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PERMANENT ADMINISTRATIVE ORDER

ID 36-2024

CHAPTER 836
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE REGULATION

FILED

11/08/2024 10:23 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: List of Prosthetic and Orthotic Devices under Oregon SB 797 (2023)

EFFECTIVE DATE: 01/01/2025

AGENCY APPROVED DATE: 11/08/2024

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AMEND: 836-052-1000

NOTICE FILED DATE: 05/29/2024

RULE SUMMARY: Establishes and updates list of prosthetic and orthotic devices; prohibits internal or separate limits or caps on prosthetic and orthotic devices, other than the lifetime policy maximum, when permitted by law; defines when coverage for prosthetic and orthotic device is provided through a managed care organization.

CHANGES TO RULE:

836-052-1000

Prosthetic and Orthotic Devices ¶

(1) For purposes of this rule, the terms "orthotic device" and "prosthetic device" have the meanings given to those terms under ORS 743A.145. ¶

(2) The list of devices that must be covered under ORS 743A.145, includes any prosthetic or orthotic device for which the Centers for Medicare and Medicaid Services (CMS) has established an L Code in the Healthcare Common Procedure Coding System (HCPCS) Level II, as of January 1, 2025. ¶

(3) Coverage for the prosthetic and orthotic devices and supplies described in subsection (2) of this section may not be subject to internal or separate limits or caps other than the policy lifetime maximum benefits. This subsection does not authorize a health benefit plan or other policy of health insurance to impose a lifetime or annual dollar limit that is otherwise prohibited under state or federal law. ¶

(4) For purposes of ORS 743A.145, coverage provided through a managed care organization includes a health insurance policy that requires an enrollee to use a closed network of providers managed, owned, under contract with or employed by the insurer in order to receive benefits under the plan.

Statutory/Other Authority: ORS 731.244, 743A.145

Statutes/Other Implemented: ORS 743A.145