

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #91-25
ATTACHMENT 3.1-A
Page 1
OMB No.: 0938-

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

- 2.a. Outpatient hospital services.

Provided: No limitations With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

Provided: No limitations With limitations*

Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No limitations With limitations*

- ~~d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.~~

~~Provided: No limitations With limitations*~~

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 91-25
Supersedes 90-32 Approval Date 1/23/92 Effective Date 11/1/91
TN No. 90-32

HCFA ID: 7986E

LIMITATIONS ON SERVICES

1. Inpatient Hospital Services

Payment for inpatient hospital services shall be limited to 18 days per person per fiscal year, except for children under the age of 21 under EPSDT and Qualified Medicare Beneficiaries. For hospitals receiving DRG reimbursements, if the client has 1 hospital benefit day remaining from the fiscal year in which the admission occurred at the time the claim is process, the claim will be paid.

Selected non-emergency surgical and medical services provided in an inpatient setting require preadmission screening for medical necessity. Such screening shall be accomplished by a professional medical review organization, or by OMAP. A notice of prior authorization of payment must be issued. Non-emergency inpatient services, excluding maternity and newborn admissions, provided to enrollees in a Physician Care Organization require authorization by the Plan. Transfers or admissions for the purpose of providing rehabilitative services must be prior authorized by the professional medical review organization or by a contracted Physician Care or Health Maintenance Organization. A notice of prior authorization of payment must be issued. The professional medical review organization may require a second opinion before granting prior authorization.

Services identified by the Division as not covered or services deemed not to be medically necessary are not reimbursed by the Division.

2.a Outpatient Hospital Services

Outpatient services do not require prior authorization with the exception of services identified below:

- a. Non-emergency outpatient services provided to clients enrolled in a Physician Care Organization or Health Maintenance Organization require prior authorization from the PCO or HMO.
- b. Most physical therapy, occupational therapy, speech-language therapy, audiological services, prosthetic and orthotic supplies, oxygen, specific vision services, specific drugs, durable medical equipment, selected surgical procedures, and non-emergency dental services require prior authorization when delivered in an outpatient setting.

Reimbursement for outpatient non-emergency hospital services in non-contiguous out-of-state hospitals must be prior authorized. Non-contiguous out-of-state hospitals are defined as those hospitals located more than 75 miles from Oregon. Emergency services are those determined by a licensed health care professional to be essential to prevent death, relieve service pain, and/or treat acute illness or injury.

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SUPERSEDES	DATE REVOKED <u>2/1/96</u>
FN • <u>NOT</u>	DATE RECALLED
COMMENTS	

STATE OF OREGON

LIMITATIONS OF SERVICES (Continued)

b. Rural Health Clinic Services

Payment for Rural Health Clinic Services is limited to otherwise covered services provided by licensed physicians and/or certified nurse practitioners in Rural Health Clinics certified by the Department of Health and Human Services.

Payment for Medicare covered services to Medicare/Medicaid or Medicaid only eligibles is based on the reimbursement rate and methodology established by Medicare. Division payment is therefore limited to any unpaid deductible and coinsurance, or the full fee for Medicaid only eligibles.

c. & d. Federally Qualified Health Center (FOHC) Services

Limited to ambulatory services

3. Clinical laboratory and pathology services and procedures*

*performed by any provider are reimbursable only after the provider is certified by HCFA as meeting the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and HCFA has notified OMAP of the assignment of a ten-digit CLIA number. Enforcement of compliance with CLIA requirements will occur only after notification in writing from HCFA.

*are provided subject to the rules and procedures set forth in the Medical-Surgical Services Administrative Rules and Billing Instructions for Oregon Medical Assistance Programs.

Approved:

Effective:

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	DATE OF CC

State/Territory: Oregon

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a ~~skilled~~ nursing facility or elsewhere.

Provided: With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: No limitations With limitations*

Not provided.

* Description provided on attachment.

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4.a. Nursing Facility Services for Age 21 or Over

Nursing facility service is subject to a maximum cost reimbursement.

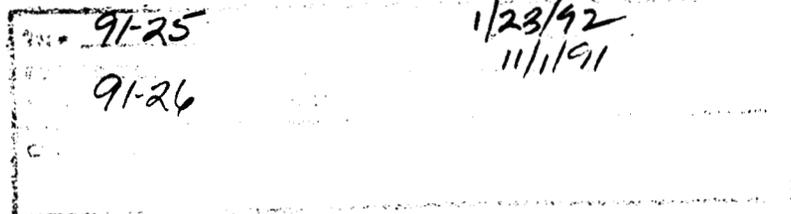
4.b. Early and Periodic Screening, Diagnosis and Treatment of those Under Age 21

Dental screening, diagnosis and treatment begin at age 18 months.

