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CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

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RULES:

410-129-0020, 410-129-0070, 410-129-0085, 410-129-0240, 410-129-0260, 410-129-0280

AMEND: 410-129-0020

NOTICE FILED DATE: 10/05/2023

RULE SUMMARY: Oregon Health Plan rule governing Therapy Plan of Care, Goals, Outcomes, and Record Requirements for Speech-Language Pathology, Audiology, and Hearing Aid Services. This amendment adds EPSDT CFR. It also removes documentation and recordkeeping criteria and adds reference to OAR Chapter 335, division 010, where these are established.

CHANGES TO RULE:

410-129-0020

Therapy Plan of Care, Goals, Outcomes, and Record Requirements ¶¶

(1) Therapy shall be based on a prescribing practitioner's written order and therapy treatment plan with goals and objectives developed from an evaluation or re-evaluation. The limits, authorization, and plan of treatment criteria apply to both rehabilitative and habilitative therapy. The definition for both is the following:¶¶

(a) "Rehabilitative Services" means health care services that help an individual re-establish, restore, or improve skills and functioning for daily living that have been lost or impaired due to illness, injury, or disability;¶¶

(b) "Habilitative Services" means health care services that help an individual keep, learn, or improve skills and functioning for daily living, designed to establish skills that have not yet been acquired at an age-appropriate level. Examples include therapy for a child who is not walking or talking at the expected age.¶¶

(2) A total of thirty (30) visits per year of rehabilitative therapy and a total of thirty (30) visits per year of habilitative therapy (speech therapy) are included when medically appropriate. Additional visits, not to exceed thirty (30) visits per year of rehabilitative therapy and thirty (30) visits per year of habilitative therapy, may be authorized in cases of a new acute injury, surgery, or other significant change in functional status. Children under age 21 may have additional visits authorized beyond these limits if medically necessary and medically appropriate, pursuant to guideline note 6 of the Prioritized List of Health Services-42 CFR § 441 Subpart B.¶¶

(3) The therapist shall teach the therapy regimen to individuals, including the client, family members, foster parents, and caregivers who can assist in the achievement of the goals and objectives. The client must be present

when the therapy is appropriately demonstrated at the time of teaching to assure that the therapy regimen is performed safely and correctly. The Division may not authorize extra treatments for teaching.

(4) All ~~s~~Speech-~~L~~Language ~~p~~Pathology (SLP) treatment services require a therapy plan of care that is required for claims subject to prepayment review (PPR) or requiring ~~p~~Prior ~~a~~Authorization (PA) for payment.

(5) The Division shall provide authorization 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 the American Hippotherapy Association's (AHA) position on coding and billing for equine related modalities.

(6) These rules do not limit or affect any obligations of a school district or education entity eligible for reimbursement for covered, health-related services provided in support of a child with a disability education program required by state and federal law. School-sponsored services are supplemental to other health plan therapy services and are not considered duplicative. See OAR chapter 410, division 133 SBHS rules for services provided by public education providers and OAR 410-141-3420565 (Managed Care Entity (MCE) Billing).

(7) The SLP therapy plan must adhere to the licensing board requirements of care and shall include:

(a) Client's name and ICD diagnosis code;

(b) The type, amount, frequency, and duration of the proposed rehabilitative or habilitative therapy;

(c) Individualized, measurably objective, short-term and long-term functional goals;

(d) Dated signature of the therapist or the prescribing practitioner establishing the therapy plan of care; and

(e) Evidence of certification of the therapy plan of care by the prescribing practitioner.

(8) SLP therapy records shall include:

~~(a) Documentation of each session. Records must include a record of history taken, procedures performed, and tests administered, results obtained, and conclusions and recommendations made. Documentation may be in the form of a "SOAP" (Subjective Objective Assessment Plan) note or the equivalent;~~

~~(b) Therapy provided;~~

~~(c) Duration of therapy; and~~

~~(d) Signature of the speech language pathologist must be compliant with applicable record and documentation requirements (see Oregon Administrative Rules in chapter 335, division 010).~~

(9) Documentation of clinical activities may be supplemented using flowsheets or checklists; however, these may not substitute for or replace detailed documentation of assessments and interventions.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, ORS 414.065

AMEND: 410-129-0070

NOTICE FILED DATE: 10/05/2023

RULE SUMMARY: Oregon Health Plan rule specifying limitations for speech-language pathology, audiology and hearing aid services. This amendment is to clarify language for visits exceeding one hour per day. And to add language to clarify that services previously excluded are covered under EPSDT, when medically necessary and medically appropriate.

