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PERMANENT ADMINISTRATIVE ORDER

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ARCHIVES DIVISION
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& LEGISLATIVE COUNSEL

DMAP 59-2021

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

FILING CAPTION: Removes Second Bariatric Surgery Request, Continues Prior Authorization Extension To 38 Weeks For Community
Births

EFFECTIVE DATE: 01/01/2022

AGENCY APPROVED DATE: 12/30/2021

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AMEND: 410-130-0200

REPEAL: Temporary 410-130-0200 from DMAP 35-2021

NOTICE FILED DATE: 08/12/2021

RULE SUMMARY: The amended rule authorizes the Division to receive requests for prior authorization of community births, also known as out of hospital births up to thirty-four (38) weeks, zero (0) days gestation. The amended rule also streamlines the process for approval of bariatric surgery requests to a single authorization rather than a two-step process. This rule authorizes the Division to operationalize intended coverage of medical services including planned community or out of hospital birth services as described in the Health Evidence Review Commission's (HERC) Prioritized List of health services and guideline notes which can be found at https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx

CHANGES TO RULE:

410-130-0200
Prior Authorization ¶

(1) For fee-for-service (FFS) clients, ~~p~~Prior ~~a~~Authorization (PA) is required for all procedure codes listed in Table 130-0200-1. P~~rior authorization~~A is required in all settings unless otherwise indicated. See indicators in table heading. For details on where to obtain PA, download a copy of the Prior Authorization Handbook at: http://www.oregon.gov/oha/HSD/OHP/Tools/Prior%20Authorization%20Handbook.pdf.¶
(2) Providers must obtain PA from the OHP payer, either FFS or CCO; that shall be responsible for payment at the time the service is delivered.¶
(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 410-141-3830.¶
(4) Codes for which medical need has not been specified by the HERC shall be authorized based on medical appropriateness as the term is defined in OAR 410-120-0000.¶
(5) ~~For out-of-hospital birth PA requests, initial documentation adequate to assess pregnancy risk per OAR 410-~~

~~130-0240 must be received on or before 34 weeks gestation.¶~~
~~(a) Exceptions to the 34-week limit may be granted in cases including the following: ¶~~
~~(A) Member has recently moved to Oregon;~~PA requests for coverage of planned births taking place in a clinic, birth center or home setting will be referred to as community births or as out-of-hospital births. To obtain PA for coverage of these services, providers must meet the requirements and submit the forms and required supporting documentation as described in the Planned Community Births (Out-of-Hospital Births) Prior Authorization and Billing Guide, effective September 2021 available at: https://www.oregon.gov/oha/HSD/OHP/Tools/Planned-Community-Birth-Guide.pdf.¶
(~~B~~a) ~~Member is newly enrolled in Oregon Health Plan; or¶~~
~~(C) Member's previous prenatal care or birth provider closes their practice.~~Due to the current COVID-19 public health emergency and surge in Oregon cases impacting hospital capacities, initial documentation to assess pregnancy risk per OAR 410-130-0240 must be received by the Division no later than 38 weeks, 0 days gestation, through the COVID health emergency or until rescinded or revised by the Division;¶
(b) Documentation requirements reflecting prior prenatal care must ~~still~~ be met. Requests for ongoing documentation to continue the support of assessment of pregnancy risk must also be met per OAR 410-120-1320(2)(3).¶
(6) ~~For bariatric surgery, PA is required in two steps from:¶~~
~~(a) The OHP primary care provider prior to referral to a bariatric surgery center, and¶~~
~~(b) The bariatric surgery center prior to surgery.¶~~
~~(7)~~ PA is not required:¶
(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;¶
(b) For kidney and cornea transplants unless they are performed out-of-state;¶
(c) For emergent ~~or urgent~~ procedures or services;¶
(d) For hospital admissions unless the procedure requires PA.¶
(~~8~~7) A second opinion may be requested by the Division or the contractor before PA is given.¶
(~~9~~8) Treating and performing practitioners are responsible for obtaining PA.¶
(~~10~~9) PA documentation must be complete and legible.¶
(1~~1~~0) PA shall be considered based on the documentation submitted.¶
(1~~2~~1) Refer to Table 130-0200-1 for all services and procedures requiring PA.¶
~~(13) Table 130-0200-1.~~
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.025, 414.065

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

Table 130-0200-1 Prior Authorization

For codes with the following indicators:

(*1) Authorized for facial lesions only, if meets other PA requirements

(*2) PA not required for clients under age 21

(*3) PA only require if procedure is for treatment of gender dysphoria

(*4) PA only required for out-of-hospital births, also known as community births

(*5) PA only required when billed with headache diagnosis codes on the Migraine and Tension Headache lines of the Prioritized list.

(*6) PA not required when billed with cancer diagnosis codes (C00-D49.9) that are also above the funding line on the Prioritized list. PA required for all other diagnosis codes.

Code	Indicator
00580	
S2053	
S2065	
S2118	
S2142	
S2150	
S2350	
S2351	
00796	
00938	
01990	
11960	
11970	
14000	(*3)
14001	(*3)
15200	(*3)
15201	(*3)
15822	
15823	
17106	(*1)
17107	(*1)
17108	(*1)
17380	(*3)
19303	(*3)
19304	(*3)
19316	(*3)
19318	(*3)
19324	(*3)
19325	(*3)
19340	(*3)
19342	(*3)
19350	(*3)
20910	
21050	
21120	
21121	
21137	
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23473	
23474	
26560	
26561	
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29800	
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30435	
30450	
30462	

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44720	
44721	
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