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503-373-0701

TEMPORARY ADMINISTRATIVE ORDER INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 1-2026

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

01/20/2026 8:47 AM

ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Clarify HCPCS supplies and DME that are bundled or otherwise not eligible for reimbursement.

EFFECTIVE DATE: 01/20/2026 THROUGH 07/18/2026

AGENCY APPROVED DATE: 01/16/2026

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NEED FOR THE RULE(S):

Clarify which HCPCS supplies and DME are bundled or otherwise not eligible for reimbursement. Some of the language in the rule does not reflect our current policy and is causing problems between CCOs and their providers.

JUSTIFICATION OF TEMPORARY FILING:

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s): Failure to act promptly will result in serious prejudice to the interest of the parties concerned. CCOs in their role as payer for OHP covered services and healthcare providers are uncertain as to which rule to follow. The conflicting rules are preventing them from settling payment.

(2) Who would suffer these consequences: CCOs and providers serving OHP members.

(3) Why or how failure to immediately take rulemaking action would cause these consequences: Inaction could lead to denied claims

(4) How the temporary action will avoid or mitigate those consequences: Clarifies which codes are bundled or otherwise not eligible for reimbursement.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

None

AMEND: 410-130-0700

RULE SUMMARY: Clarify HCPCS supplies and DME that are bundled or otherwise not eligible for reimbursement.

CHANGES TO RULE:

410-130-0700

HCPCS Supplies and DME ¶

- (1) Use appropriate HCPCS codes to bill all supplies and DME. ¶
- (2) For items that do not have specific HCPCS codes: ¶
 - (a) Use unlisted HCPCS code; ¶
 - (b) Bill at acquisition cost, purchase price plus postage. ¶
 - (3) CPT code 99070 is no longer billable for supplies and materials. Use HCPCS codes. ¶
 - (4) Use S3620 with modifier TC for lost newborn screening (NBS) kits. ¶
 - (5) The Division of Medical Assistance Programs (Division) bundles reimbursement for office surgical suites and office equipment in the reimbursement of surgical procedures. ¶
 - (6) Contraceptive Supplies - Refer to OAR 410-130-0585. ¶
 - (7) A4000-A9999: ¶
 - (a) ~~All "A" codes listed in Table 130-0700-1 are covered under this program;~~ ¶
 - (b) ~~All "A" codes not listed in Table 130-0700-1 Certain codes in this range are bundled or otherwise not eligible for separate payment under the division's Fee-for-Service Medical-Surgical program. HCPCS supplies and DME that are eligible for billing under A4000-A9999 codes, must be referred to a Durable Medical Equipment (DME) provider; billed in accordance with the criteria set forth in OAR 410-130-0220.~~ ¶
 - (c) Do not use A4570, A4580 and A4590 for splint and cast materials. Use codes Q4001-Q4051; ¶
 - (d) A9150-A9999 (administrative, investigational, and miscellaneous) are not covered, except for A9500-A9699. Refer to OAR 410-130-0680. ¶
 - (8) B4000-B9999: ¶
 - (a) HCPCS codes B4034-B4036 and B4150-B9999 are not covered for medical-surgical providers; ¶
 - (b) Refer these services to home enteral/parenteral providers. ¶
 - (9) C1000-C9999 are not covered. ¶
 - (10) E0100-E1799: Division covers only the following DME HCPCS codes for medical-surgical providers when provided in an office setting: ¶
 - (a) E0100-E0116; ¶
 - (b) E0602; ¶
 - (c) E0191; ¶
 - (d) E1399; ¶
 - (e) Refer all other items with "E" series HCPCS codes to DME providers. ¶
 - (11) J0000-J9999 HCPCS codes - Refer to OAR 410-130-0180 for coverage of drugs. ¶
 - (12) K0000-K9999 HCPCS codes - Refer all items with "K" series to DME providers. ¶
 - (13) L0000-L9999: ¶
 - (a) Refer to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies program Administrative rules for coverage criteria for orthotics and prosthetics; ¶
 - (b) ~~Refer to Table 130-0220-1 for a list of "L" codes that are not covered; Certain "L" codes are bundled or otherwise do not pay separately. L codes must be billed in accordance with the criteria set forth in OAR 410-130-0220.~~ ¶
 - (c) Reimbursement for orthotics is a global package, which includes: ¶
 - (A) Measurements; ¶
 - (B) Moldings; ¶
 - (C) Orthotic items; ¶
 - (D) Adjustments; ¶
 - (E) Fittings; ¶
 - (F) Casting and impression materials. ¶
 - (d) Evaluation and Management codes are covered only for the diagnostic visit where the medical appropriateness for the orthotic is determined and for follow-up visits unrelated to the fitting of the orthotic. ¶
 - (14) ~~Refer to Table 130-0700-1 for supplies and DME covered in the office setting.~~ ¶

~~[ED. NOTE: Tables referenced are available from the agency.]~~

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065