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PERMANENT ADMINISTRATIVE ORDER

DMAP 19-2026

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

FILED: 06/03/2026 2:59 PM
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: 06/03/2026

AGENCY APPROVED DATE: 05/29/2026

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AMEND: 410-130-0700

REPEAL: Temporary 410-130-0700 from DMAP 1-2026

NOTICE FILED DATE: 04/27/2026

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~~b) Do not use A4570, A4580 and A4590 for splint and cast materials. Use codes Q4001-Q4051;¶
(~~d~~c) 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