



PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Technical Correction To Clarify Intent For CWM Billing Rules Emergency Cancer and Behavioral Health Crisis.

EFFECTIVE DATE: 01/01/2023

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AMEND: 410-134-0004

NOTICE FILED DATE: 11/09/2022

RULE SUMMARY: Clarifying claim types and emergency indicators.

Clarify billing for cancer diagnosis and side effects, comorbid conditions and complication of cancer treatment.

CHANGES TO RULE:

410-134-0004

Billing

~~(1)~~ For information about fraud and abuse refer to OAR 410-120-1510. For information about audits refer to OAR 410-120-1396. For information about provider sanctions refer to OAR 410-120-1397 through 1460.¶

~~(2)~~ The Authority will reimburse providers, when all billing requirements are met pursuant to OAR 410-120-1280.¶

~~(3)~~ There is a list of conditions, always considered an emergency found at: <https://data.oregon.gov/Health-Human-Services/Oregon-Medicaid-CWM-Emergency-Diagnosis-Codes/4ppf-rfju/data.¶>

~~(a)~~ CWM emergency claims, must use the appropriate emergency admit type 1 for inpatient and outpatient claims;¶

~~(b)~~ or check the appropriate emergency indicator on a professional claim.¶

~~(14)~~ Behavioral Health Crisis as defined in OAR chapter 309 division 19.¶

~~(a)~~ Provider professional claims must pair Behavioral health diagnosis from group 6179 with the crisis CPT codes 90839 or 90840;¶

~~(b)~~ Inpatient and Outpatient claims must pair a behavioral health diagnosis from group 6179 with the emergency admit type;¶

~~(c)~~ behavioral health crisis medication coverage:¶

~~(A)~~ Requires prior authorization;¶

~~(B)~~ Medication per crisis is limited to 30 days plus 1 refill.¶

~~(25)~~ Emergency and outpatient Dialysis as defined in OAR 410-134-0003.¶

~~(36)~~ Cancer treatment shall include a diagnosis from Group 6014 and an emergency indicator or admit type 1 for electronic billing;¶

~~(a)~~ Cancer treatment claims that do not have a 186. Cancer diagnosis codes from group 6014 and/or 186 do not require an emergency indicator or admit type 1, must be submitted on a paper claim; and include¶

~~(b)~~ A Physician letter documenting treatment of side effects, co-morbid conditions, or complications of cancer;

when if left untreated would; place the patient's health in serious jeopardy, cause serious impairment to bodily functions or serious dysfunction to any bodily organ or part;¶

(A) the cancer diagnosis is the emergency. Cancer coverage includes;¶

(Ba) Surgery;¶

(Cb) Radiology;¶

(c) Lab tests and radiology to measure and track treatment;¶

(Dd) Side effects of cancer treatment, when if left untreated would place the patient's health in serious jeopardy, cause serious impairment to bodily functions or serious dysfunction to any bodily organ or part;¶

(Ee) Co-morbid conditions as a result of cancer treatment, when if left untreated would place the patient's health in serious jeopardy, cause serious impairment to bodily functions or serious dysfunction to any bodily organ or part;¶

(Ff) Complications because of and/or impairing the treatment of cancer, when if left untreated would place the patient's health in serious jeopardy, cause serious impairment to bodily functions or serious dysfunction to any bodily organ or part;¶

(Gg) Oncology office visits; and¶

(Hh) Inpatient treatment and recovery;¶

(ij) Medications that treat cancer, side effects of cancer treatment, comorbid conditions and complications, when if left untreated would place the patient's health in serious jeopardy, cause serious impairment to bodily functions or serious dysfunction to any bodily organ or part; pursuant to OAR 410-121-0147(i).¶

(47) Claims with diagnosis codes from Group 6186 for office visits and labs to prescribe and monitor immunosuppressant medications post kidney transplant, do not require an emergency indicator. The need for immunosuppressant medications post kidney transplant is the emergency.¶

(8) Emergency Dental Services defined in OAR 410-120-0000 and pursuant to OAR 410-123-1540 and 410-123-1160(2).¶

(59) For CWM eligible clients receiving RHEA services, find full coverage and criteria at OAR Chapter 333, Division 004 (for modifiers required for FQHC or RHC clients, see OAR 410-147-0160).¶

(610) Prior Authorization (PA) must be appropriately obtained for services requiring PA pursuant to OAR 410-120-1320.¶

(711) Medication coverage limited to emergency medical conditions pursuant to OAR 410-134-0004(14) behavioral health, and 410-134-0004(36) for cancer; prior authorization required.

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 413.042, 414.065, 414.025, 414.231, 414.312, 414.430, 414.432, 414.706