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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 43-2022

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

03/29/2022 9:05 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Adding 12-Months Protected Post-Partum Vision Coverage, Following End Of Pregnancy.

EFFECTIVE DATE: 04/01/2022 THROUGH 09/24/2022

AGENCY APPROVED DATE: 03/28/2022

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NEED FOR THE RULE(S):

Non-pregnant adult coverage is limited to medical diagnoses of aphakia, pseudoaphakia, congenital aphakia, keratoconus and lacking the natural lenses of the eye due to surgical removal (e.g., cataract extraction) or congenital absence. Effective 4/1/2022, non-pregnant adult coverage will extend to individuals in the 12-months following end of pregnancy, allowing full access to vision benefits equal to pregnant adult women.

JUSTIFICATION OF TEMPORARY FILING:

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and recipients of Medicaid benefits. These rules need to be adopted promptly so that the Authority may provide timely vision benefits to Medicaid recipients in their protected postpartum 12-month period. These services are not equal to services available to the general nonpregnant adult Medicaid population. HB 5202 Recently passed in the 2022 legislative short session.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

HB 5202 (2022) Oregon Legislative Session

<https://olis.oregonlegislature.gov/liz/2022R1/Downloads/CommitteeMeetingDocument/254578>

OAR 410-200-0135 current Temp rule filing, effective 4/1/2022.

RULES:

410-140-0050, 410-140-0140

AMEND: 410-140-0050

RULE SUMMARY: In both rule sections of Division 140 the language, "when the client is in their protected post-partum 12-month period

(see OAR 410-200-0135).

CHANGES TO RULE:

410-140-0050

Eligibility and Benefit Coverage ¶

(1) Providers shall verify that an individual is an OHP client and eligible for benefits prior to providing services to ensure reimbursement for services provided. If the provider fails to confirm eligibility on the date of service, the provider may not be reimbursed. Providers must verify the client's eligibility including:¶

(a) That the individual receiving vision services is eligible on the date of service for the service provided;¶

(b) Whether an OHP client receives services on a fee-for-service basis or is enrolled with a PHP or CCO;¶

(c) That the service is covered under the client's OHP Benefit Package; and¶

(d) Whether the service is covered by a ~~Third Party Resource~~ (TPR).¶

(2) The Division OHP vision benefit packages:¶

(a) For non-pregnant adults (age 21 and older):¶

(A) Visual services and materials to diagnose and correct disorders of refraction and accommodation are covered only when the client has a covered medical diagnosis ~~or~~, following cataract surgery or a corneal lens transplant as described in OAR 410-140-0140, or when the client is in their protected post-partum 12-month period (see OAR 410-200-0135);¶

(B) Orthoptic and pleoptic training (vision therapy) is not covered; and¶

(C) Other visual services are covered with limitations as described in this rule.¶

(b) For pregnant adult women (age 21 and older):¶

(A) Orthoptic and pleoptic training (vision therapy) is not covered; and¶

(B) Other visual services are covered with limitations as described in these rules;¶

(c) For children (birth through age 20): Visual services are covered as described in this rule and without limitation when documentation in the clinical record justifies the medical need.¶

(3) Providers shall maintain accurate and complete client records, which includes documenting the quantity of services provided, as outlined in OAR 410-120-1360 (Requirements for Financial, Clinical and Other Records).¶

(4) The provider shall inform an OHP client when:¶

(a) Vision service or materials are not covered under the clients benefit package;¶

(b) Service limitation has been met and the benefit is no longer covered.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065

AMEND: 410-140-0140

RULE SUMMARY: In both rule sections of Division 140 the language, "when the client is in their protected post-partum 12-month period (see OAR 410-200-0135).

CHANGES TO RULE:

410-140-0140

Vision Services Coverage and Limitations ¶¶

(1) Providers shall comply with the following rules in addition to the Visual Services program rules to determine service coverage and limitations for OHP clients according to their benefit packages:¶¶

(a) General Rules (OAR chapter 410, division 120);¶¶

(b) OHP administrative rules (410-141-0480, 410-141-0500, and 410-141-0520);¶¶

(c) Health Evidence Review Commission's (HERC) Prioritized List of Health Services (List) (OAR 410-141-0520); and¶¶

(d) Referenced guideline notes (The date of service determines the correct version of the administrative rules and HERC List to determine coverage.); and¶¶

(e) The Authority's general rules related to provider enrollment and claiming (OAR 943-120-0300 through 1505).¶¶

(2) The Division covers ocular prosthesis (e.g., artificial eye) and related services. See OAR 410-122-0640 Eye Prostheses for service coverage and limitations.¶¶

(3) The Division covers reasonable services for diagnosing conditions, including the initial diagnosis of a condition that is below the funding line on the HERC List. Once a diagnosis is established for a service, treatment, or item that falls below the funding line, the Division may not cover any other service related to the diagnosis.¶¶

(4) Coverage for eligible adults (age 21 and older):¶¶

(a) Diagnostic evaluations and medical examinations are not limited if documentation in the physician's or optometrist's clinical record justifies the medical need;¶¶

(b) Ophthalmological intermediate and comprehensive exam services are not limited for medical diagnosis;¶¶

(c) Vision therapy is not covered; and¶¶

(d) Visual services for the purpose of prescribing glasses or contact lenses, fitting fees, or glasses or contact lenses:¶¶

(A) One complete examination and determination of refractive state is limited to once every 24 months for pregnant adult women;¶¶

(B) Non-pregnant adults are not covered, except when the client:¶¶

(i) Has a medical diagnoses of aphakia, pseudoaphakia, congenital aphakia, keratoconus; or¶¶

(ii) Lacks the natural lenses of the eye due to surgical removal (e.g., cataract extraction) or congenital absence; or¶¶

(iii) Has had a keratoplasty surgical procedure (e.g., corneal transplant) with limitations described in OAR 410-140-0160 (Contact Lens Services and Supplies); and¶¶

(iv) Is limited to one complete examination and determination of refractive state once every 24 months; or¶¶

(v) When the client is in their protected post-partum 12-month period (see OAR 410-200-0135).¶¶

(5) OHP Plus Children (birth through age 20):¶¶

(a) All ophthalmological examinations and vision services, including routine vision exams, fittings, repairs, and materials are covered when documentation in the clinical record justifies the medical need;¶¶

(b) Orthoptic and pleoptic training or "vision therapy" is:¶¶

(A) Covered when therapy treatment pairs with a covered diagnosis on the HERC List;¶¶

(B) Limited to six sessions per calendar year without PA:¶¶

(i) The initial evaluation is included in the six therapy sessions;¶¶

(ii) Additional therapy sessions require PA (OAR 410-140-0040);¶¶

(C) Shall be provided pursuant to OAR 410-140-0280 (Vision Therapy).¶¶

(6) Refraction determination is not limited following a diagnosed medical condition (e.g., multiple sclerosis).¶¶

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

~~[Publications: Publications referenced are available from the agency.]~~

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065