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www.oregon.gov/OHA/HSD

Rules Advisory Committee (RAC) Notification

Date: August 9, 2023

Contact: Kelly Jamison, Kelly.Jamison@oha.oregon.gov

Request to increase diversity and equity in membership for RAC

The Oregon Health Authority (OHA) goal is to create more equitable administrative rules.

RACs members are required to analyze the Racial Equity Impact Statement on proposed rules.

Organizations can help reach this goal by choosing a RAC member from a priority population to represent their organization.

OAR 950-020-0010(7):

Priority populations means:

- (a) Communities of color;
- (b) Tribal communities including the nine federally recognized tribes of Oregon and other American Indians and Alaska Natives people;
- (c) Immigrants;
- (d) Refugees;
- (e) Migrant and seasonal farmworkers;
- (f) Low-income individuals and families;
- (g) Persons with disabilities; and
- (h) Individuals who identify as lesbian, gay, bisexual, transgender, or queer, or who question their sexual or gender identity.

OHA Health Equity Definition “communities historically and currently disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances”

The Health Systems Division has scheduled the following RAC:

- **Program:** Chapter 410, Division 122 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- **Meeting description:** Discuss proposed rule changes effective 01/01/2024
- **Meeting date and time:** 8/21/2023, 09:00 a.m. to 11:30 a.m. and 1:00pm to 5:00 pm
8/22/2023 2:00pm to 5:00pm
- **Meeting location:** Teams Meeting

Join information (for mobile or PC): Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 218 310 206 079

Passcode: jSrKsx

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 971-277-2343,,513449116#](#) United States, Portland

Phone Conference ID: 513 449 116#

[Find a local number](#) | [Reset PIN](#)

For technical assistance, DHS and OHA employees please contact the OIS Service Desk; guests, please click the "Learn more about Teams" link.

[Learn More](#) | [Meeting options](#)

Seeking RAC members? Yes

RAC membership will be limited to [2] person/people per organization or affected community. At the RAC, members will provide input that will help us develop the Notice of Proposed Rulemaking and help us better understand the fiscal impact of the proposed rule changes.

Please share this information with others who may be affected by, and interested in providing input about, the proposed rule changes.

Proposed changes for Rules Advisory Committee discussion

To view the current rules, go to <http://www.oregon.gov/oha/HSD/Pages/Rules.aspx>.

Rule(s)	Description of proposed changes
410-122-0010	Revising definitions to match federal Medicaid regulations, adding EPSDT definition
410-122-0020	Adding practitioner types to match federal Medicaid regulations, revising order requirements
410-122-0080	Adding EPSDT requirements, removing unnecessary language, adding federal Medicaid requirements, clarifying when providers are not required to bill Medicare before Medicaid, revising fee schedule language, clarifying process for individual medical appropriateness reviews
410-122-0090	Adding telehealth face-to-face encounters, revising practitioners who can perform face-to-face encounters, and clarifying supporting documentation requirement
410-122-0180	Replacing DMAP reference to Division, revise language supporting most up-to-date information related to codes for providers
410-122-0184	Adds warranty coverage required by statute, adds replacement of equipment may be made in cases where client has outgrown the equipment, revises/adds requirement related to reasonable useful lifetime of DME, requires providers to keep documentation of device

