Authorization Page

Generated on December 29, 2015 5:20PM

PERMANENT ADMINISTRATIVE RULES

Oregon Health Authority, Division of Medical Assistance Programs	410
Agency and Division	Administrative Rules Chapter Number
Sandy Cafourek	dmap.rules@state.or.us
Rules Coordinator	Email Address
500 Summer St. NE, Salem, OR 97301	503-945-6430
Address	Telephone
Upon filing.	
Adopted on	
01/01/2016	
Effective date	

RULE CAPTION

OHP FFS Program, Begin Requiring PA for Billing Out-Of-Hospital Birth and Gender Dysphoria Surgery Services

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-130-0200

REPEAL: 410-130-0200(T)

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.042

Other Auth.:

Stats. Implemented: ORS 414.025 & 414.065

RULE SUMMARY

This rule specifies the medical billing codes for which the OHP FFS medical surgical program requires prior authorization (PA) for reimbursement. The codes for which PA is required are listed in Table 1 of the rule. The amendments to the

rule add the billing codes used for out-of-hospital birth services and gender dysphoria surgeries to the list of codes requiring prior authorization.

Rhonda Busek	Rhonda Busek	12-21-15
Authorized Signer	Printed Name	Date

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

410-130-0200

Prior Authorization

(1) For fee-for-service (FFS) clients, prior authorization (PA) is required for all procedure codes listed in Table 130-0200-1 regardless of the setting in which they are performed unless the setting is otherwise specified in Table 1 of this rule. For details on where to obtain PA, download a copy of the Medical-Surgical Services Supplemental Information booklet at: http://www.oregon.gov/oha/healthplan/Pages/medical-surgical.aspx.

(2) Providers must obtain PA from the OHP payer, either FFS or CCO; which shall be responsible for payment at the time the service is delivered.

(3) The Division shall authorize for the level of care or type of service that meets the client's medical need consistent with the Health Evidence Review Commission's (HERC) Prioritized List of Health Services (Prioritized List) and guideline notes, as referenced in OAR 410-141-0520.

(4) Codes for which medical need has not been specified by the HERC shall be authorized based on medical appropriateness as the term is defined in OAR 410-120-0000.

(5) For out-of-hospital birth PA requests, initial documentation adequate to assess pregnancy risk per OAR 410-130-0240 must be received before 27 weeks 6 days gestation. Exceptions to the 27 week 6 day limit may be granted in cases where the member has recently moved into Oregon, provided requirements for prior prenatal care documentation are met. Requests for ongoing documentation to continue the support of assessment of pregnancy risk must also be met per OAR 410-120-1320(2)(3).

(6) For bariatric surgery, PA is required in two steps from:

(a) The OHP primary care provider prior to referral to a bariatric surgery center, and

(b) The bariatric surgery center prior to surgery.

(7) PA is not required:

(a) For clients with both Medicare and Medical Assistance Program coverage, and the service is covered by Medicare. However, PA is still required for bariatric surgeries and evaluations and most transplants, even if they are covered by Medicare;

(b) For kidney and cornea transplants unless they are performed out-of-state;

(c) For emergent or urgent procedures or services;

(d) For hospital admissions unless the procedure requires PA.

(8) A second opinion may be requested by the Division or the contractor before PA is given.

(9) Treating and performing practitioners are responsible for obtaining PA.

(10) PA documentation must be complete and legible.

(11) PA shall be considered based on the documentation submitted.

(12) Refer to Table 130-0200-1 for all services and procedures requiring PA.

(13) **Table 130-0200-1**

Table 130-0200-1 Prior Authorization

For numbers followed by (*#):
(*1) Authorized for facial lesions only, if meets other PA requirements
(*2) PA not required for clients under age 21
(*3) PA only require if procedure is for treatment of gender dysphoria
(*4) PA is only required for out-of-hospital births