CHANGES TO RULE:

410-129-0070

Limitations ¶

(1) Speech Language Pathology (SLP) services:¶

(a) Shall be provided by a practitioner as described in OAR 410-129-0065;¶

(b) Requirements for rehabilitative and habilitative therapy treatment:¶

(A) ~~May not~~ Require Prior Authorization (PA) when it exceeds one hour per day each for a group or individual;¶

(B) Shall be either group or individual and may not be combined in the authorization period; and¶

(C) Require PA after thirty (30) habilitative and thirty (30) rehabilitative visits per calendar year.¶

(c) The following SLP services are not subject to prepayment review (PPR) and do not require PA but are limited to:¶

(A) Two SLP evaluations in a 12-month period;¶

(B) Two evaluations for dysphagia in a 12-month period;¶

(C) Up to four re-evaluations in a 12-month period;¶

(D) One evaluation for speech-generating/augmentative communication system or device (SGD) shall be reimbursed per recipient in a 12-month period;¶

(E) One evaluation for voice prosthesis or artificial larynx shall be reimbursed in a 12-month period;¶

(F) Purchase, repair, or modification of electrolarynx;¶

(G) Supplies for speech therapy shall be reimbursed up to two times in a 12-month period, not to exceed \$5 five dollars each.¶

(d) The purchase, rental, repair, or modification of a SGD requires PA. Rental of a SGD is limited to one month. All rental fees shall be applied to the purchase price.¶

(2) Audiology and hearing aid services:¶

(a) All hearing services shall be performed by a licensed physician, audiologist, or hearing aid specialist;¶

(b) Binaural hearing aids shall be reimbursed no more frequently than every five (5) years for ~~adult~~ individuals age 21 and older who meet the following criteria and medical necessity: Loss of 35 decibel (dB) hearing level or greater in two or more of the following frequencies: 1000, 2000, 3000, and 4000 Hertz (Hz);¶

(c) Binaural hearing aids shall be reimbursed no more frequently than every three (3) years for children, birth through age 20, who meet the following criteria:¶

(A) Pure tone average of 25dB for the frequencies of 500Hz, 1000Hz, and 2000Hz; or¶

(B) High frequency average of 35dB for the frequencies of 3000Hz, 4000Hz, and 6000Hz.¶

(d) An assistive listening device may be authorized for individuals aged 21 or over who are unable to wear or who cannot benefit from a hearing aid. An assistive listening device is defined as a simple amplification device designed to help the individual hear in a listening situation. It is restricted to a hand-held amplifier and headphones;¶

(e) The following services do not require PA:¶

(A) One basic audiologic assessment in a 12-month period;¶

(B) One basic comprehensive audiometry (audiologic evaluation) in a 12-month period;¶

(C) One hearing aid examination and selection in a 12-month period;¶

(D) One pure tone audiometry (threshold) test; air and bone in a 12-month period;¶

(E) One electroacoustic evaluation for hearing aid; monaural in a 12-month period;¶

(F) One electroacoustic evaluation for hearing aid; binaural in a 12-month period;¶

(G) Hearing aid batteries - maximum of 60 individual batteries in a 12-month period. Clients shall meet the criteria for a hearing aid.¶

(f) The following services require PA:¶

(A) Hearing aids;¶

(B) Repair of hearing aids, including ear mold replacement;¶

(C) Hearing aid dispensing and fitting fees;¶

(D) Assistive listening devices;¶

(E) Cochlear implant batteries;¶

(F) Bone anchored hearing aid (BAHA) replacement components.¶

(g) ~~Services not covered~~ The following services require PA and must meet medical necessity and medical appropriateness under Early and Periodic Screening, Diagnostic and Treatment (EPSDT):¶

(A) FM systems;¶

(B) Vibro-tactile aids;¶

(C) Earplugs;¶

(D) ~~h~~ Services not covered:¶

(A) Adjustment of hearing aids ~~is~~ are included in the fitting and dispensing fee and is not reimbursable separately;¶

(E) ~~B~~ Aural rehabilitation therapy is included in the fitting and dispensing fee and is not reimbursable separately;¶

(F) ~~C~~ Tinnitus masker.

Statutory/Other Authority: ORS 413.042, ORS 414.065

Statutes/Other Implemented: ORS 414.065, ORS 414.025

AMEND: 410-129-0085

NOTICE FILED DATE: 10/05/2023

RULE SUMMARY: Oregon Health Plan rule specifying the payment methodology for speech-language pathology services used by the Open Card program. This amendment adds payment methodology of flat fee rates and 75% MSRP, for additional services under EPSDT.

CHANGES TO RULE:

410-129-0085

Payment Methodology

(1) Speech-Language Pathology and Audiology outpatient services are priced based on RVU (Refer to OAR 410-120-1340(6)) and flat fee rates:

(a) Surgical procedures such as cochlear implants may be provided in a hospital or an Ambulatory Surgical Center (ASC) (Refer to OAR 410-120-1340 (6) and (8));

(b) The Division reimburses inpatient hospital service under the DRG methodology, unless specified otherwise in the Division's Hospital Services program administrative rules, chapter 410, division 125.