Coverage of transplants and transplant related services is available for individuals under the age of 21 as described in Attachment 3.1-E.

4.c. Family Planning Services

Family planning services are provided subject to the rules and procedures set forth in the Medical-Surgical Services Administrative Rules and Billing Instructions for Oregon Medical Assistance programs.



LIMITATIONS ON SERVICES

5.a. and b. **Physicians Services**

Payment for physician services is subject to published rules and instructions, and prior authorization of selected elective rehabilitative procedures. Other selected procedures are not covered based upon unproven efficacy and/or non-coverage by Medicare and other major third party payors, and after concurrence by appropriate provider representation. The OMAP Medical-Surgical Services guide sets forth the procedures for which payment will not be made, for which prior authorization is required, or for which other program controls are applied. All rules and instructions governing billing and payment are set forth in the guide. The Current Procedural Terminology (CPT) and HCPCS codes are the basis of medical terminology and procedure descriptions.

Reimbursement for non-emergency services provided by out-of-state physicians, other than in contiguous areas, must be prior authorized. However, payment of services to foster children and children in subsidized adoption who are placed by the Children's Services Division anywhere in the United States or Canada is on the same basis as services provided in Oregon.

The Division may disallow payment for physicians' services provided during inpatient hospitalizations in which prior approval was required by not obtained.

Dental hygienists are covered for services within their scope of practice as defined in Oregon Revised Statutes.

Denturists are covered for services within their scope of practice as defined in Oregon Revised Statutes.

6.a. **Podiatrist Services**

Payment for podiatrist services is on the same basis as physician services, except that maximum fees allowable for medicine and surgery procedures will be at a percentage of the maximum allowable for physician services. Fees for lab and X-ray procedures are at the same level as for physicians and independent clinical labs. Selected procedures require prior authorization of payment. Routine foot care is excluded from coverage.

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COMMENTS	

LIMITATION ON SERVICES (Cont.)

6.b. Optometrist Services

Optometrist services are provided subject to rules and procedures set forth in the OMAP Visual Services Guides. Prior authorization of payment is required for certain services as indicated in the appropriate guide.

6.c. Chiropractor Services

Chiropractic Services provided are limited to persons under age 21 as part of the EPSDT benefit. Chiropractor Services provided are subject to OMAP rules and procedures set forth in the appropriate provider guide.

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SEP - 1

supersedes 92-25

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #91-25
ATTACHMENT 3.1-A
Page 3
OMB No.: 0938-

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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b. Optometrists' services.

Provided: No limitations With limitations*
 Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*
 Not provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of
limitations, if any.
 Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: No limitations With limitations*

*Description provided on attachment.

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #91-25
ATTACHMENT 3.1-A
Page 3a
OMB No.: 0938-

State/Territory: OREGON

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AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*
 Not provided.

8. Private duty nursing services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TN No. 91-25
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TN No.

HCFA ID: 7986E

LIMITATIONS ON SERVICES (Cont.)

6.d. Other Practitioner Services

Naturopaths are covered for services within their scope of practice as defined in Oregon Revised Statutes.

Direct Entry midwives are covered for services within their scope of practice as defined in Oregon Revised Statutes.

Acupuncturists are covered for services within their scope of practice as defined in Oregon Revised Statutes.

7.a Home Health Care Services

Intermittent or part-time nursing services are provided according to a plan of treatment. OMAP Home Health Care Services Guide describes services provided, prior authorization requirements, and limitations of services and payments.

Intermittent or part-time nursing services of a professional licensed practical nurse or registered nurse when no home health agency is available are provided according to a plan of treatment. OMAP Home Health Care Services Guide and OMAP Private Duty Nursing Services Guide describe services provided, prior authorization requirements, and limitations on services and payments.

7.b. Services of Home Health Aide

Services of a home health aide giving personal care are provided according to a plan of treatment. OMAP Home Health Care Services Guide describes services provided, prior authorization requirements, and limitations of services and payments.

7.c. Medical Supplies in the Patient's Home

Medical supplies, equipment and appliances for use of the patient in their own home are provided. OMAP Durable Medical Equipment and Medical Supplies Guide and Home Health Care Services Guide describe services provided, prior authorization requirements, and limitations of services and payments.

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