00580	21142	22548	22862	33992	43771
S2053	21143	22551	22864	33993	43773
S2065	21145	22552	22865	38204	43775
S2118	21146	22554	23472	38205	43842
S2142	21147	22556	23473	38206	43843
S2150	21150	22558	23474	38207	43846
S2350	21151	22585	26560	38208	43847
S2351	21154	22586	26561	38209	43848
00796	21155	22590	26562	38210	44135
00938	21159	22595	27447	38211	44715
01990	21160	22600	28340	38212	44720
11960	21172	22610	28341	38213	44721
11970	21175	22612	28344	38214	47135
14000 (*3)	21179	22614	28345	38215	47136
14001 (*3)	21180	22630	29800	38230	47140
15200 (*3)	21181	22632	30400	38240	47141
15201 (*3)	21182	22633	30410	38241	47142
15822	21183	22634	30420	38243	47143
15823	21184	22800	30430	40840	47144
17106 (*1)	21188	22802	30435	40842	47145
17107 (*1)	21193	22804	30450	40843	47146
17108 (*1)	21194	22808	30460	40844	47147
17380 (*3)	21195	22810	30462	40845	47562
19303 (*3)	21196	22812	32851	41899	47563
19304 (*3)	21198	22818	32852	42820	47564
19316 (*3)	21199	22819	32853	42821	47570
19318 (*3)	21206	22840	32854	42825	47600
19324 (*3)	21208	22841	32855	42826	47605
19325 (*3)	21209	22842	32856	42830	47610
19340 (*3)	21256	22843	33933	42831	47612
19342 (*3)	21260	22844	33935	42835	47620
19350 (*3)	21261	22845	33944	42836	48160
20910	21263	22846	33945	43631	48551
21050	21267	22847	33976	43632	48552
21120	21268	22848	33979	43633	48554
21121	21270	22849	33981	43634	48556
21137	21275	22851	33982	43641	49000
21138	21280	22856	33983	43644	49329
21139	22532	22857	33990	43645	51840
21141	22534	22861	33991	43770	51841

Table 130-0200-1 Prior Authorization

For numbers followed by (*#):
(*1) Authorized for facial lesions only, if meets other PA requirements
(*2) PA not required for clients under age 21
(*3) PA only require if procedure is for treatment of gender dysphoria
(*4) PA is only required for out-of-hospital births

51845	58240	63012	63180	63305	69420
53415 (*3)	58260 (*3)	63015	63182	63306	69421
53420 (*3)	58262 (*3)	63016	63185	63307	69433
53425 (*3)	58263	63017	63190	63308	69436
53430 (*3)	58267	63020	63191	65125	70350
54120 (*3)	58270	63030	63194	65130	70450
54125 (*3)	58275 (*3)	63035	63195	65135	70460
54360	58280 (*3)	63040	63196	65140	70470
54520 (*3)	58285 (*3)	63042	63197	65150	70551
54660 (*3)	58290 (*3)	63043	63198	65155	70552
54690 (*3)	58291 (*3)	63044	63199	67311 (*2)	70553
55150 (*3)	58292	63045	63200	67312 (*2)	1250
55175 (*3)	58293	63046	63250	67314 (*2)	71260
55180 (*3)	58294	63047	63251	67316 (*2)	71270
55866 (*3)	58400	63048	63252	67318 (*2)	72141
55970 (*3)	58410	63050	63265	67320 (*2)	72142
55980 (*3)	58541 (*3)	63051	63266	67331 (*2)	72146
56620 (*3)	58542 (*3)	63055	63267	67332 (*2)	72147
56625 (*3)	58543 (*3)	63056	63268	67334 (*2)	72148
56800 (*3)	58544 (*3)	63057	63270	67335 (*2)	72149
56805 (*3)	58548	63064	63271	67340 (*2)	72156
56810 (*3)	58550 (*3)	63066	63272	67343 (*2)	72157
57106 (*3)	58552 (*3)	63075	63273	67345 (*2)	72158
57107 (*3)	58553 (*3)	63076	63275	67346 (*2)	72192
57110 (*3)	58554 (*3)	63077	63276	67550	72193
57111 (*3)	58570 (*3)	63078	63277	67560	72194
57267	58571 (*3)	63081	63278	67900	73221
57283	58572 (*3)	63082	63280	67901	73222
57284	58573 (*3)	63085	63281	67902	73223
57288	58660 (*3)	63086	63282	67903	73721
57291 (*3)	58661 (*3)	63087	63285	67904	73722
57292 (*3)	58672	63088	63286	67906	73723
57295 (*3)	59400 (*4)	63090	63287	67908	74150
57296 (*3)	59409 (*4)	63091	63290	67909	74160
57335 (*3)	59410 (*4)	63101	63295	67911	74170
58150 (*3)	59610 (*4)	63102	63300	67912	74176
58152 (*3)	59612 (*4)	63103	63301	67914	74177
58180 (*3)	59614 (*4)	63170	63302	67915	74178
58200	63005	63172	63303	67916	77058
58210	63011	63173	63304	67917	77059

Table 130-0200-1 Prior Authorization

For numbers followed by (*#):

(*1) Authorized for facial lesions only, if meets other PA requirements

(*2) PA not required for clients under age 21

(*3) PA only require if procedure is for treatment of gender dysphoria

(*4) PA is only required for out-of-hospital births

78608	78811	78813	78815	90378
78609	78812	78814	78816	92507