(2) The Division shall reimburse codes ~~E2599 (Accessory for SGD, not otherwise classified) and E2512 (SGD accessory, mounting system) and any code that requires manual pricing~~ the following codes, using 75 percent of the manufacturer's Suggested Retail Price (MSRP). This is verifiable with quote, invoice, or bill from the manufacturer that clearly states the amount indicated is MSRP.

~~(3) Reimbursement on code all require PA.~~

~~(a) E2599 (SGD Accessory for SGD, not otherwise classified) and reimbursement shall be capped at \$6,200.~~

~~(4b) Reimbursement on accessory code E2512 (SGD accessory, mounting system) and reimbursement shall be capped at \$3,300.~~

~~(5c) PA is required for SGD accessory code E2599 when the cost is greater than \$520. L8690 (Auditory osseointegrated device, includes all internal and external components).~~

~~(6d) PA is required for miscellaneous accessory code E2512 when the cost is greater than \$480. L8691 (Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each) and reimbursement shall be capped at \$1,888.94.~~

~~(7e) The Division shall reimburse codes L8690-L8694 using 75 percent of the manufacturer's suggested retail price (MSRP). This is verifiable with quote, invoice, or bill from the manufacturer that clearly states the amount indicated is MSRP. L8692 (Auditory osseointegrated device, external sound processor, used without osseointegration, body worn) and reimbursement shall be capped at \$2,045.20.~~

~~(f) L8693 (Auditory osseointegrated device abutment, any length, replacement only);~~

~~(g) L8694 (Auditory osseointegrated device, transducer/actuator, replacement only, each);~~

~~(h) V5281 (Assistive Listening Device (Ald) fm/dm system, monaural);~~

~~(i) V5282 (Ald fm/dm system, binaural);~~

~~(j) V5283 (Ald neck, loop induction receiver);~~

~~(k) V5284 (Ald fm/dm ear level receiver);~~

~~(L) V5285 (Ald fm/dm aud input receiver);~~

~~(m) V5286 (Ald blu tooth fm/dm receiver);~~

~~(n) V5287 (Ald fm/dm receiver, nos);~~

~~(o) V5288 (Ald fm/dm transmitter ald);~~

~~(p) V5289 (Ald fm/dm adapt/boot coupling device for receiver); and~~

~~(q) V5290 (Ald transmitter microphone).~~

Statutory/Other Authority: ORS 413.042, ORS 414.065

Statutes/Other Implemented: ORS 414.065, ORS 414.025

AMEND: 410-129-0240

NOTICE FILED DATE: 10/05/2023

RULE SUMMARY: Oregon Health Plan rule regarding audiologist and hearing aid procedure codes. This amendment is to clean-up, correct OAR references and add in covered codes and remove codes that belong in a different section.

CHANGES TO RULE:

410-129-0240

Audiologist and Hearing Aid Procedure Codes ¶¶

(1) Inclusion of a CPT/HCPCS code on the following does not mean that a code is covered. Refer to OAR 410-141-0480, ~~410-141-0500, 20-1280~~ and OAR 410-141-05203565 for information on coverage.¶¶

(2) The following are Audiologist and hearing aid procedure codes:¶¶

(a) 92553 - Pure tone audiometry, air and bone, limited to one per calendar year;¶¶

(b) 92557 - Comprehensive audiometry threshold evaluation and speech recognition includes pure tone, air and bone, and speech threshold and discrimination. Also includes testing necessary to determine feasibility of amplification;¶¶

(c) 92590 - Hearing aid examination and selection, monaural may include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid and to determine if the ear ~~should~~may receive amplification;¶¶

(d) 92591 - Hearing aid examination and selection, binaural may include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid, and which ear ~~should receive~~ amplification; may receive amplification;¶¶

(e) 92592 - Monaural hearing aid inspection and battery check. The aid is cleaned, and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. ¶¶

(f) 92593 - Binaural hearing aids inspection and battery check. The aids are cleaned, and the power and clarity are checked using a special stethoscope, which attaches to the hearing aids. ¶¶

(eg) V5261 - Hearing aid, digital, binaural and behind the ear requires PA rior Authorization (PA);¶¶

(fh) V5011 - Fitting, orientation, checking of hearing aid includes adjusting aid to the wearer, instructions to wearer, and follow-up care, and requires PA prior to provision of services;¶¶

(gi) V5160 - Hearing aid dispensing fee, binaural, requires PA prior to providing services; 275 - Ear impressions made to obtain a hearing device specified for the individual, each. ¶¶

