OFFICE OF THE SECRETARY OF STATE
SHEMIA FAGAN
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

# PERMANENT ADMINISTRATIVE ORDER

**FILED**
06/28/2022 9:57 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

## DMAP 63-2022
CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Remove Billing Restrictions For Preventive Services and Certain Billing Codes on OHP FFS Fee-Schedule

EFFECTIVE DATE: 06/28/2022

AGENCY APPROVED DATE: 06/27/2022

CONTACT: Nita Kumar
503-847-1357
hsd.rules@dhsoha.state.or.us

500 Summer St NE,
Salem,OR 97301

Filed By:
Nita Kumar
Rules Coordinator

AMEND: 410-130-0220

NOTICE FILED DATE: 03/28/2022

RULE SUMMARY: Remove restriction of reimbursement for codes 98960-98962 to enable supervising providers to bill for HERC approved prevention services. The amendment improves access to preventive services, especially in minority communities by expanding providers who can bill for HERC approved services. This rule change also allows certain billing Codes to pay in alignment with the OHP fee-for-service Fee-Schedule that were previously restricted.

CHANGES TO RULE:

410-130-0220
Not Covered/Bundled Services/Not Valid ¶

(1) Under the Division's Fee-for-Service Medical-Surgical program, no payment shall be made for (a) and (b) of this section except in accordance with applicable exceptions as defined in administrative rule:¶
(a) For the purposes of this rule, the billing codes that are not covered shall be:¶
(A) Services below the funding line or otherwise specified as not covered on the Health Evidence Review Commission (HERC) Prioritized List of Health Services as referenced in OAR 410-141-~~052~~3830;¶
(B) Services specified in OAR 410-120-1200;¶
(C) For Ambulatory Surgical Centers, services listed on Medicare's ASC Covered Surgical Procedures file addendum EE, Surgical Procedures to Be Excluded from Payment in ASCs as referenced in OAR 410-120-1340.¶
(b) For the purposes of this rule, the billing codes that are not eligible for separate reimbursement shall be:¶
(A) Services listed in Medicare's Physician Fee Schedule RVU file as referenced in OAR 410-120-1340 that have a code status of B (Bundled Code) or P (Bundled/Excluded Codes). ~~Certain s~~Services billed with billing codes 98960-98962 are excepted from this subsection and may be reimbursed separately ~~when the rendered provider for these services is a certified community health worker (CHW)~~;¶
(B) For Ambulatory Surgical Centers, services listed on Medicare's ASC Covered Surgical Procedures file as referenced in OAR 410-120-1340 that have payment indicator N1 (Packaged service) or L1 (Packaged item/service);¶
(C) ~~S~~Certain services listed in the Medicare's Physician Fee Schedule RVU file that have a code status of I (Not valid for Medicare purposes) as referenced in OAR 410-120-1340. ~~Payment for these services when covered is under another coding option~~Services with this status code are eligible for separate reimbursement only when

listed on the Authority's published fee schedule;¶
(D) Services listed in the Medicare's Physician Fee Schedule RVU file that have a code status of M (Measurement codes) or Q (Therapy functional information code) as referenced in OAR 410-120-1340.¶
(2) In the event that a covered Fee-for-Service Medical-Surgical program service does not have a payment methodology specified in OAR 410-120-1340 or in other program specific rules, the division may set a reasonable rate for the service's billing codes or designate that the service's billing codes do not pay separately. No reimbursement shall be made for services designated to not pay separately.¶
(3) Nothing in this rule is intended to prevent payment for services by CCOs or in programs other than the Division's Fee-for-Service Medical-Surgical program. See applicable rules for CCO payment and other programs.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.025, 414.065