed \$5 each.¶¶

(d) The purchase, rental, repair, or modification of a SGD requires PA. Rental of a SGD is limited to one month. All rental fees shall be applied to the purchase price.¶¶

(2) Audiology and hearing aid services:¶

(a) All hearing services shall be performed by a licensed physician, audiologist, or hearing aid specialist;¶

(b) Binaural hearing aids shall be reimbursed no more frequently than every five years for adults age 21 and older who meet the following criteria and medical necessity: Loss of 35 decibel (dB) hearing level or greater in two or more of the following frequencies: 1000, 2000, 3000, and 4000 Hertz (Hz);¶

(c) Binaural hearing aids shall be reimbursed no more frequently than every three years for children, birth through age 20, who meet the following criteria:¶

(A) Pure tone average of 25dB for the frequencies of 500Hz, 1000Hz, and 2000Hz; or¶

(B) High frequency average of 35dB for the frequencies of 3000Hz, 4000Hz, and 6000Hz.¶

(d) An assistive listening device may be authorized for individuals aged 21 or over who are unable to wear or who cannot benefit from a hearing aid. An assistive listening device is defined as a simple amplification device designed to help the individual hear in a listening situation. It is restricted to a hand-held amplifier and headphones;¶

(e) The following services do not require PA:¶

(A) One basic audiologic assessment in a 12-month period;¶

(B) One basic comprehensive audiometry (audiologic evaluation) in a 12-month period;¶

(C) One hearing aid examination and selection in a 12-month period;¶

(D) One pure tone audiometry (threshold) test; air and bone in a 12-month period;¶

(E) One electroacoustic evaluation for hearing aid; monaural in a 12-month period;¶

(F) One electroacoustic evaluation for hearing aid; binaural in a 12-month period;¶

(G) Hearing aid batteries - maximum of 60 individual batteries in a 12-month period. Clients shall meet the criteria for a hearing aid.¶

(f) The following services require PA:¶

(A) Hearing aids;¶

(B) Repair of hearing aids, including ear mold replacement;¶

(C) Hearing aid dispensing and fitting fees;¶

(D) Assistive listening devices;¶

(E) Cochlear implant batteries;¶

(F) Bone anchored hearing aid (BAHA) replacement components.¶

(g) Services not covered:¶

(A) FM systems;¶

(B) Vibro-tactile aids;¶

(C) Earplugs;¶

(D) Adjustment of hearing aids is included in the fitting and dispensing fee and is not reimbursable separately;¶

(E) Aural rehabilitation therapy is included in the fitting and dispensing fee and is not reimbursable separately;¶

(F) Tinnitus masker.

Statutory/Other Authority: ORS 413.042, ORS 414.065

Statutes/Other Implemented: ORS 414.065, 414.025

AMEND: 410-129-0085

REPEAL: Temporary 410-129-0085 from DMAP 17-2021

NOTICE FILED DATE: 07/09/2021

RULE SUMMARY: Auditory osseointegrated device component replacement codes and supporting rules to allow for needed member services. Currently approved at 100%, need to revise rule to match process.

CHANGES TO RULE:

410-129-0085

Payment Methodology

(1) Speech-Language Pathology and Audiology outpatient services are priced based on RVU (Refer to OAR 410-120-1340(6));¶

(a) Surgical procedures such as cochlear implants may be provided in a hospital or ambulatory surgical center (ASC) (Refer to OAR 410-120-1340 (6) and (8));¶

(b) The Division reimburses inpatient hospital service under the DRG methodology, unless specified otherwise in the Division's Hospital Services program administrative rules, chapter 410, division 125.¶

(2) The Division shall reimburse codes E2599 (Accessory for SGD, not otherwise classified) and E2512 (SGD accessory, mounting system) and any code that requires manual pricing, using 75 percent of the manufacturer's suggested retail price (MSRP). This is verifiable with quote, invoice, or bill from the manufacturer that clearly states the amount indicated is MSRP.¶

(3) Reimbursement on code E2599 (SGD accessory, not otherwise classified) shall be capped at \$6,200.¶

(4) Reimbursement on accessory code E2512 shall be capped at \$3,300.¶

(5) PA is required for SGD accessory code E2599 when the cost is greater than \$520.¶

(6) PA is required for miscellaneous accessory code E2512 when the cost is greater than \$480.¶

(7) The Division shall reimburse codes L8690-L8694 using 75 percent of the manufacturer's suggested retail price (MSRP). This is verifiable with quote, invoice, or bill from the manufacturer that clearly states the amount indicated is MSRP.

Statutory/Other Authority: ORS 413.042, ORS 414.065

Statutes/Other Implemented: ORS 414.065, 414.025

AMEND: 410-129-0240

REPEAL: Temporary 410-129-0240 from DMAP 17-2021

NOTICE FILED DATE: 07/09/2021

RULE SUMMARY: Auditory osseointegrated device component replacement codes and supporting rules to allow for needed member services. Currently approved at 100%, need to revise rule to match process.

