



PERMANENT ADMINISTRATIVE ORDER

DMAP 111-2024

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

07/11/2024 9:17 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Updates prior authorization list to include newly covered procedures for gender affirming care.

EFFECTIVE DATE: 07/11/2024

AGENCY APPROVED DATE: 07/09/2024

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AMEND: 410-130-0200

NOTICE FILED DATE: 04/12/2024

RULE SUMMARY: Updates the reference in 410-130-0200 to adopt an amended table containing a list of procedures with prior authorization requirements.

CHANGES TO RULE:

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. PA 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) 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>.¶

(a) 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 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) 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 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 procedures or services;¶

(d) For hospital admissions unless the procedure requires PA.¶

(7) A second opinion may be requested by the Division or the contractor before PA is given.¶

(8) Treating and performing practitioners are responsible for obtaining PA.¶

(9) PA documentation must be complete and legible.¶

(10) PA shall be considered based on the documentation submitted.¶

(11) Refer to Table 130-0200-1 for all services and procedures requiring PA.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065

RULE ATTACHMENTS MAY 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 required 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.

Procedure Code	Indicator
S2053	
S2065	
S2118	
S2142	
S2150	
S2350	
S2351	
00580	
00796	
00938	
01990	
11920	
11921	
11922	
11950	(*3)
11951	(*3)
11952	(*3)
11954	(*3)
11960	
11970	
13131	(*3)
13132	(*3)
13133	(*3)
14000	(*3)
14001	(*3)
15200	(*3)

15201	(*3)
15773	
15774	
15775	
15776	
15820	
15821	
15822	
15823	
15824	
15825	
15826	
15828	
15829	
15830	(*3)
15832	(*3)
15833	(*3)
15834	(*3)
15835	(*3)
15839	(*3)
15876	(*3)
15877	(*3)
15878	(*3)
15879	(*3)
17106	(*1)
17107	(*1)
17108	(*1)
17110	(*3)
17111	(*3)
17380	(*3)
19303	(*3)
19316	(*3)
19318	(*3)
19325	(*3)
19340	(*3)
19342	(*3)
19350	(*3)
19357	(*3)

20910	
20912	(*3)
21025	(*3)
21026	(*3)
21050	
21120	
21121	
21122	(*3)
21123	(*3)
21125	(*3)
21127	(*3)
21137	
21138	
21139	
21141	
21142	
21143	
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21146	
21147	
21150	
21151	
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21155	
21159	
21160	
21172	
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21179	
21180	
21181	
21182	
21183	
21184	
21188	
21193	(*3)
21194	
21195	

21196	
21198	
21199	
21206	
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21280	
22532	
22534	
22548	
22551	
22552	
22554	
22556	
22558	
22585	
22586	
22590	
22595	
22600	
22610	
22612	
22632	
22633	
22634	
22800	
22804	
22808	
22810	
22812	

22818	
22819	
22840	
22841	
22842	
22844	
22845	
22851	
22856	
22857	
22861	
22862	
22864	
22865	
23472	
23473	
23474	
26560	
26561	
26562	
28340	
28341	
28344	
28345	
29800	
30400	
30410	
30420	
30430	
30435	
30450	
30462	
30465	(*3)
30520	(*3)
31750	(*3)
32851	
32852	
32853	

32854	
32855	
32856	
33933	
33935	
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33990	
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33993	
38204	
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38213	
38214	
38215	
38230	
38240	
38241	
38243	
40654	(*3)
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40842	
40843	
40844	
40845	

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43633	
43634	
43641	
43644	
43645	
43770	
43771	
43773	
43775	
43842	
43843	
43846	
43847	
43848	
44135	
44715	
44720	
44721	
47135	
47136	
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47147	
48160	
48551	
48552	

48554	
48556	
49329	
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51841	
51845	
52281	(*3)
53010	(*3)
53020	(*3)
53400	(*3)
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53425	(*3)
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53520	(*3)
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54360	
54400	(*3)
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54408	(*3)
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54530	(*3)
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55120	(*3)

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55180	(*3)
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56620	(*3)
56625	(*3)
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56810	(*3)
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57110	(*3)
57111	(*3)
57120	(*3)
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58152	(*3)
58180	(*3)
58200	
58210	
58240	
58260	(*3)
58262	(*3)
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58267	
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58285	(*3)
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58291	(*3)
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58293	
58294	
58400	
58410	
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64910	(*3)
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65135	
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65150	
65155	
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67346	(*2)
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70460	(*6)
70470	(*6)
70551	(*6)
70552	(*6)
70553	(*6)
72141	(*6)
72142	(*6)
72146	(*6)
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72148	(*6)

72149	(*6)
72156	(*6)
72157	(*6)
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78609	
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78815	
78816	
90378	
92507	
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97606	(*3)