	delivered to the client, revises delivery refill timelines, removes CMN requirement, removes prior authorization from repair code K0462.
410-122-0186	Replaces DMAP with Division, clarifies manual pricing rule, allows misc codes to be used for certain products
410-122-0200	Replaces physician with practitioner per federal Medicaid regs, removes prior authorization from oxygen probes
410-122-0202	Replaces DMAP with Division, replaces physician with practitioner per federal Medicaid regs, clarifies term "ineffective use", provides when client may requalify for CPAP, clarifies what can and cannot be used to calculate AHI and RDI events for coverage consideration.
410-122-0203	Changes age of children from 19 to under 21 to apply EPSDT criteria, replaces DMAP with Division, revises criteria to current standard of care similar to Medicare criteria, replaces physician with practitioner
410-122-0204	Adds current HCPCS codes, replaces physician with practitioner, replaces DMAP with Division
410-122-0210	Adds current HCPCS codes
410-122-0240	Replaces physician with practitioner
410-122-0250	Revises criteria to match HERC guideline note, removes prior authorization requirement
410-122-0300	Revises criteria to match HERC guideline note, clarifies what is included in HCPCS code E0202
410-122-0320	Adds criteria requiring ATP for tilt-n-space wheelchairs, adds criteria for ultra-light wheelchairs, clarifies coding on wheelchairs with less than 20 degree tilt, adds equipment included in manual wheelchair base, provides billing info re: construction materials, adds face-to-face documentation requirements, replaces physician with practitioner
410-122-0325	Clarifies policy for clients with caregiver, clarifies face-to-face documentation requirements, replaces physician with practitioner, removes absolute exclusion and allows for individual medical appropriateness review, adds coverage criteria for push-rim activated power assist device
410-122-0330	Replaces physician with practitioner, adds all covered HCPCS codes
410-122-0340	Adds criteria for footbox, adds HCPCS codes for clarification, clarifies when separate may or may not be made on certain wheelchair accessories, adds criteria for power tilt and recline seating systems, adds criteria for power seat elevation, provides add'l info regarding expandable and non-expandable controllers and harnesses
410-122-0360	Provides coverage for white canes for visually impaired clients
410-122-0365	Rearranges criteria for readability, adds criteria ensuring providers use correct HCPCS code, allows use of misc HCPCS code E1399 for accessories
410-122-0375	Clarifies coding for gait trainers and walker attachments
410-122-0380	Adds HCPCS codes
410-122-0400	Replaces DMAP with Division, replaces physician with practitioner
410-122-0475	Replaces physician with practitioner
410-122-0510	Replaces physician with practitioner, adds HCPCS codes, removes requirement for certificate of medical necessity,
410-122-0515	Replaces DMAP with Division, replaces physician with practitioner
410-122-0520	Replaces DMAP with Division, replaces physician with practitioner, removes absolute exclusion

410-122-0525	Replaces physician with practitioner, removes old HCPCS codes, adds new HCPCS codes
410-122-0540	Replaces DMAP with Division
410-122-0560	Replaces DMAP with Division
410-122-0580	Clarifies that other bath accessories may be covered, clarifies that accessories for a rehab shower/commode chair may be billed using misc HCPCS code E1399
410-122-0590	Replaces DMAP with Division
410-122-0600	Adds coverage criteria for commode with detachable arms, commode with integrated seat lift mechanism, and toilet seat mechanisms
410-122-0630	Replaces DMAP with Division
410-122-0640	Recommend revising to state coverage criteria can be found in OAR 410-129 rules
410-122-0658	Replaces DMAP with Division
410-122-0660	Replaces DMAP with Division, removes exclusion table
410-122-0662	Replaces DMAP with Division, replaces physician with practitioner
410-122-0700	Replaces physician with practitioner
410-122-0720	Consider adding EPSDT criteria specific to this rule
410-122-XXXX	Adds criteria for continuous glucose monitoring equipment and supplies
410-122-XXXX	Adds criteria for special needs car seats

Rules Advisory Committee contact information

If these changes are likely to affect you, and the Division is seeking RAC members, you can ask to join us as a RAC member. To do this, contact the person listed below. Include the date, time and program name of the RAC meeting you want to attend.

- **Contact name:** Kelly Jamison, Operations and Policy Analyst 3, DMEPOS
- **Email:** Kelly.Jamison@oha.oregon.gov

If the Division is not seeking RAC members, or you are not chosen to join the RAC, you are welcome to observe the RAC and email your input following the RAC meeting.

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please call 503-945-0000, 711 TTY, or Kelly.Jamison@oha.oregon.gov at least two business days before the meeting.

Thank you in advance for your participation and continued interest.

About Rule Advisory Committees

Rule Advisory Committee meetings are held in accordance with [Oregon Revised Statute 183.333](#) (Policy statement; public involvement in development of policy and drafting of rules).

The RAC will hold at least one meeting to discuss the proposed revisions, the fiscal impact statement, and summary for the Notice of Proposed Rulemaking that the Division will file for these changes.