CHANGES TO RULE:

410-129-0240

Audiologist and Hearing Aid Procedure Codes ¶¶

(1) Inclusion of a CPT/HCPCS code on the following does not mean that a code is covered. Refer to OAR 410-141-0480, 410-141-0500, and 410-141-0520 for information on coverage. ¶¶

(2) The following are Audiologist and hearing aid procedure codes: ¶¶

(a) 92553 - Pure tone audiometry, air and bone, limited to one per calendar year; ¶¶

(b) 92557 - Comprehensive audiometry threshold evaluation and speech recognition includes pure tone, air and bone, and speech threshold and discrimination. Also includes testing necessary to determine feasibility of amplification; ¶¶

(c) 92590 - Hearing aid examination and selection, monaural may include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid and to determine if the ear should receive amplification; ¶¶

(d) 92591 - Hearing aid examination and selection, binaural may include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid, and which ear should receive amplification; ¶¶

(e) V5261 - Hearing aid, digital, binaural and behind the ear requires PA; ¶¶

(f) V5011 - Fitting, orientation, checking of hearing aid includes adjusting aid to the wearer, instructions to wearer, and follow-up care, and requires PA prior to provision of services; ¶¶

(g) V5160 - Hearing aid dispensing fee, binaural, requires PA prior to providing services; ¶¶

(h) V5171 - Hearing aid, contralateral routing device, monaural, in the ear (ite); ¶¶

(i) V5181 - Hearing aid, contralateral routing device, monaural, behind the ear (bte); ¶¶

(j) V5200 - Hearing aid dispensing fee, contralateral, monaural, requires PA prior to providing services; ¶¶

(k) V5211 - Hearing aid, contralateral routing system, binaural, (ite/ite); ¶¶

(L) V5221 - Hearing aid, contralateral routing system, binaural, (bte/bte); ¶¶

(m) V5240 - Hearing aid dispensing fee, two devices, contralateral routing system, binaural, requires PA prior to providing services; ¶¶

(n) V5241 - Hearing aid dispensing fee, monaural hearing aid, any type, requires PA prior to providing services; ¶¶

(o) 95992 - Canalith repositioning, treatment for vertigo, per day. ¶¶

(3) Special otorhinolaryngologic services codes only apply to services for cochlear implants. These services include medical diagnosis evaluation by the otology physician: ¶¶

(a) 92601 - Diagnostic analysis of cochlear implant, patient under seven years of age, with programming; ¶¶

(b) 92602 - Analysis and reprogramming of inner ear (cochlear) implant, younger than 7 years of age; ¶¶

(c) 92603 - Diagnostic analysis of cochlear implant, age seven years or older, with programming; follow up exam; ¶¶

(d) 92604 - Analysis and reprogramming of inner ear (cochlear) implant, age 7 years or older; ¶¶

(e) 92626 - Evaluation of auditory rehabilitation status, first hour; ¶¶

(f) 92627 - Each additional 15 minutes; ¶¶

(g) 92630 - Auditory rehabilitation; pre-lingual hearing loss; ¶¶

(h) 92633 - Post-lingual hearing loss; ¶¶

(i) L8614 - Cochlear device/system (only reimbursed to hospitals); ¶¶

(j) L8615 - Headset/headpiece for use with cochlear implant device, replacement; ¶¶

(k) L8616 - Microphone for use with cochlear implant device, replacement; ¶¶

(L) L8617 - Transmitting coil for use with cochlear implant device, replacement; ¶¶

(m) L8618 - Transmitter cable for use with cochlear implant device, replacement; ¶¶

(n) L8619 - Cochlear implant external speech processor, replacement; ¶¶

(o) L8621 - Zinc air battery for use with cochlear implant device, replacement, each (maximum of 420 batteries per 12 months); ¶¶

(p) L8622 - Alkaline battery for use with cochlear implant device, replacement, each (maximum of 420 batteries per 12 months); ¶¶

- (q) L8623 - Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (maximum of two rechargeable per 12 months);¶
- (r) L8624 -Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each (maximum of two rechargeable per 12 months);¶
- (s) L8690 - Auditory osseointegrated device, includes all internal and external components;¶
- (t) L8691 - Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each;¶
- (u) L8692 - Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment;¶
- (v) L8693 - Auditory osseointegrated device abutment, any length, replacement only;¶
- (w) L8694 - Auditory osseointegrated device, transducer/actuator, replacement only, each;¶
- (x) L7510 - Repair of prosthetic device, repair or replace minor parts, requires PA prior to providing services;¶
- (~~y~~) L7520 - Repair prosthetic device, labor component, for 15 minutes, requires PA prior to providing services.
- Statutory/Other Authority: ORS 413.042, 414.065
- Statutes/Other Implemented: ORS 414.025, 414.065