Secretary of State

NOTICE OF PROPOSED RULEMAKING HEARING

A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (OHA), Division of Medical Assistance Programs (Division)	410
Agency and Division	Administrative Rules Chapter Number

Sandy Cafourek	500 Summer St NE, Salem, OR 97301	(503) 945-6430
Rules Coordinator	Address	Telephone

RULE CAPTION

Amend Rule to Add Coverage for a New Incontinence Product and to Update the Table

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

October 15, 2015	10:30 a.m.	500 Summer St. NE, Salem, OR 97301 Room 165	Sandy Cafourek
Hearing Date	Time	Location	Hearings Officer

Auxiliary aids for persons with disabilities are available upon advance request.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND: OAR 410-122-0630

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth. : ORS 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

RULE SUMMARY

This rule is being amended to add coverage for a new HCPCS code for extra-large pull-ups. Extra-large diapers are already covered when prior authorization and coverage criteria are met. The same criteria apply to extra-large pull-ups. Additional housekeeping changes are being done as well.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

October 17, 2015 by 5 p.m. Send written comments to: dmap.rules@state.or.us

Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)

D Sim	DAVID SIMMITT	9/9/2015
Signature	Printed name	Date

Note: Hearing Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin.*

Secretary of State

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division) 410

Agency and Division Administrative Rules Chapter Number

Amend Rule to Add Coverage for a New Incontinence Product and to Update the Table

Rule Caption (Not more than 15 words that reasonably identify the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 410-122-0630

Statutory Authority: ORS 414.065

Other Authority:

Stats. Implemented: ORS 414.065

Need for the Rule(s): The Division needs to amend this rule to add a new HCPCS code. The Division will also amend the table to include this new HCPCS code.

Documents Relied Upon, and where they are available: Per HCPCS Level II

Fiscal and Economic Impact: $0

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): No fiscal or economic impact is anticipated for other state agencies, units of local government, or the general public.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: Less than 100 small businesses

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: None

c. Equipment, supplies, labor and increased administration required for compliance: None

How were small businesses involved in the development of this rule? This was not necessary so small businesses were not involved in the revisions to this rule.

Administrative Rule Advisory Committee consulted? No. If not, why? There is essentially no impact to the state, providers, or clients with these changes.

D Smith

Signature

9/9/2015

Date

410-122-0630

Incontinent Supplies

(1) The Division of Medical Assistance Programs (Division) may cover incontinent supplies for urinary or fecal incontinence as follows:

(a) Category I Incontinent Supplies: ~~—~~For up to 200 units (any code or product combination in this category) per month, unless documentation supports the medical appropriateness for a higher quantity. For quantities over this limit a prior authorization shall be required. When requesting multiple Category I product types (i.e., diapers and liners) that exceed the allowable, prior authorization and documentation as described in (4)(a)(D) of this rule are required ;

(b) Category II Underpads:

(A) Disposable underpads ~~(T4541 and T4542)~~: For up to 100 units (any combination of T4541 and T4542) per month, unless documentation supports the medical appropriateness for a higher quantity, up to a maximum of 150 units per month;

(B) Reusable/washable underpads: ~~(T4537 and T4540)~~ For up to eight units (any combination of T4537 and T4540) in a 12 month period;

(C) Category II Underpads may be separately payable with Category I Incontinent Supplies with documentation that supports medical appropriateness for the use of this product~~.~~;

(D) T4541 and T4542 are not separately payable with T4537 and T4540 for the same dates of service or anticipated coverage period. For example, if a provider bills and is paid for eight reusable/washable underpads on a given date of service, a client would not be eligible for disposable underpads for the subsequent 12 months;

(c) Category III Washable Protective Underwear:

(A) For up to 12 units in a 12 month period;

(B) Category III Washable Protective Underwear ~~are~~ is not separately payable with Category I Incontinent Supplies for the same dates of service or anticipated coverage period. For example, if a provider bills and is paid for 12 units of T4536 on a given date of service, a client would not be eligible for Category I Incontinent Supplies for the subsequent 12 months;

(d) The following services require PA:

(A) A4335 (Incontinence supply; miscellaneous); ~~and~~

(B) ~~A4543~~ T4543 (Disposable incontinence product, brief/diaper, bariatric~~, each~~);

(C) T4544 (Disposable incontinence product, protective underwear/pull-on);

(D) Quantity of supplies greater than the amounts listed in this rule as the maximum monthly utilization (e.g., more than 200 units per month of Category I Incontinent Supplies, or 100 gloves per month).

(2) Incontinent supplies are not covered:

(a) For nocturnal enuresis; or

(b) For children under the age of three.

(3) A provider may only submit A4335 when there is no definitive Healthcare Common Procedure Coding System (HCPCS) code that meets the product description.

(4) Documentation requirements:

(a) The client's medical records ~~must~~shall support the medical appropriateness for the services provided or being requested by the medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider, including, but not limited to:

(A) For all categories, the medical reason and condition causing the incontinence; and

(B) When a client is using urological or ostomy supplies at the same time as incontinent products specified in this rule, information that clearly corroborates the overall quantity of supplies needed to meet bladder and bowel management is medically appropriate;

(C) For all clients not residing in their home subsequent PA requests for incontinence product(s), the provider ~~must~~shall submit a log with the PA request. This log ~~must~~shall be the most recent log for the client documenting the number and frequency of incontinent product changes;

(D) PA requests for multiple Category I incontinence product types for the same client (i.e. doubling up) ~~must~~shall be accompanied by adequate explanation from the client's ordering practitioner to explain why a single, more appropriate, incontinence product ~~can not~~cannot be used;

(E) Although PA is not required for Category II incontinence products, the DMEPOS provider ~~must~~shall have documentation on file from the prescribing practitioner supporting medical appropriateness;

(F) When requesting PA for T4543 (Bariatric Brief/Diaper) or T4544 (Protective underwear/pull-on), submit product information showing that the item is size XXL or larger. The request shall also include client weight and measurements that support the

use of the bariatric incontinence product. (e.g., client weight, waist and hip size). These items are manually priced following payment methodology outlined in OAR 410-122-0186.

(b) For services requiring PA, submit documentation as specified in (4)(a)(A)-(~~D~~E) and (F);

(c) The DMEPOS provider is required to keep supporting documentation on file and make available to the Division on request.

(5) Quantity specification:

(a) For PA and reimbursement purposes, a unit count for Category I — III codes is considered as a single or individual piece of an item and not as a multiple quantity;

(b) If an item quantity is listed as number of boxes, cases or cartons, the total number of individual pieces of that item contained within that respective measurement (box, case or carton) ~~must~~shall be specified in the unit column on the PA request. See table 122-0630-2;

(c) For gloves (Category IV Miscellaneous), 100 gloves equal one unit.

(6) Table 122-0630-1, Incontinent Supplies

(7) Table 122-0630-2, Incontinent Supplies — Counting Units and Pieces

Statutory Authority: ORS 414.065

Stats. Implemented: ORS 414.065

Table 410-122-0630-1

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
CATEGORY I – Incontinent Supplies							
A4335	Incontinence supply; miscellaneous	PA	PC				
T4521	Adult-sized disposable incontinence product, brief/diaper, small, each		PC				
T4522	Adult-sized disposable incontinence product, brief/diaper, medium, each		PC				
T4523	Adult-sized disposable incontinence product brief/diaper, large, each		PC				
T4524	Adult-sized disposable incontinence product, brief/diaper, extra large, each		PC				
T4525	Adult-sized disposable incontinence product, protective underwear/pull-on, small size, each		PC				
T4526	Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each		PC				
T4527	Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each		PC				
T4528	Adult-sized disposable incontinence product, protective underwear/pull-on, extra large size, each		PC				
T4529	Pediatric-sized disposable incontinence product, brief/diaper, small/medium, each		PC				
T4530	Pediatric-sized disposable incontinence product, brief/diaper, large, each		PC				
T4531	Pediatric-sized disposable incontinence product, protective underwear/pull-on, small/medium size, each		PC				
T4532	Pediatric-sized disposable incontinence product, protective underwear/pull-on, large size, each		PC				
T4533	Youth-sized disposable incontinence product, brief/diaper, each		PC				
T4534	Youth-sized disposable incontinence product, protective underwear/pull-on, each		PC				
T4535	Disposable liner/ shield/ guard/ pad/		PC				

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
	undergarment, for incontinence, each Including but not limited to: pant liner, insert, insert pad, shield, pad, guard, booster pad, or belt-less undergarment						
T4538	Diaper service, reusable diaper, each diaper		PC				
T4543	Disposable incontinence product, brief/diaper, bariatric, each	PA	PC				
T4544	Disposable incontinence product, protective underwear/pull-on, above extra large, each	PA	PC				

CATEGORY II – Underpads

T4537	Incontinence product, protective underpad, reusable, bed size, each		PC				
T4540	Incontinence product, protective underpad, reusable, chair size, each		PC				
T4541	Incontinence product, disposable, large, each (more than 394 square inches)		PC				
T4542	Incontinence product, disposable, small, each (less than or equal to 394 square inches)		PC				

CATEGORY III – Washable Protective Underwear

T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each		PC				

CATEGORY IV - Miscellaneous

A4927	Gloves, non-sterile, per 100 (50 pairs) Limited to 2 units (100 pairs) per month Covered only when directly related to usage of incontinent supplies		PC				

Table 122-0630-2 – Incontinent Supplies – Counting Units and Pieces

How to count units/pieces when requesting prior authorization (PA) – *Sample*

Container description	Individual pieces (count)	Units considered for PA
1 box of diapers	10	10
1 box of gloves	100 pieces (50 pairs)	100 gloves = 1 unit