(hj) V517160 - Hearing aid, ~~contralateral routing device~~ dispensing fee, ~~mon~~binaural, ~~in the ear (ite)~~ requires PA prior to providing services;¶¶

(ik) V5181 - Hearing aid, contralateral routing device, monaural, behind the ear (bte);¶¶

(jl) V5200 - Hearing aid dispensing fee, contralateral, monaural, requires PA prior to providing services;¶¶

(km) V521140 - Hearing aid dispensing fee, two devices, contralateral routing system, binaural, ~~(ite/ite)~~;¶¶

(L) V5221 - Hearing aid, contralateral routing system, binaural, ~~(bte/bte)~~ requires PA prior to providing services;¶¶

(mn) V52401 - Hearing aid dispensing fee, two devices, contralateral routing system, binaural monaural hearing aid, any type, requires PA prior to providing services;¶¶

(no) V5241 - ~~H110 - Body worn hearing aid dispensing fee, monaural hearing aid, any type, requires PA prior to providing services; bilateral.~~¶¶

(p) V5020 - The conformity evaluation is to confirm that the hearing aid is meeting the needs of the patient.¶¶

(eq) 95992 - Canalith repositioning, treatment for vertigo, per day.¶¶

(3) Special otorhinolaryngologic services codes only apply to services for cochlear implants. These services include medical diagnosis evaluation by the otology physician:¶¶

(a) 92601 - Diagnostic analysis of cochlear implant, patient under seven (7) years of age, with programming;¶¶

(b) 92602 - Analysis and reprogramming of inner ear (cochlear) implant, younger than seven 7 years of age;¶¶

(c) 92603 - Diagnostic analysis of cochlear implant, age seven (7) years or older, with programming; follow up exam;¶¶

(d) 92604 - Analysis and reprogramming of inner ear (cochlear) implant, age seven 7 years or older;¶¶

(e) 92626 - Evaluation of auditory rehabilitation status, first hour;¶¶

(f) 92627 - Each additional 15 minutes;¶¶

(g) 92630 - Auditory rehabilitation; pre-lingual hearing loss;¶¶

(h) 92633 - Post-lingual hearing loss;¶¶

(i) L8614 - Cochlear device/system (only reimbursed to hospitals);¶¶

(j) L8615 - Headset/headpiece for use with cochlear implant device, replacement;¶¶

(k) L8616 - Microphone for use with cochlear implant device, replacement;¶¶

- (L) L8617 - Transmitting coil for use with cochlear implant device, replacement;¶
 - (m) L8618 - Transmitter cable for use with cochlear implant device, replacement;¶
 - (n) L8619 - Cochlear implant external speech processor, replacement;¶
 - (o) L8621 - Zinc air battery for use with cochlear implant device, replacement, each (maximum of 420 batteries per 12 months);¶
 - (p) L8622 - Alkaline battery for use with cochlear implant device, replacement, each (maximum of 420 batteries per 12 months);¶
 - (q) L8623 - Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (maximum of two rechargeable per 12 months);¶
 - (r) L8624 - Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each (maximum of two rechargeable per 12 months);¶
 - ~~(s) L8690 - Auditory osseointegrated device, includes all internal and external components;¶~~
 - ~~(t) L8691 - Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each;¶~~
 - ~~(u) L8692 - Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment;¶~~
 - ~~(v) L8693 - Auditory osseointegrated device abutment, any length, replacement only;¶~~
 - ~~(w) L8694 - Auditory osseointegrated device, transducer/actuator, replacement only, each;¶~~
 - (x) L7510 - Repair of prosthetic device, repair or replace minor parts, requires PA prior to providing services;¶
 - (y) L7520 - Repair prosthetic device, labor component, for 15 minutes, requires PA prior to providing services.
- Statutory/Other Authority: ORS 413.042, ORS 414.065
- Statutes/Other Implemented: ORS 414.025, ORS 414.065

AMEND: 410-129-0260

NOTICE FILED DATE: 10/05/2023

RULE SUMMARY: Oregon Health Plan rule regarding Hearing Aids and Hearing Aid Technical Service and Repair. This amendment is to clean-up, and add in covered code.

CHANGES TO RULE:

410-129-0260

Hearing Aids and Hearing Aid Technical Service and Repair ¶

(1) The provider shall bill the Division for hearing aids at the provider's acquisition cost and shall be reimbursed at that rate. For purposes of this rule, acquisition cost is defined as the actual dollar amount paid by the provider to purchase the item directly from the manufacturer or supplier plus any shipping or postage.¶

(2) The provider shall submit history of hearing aid use and an audiogram when requesting PArior Authorization (PA) for hearing aids.¶

(3) Procedure codes are the following:¶

(a) 92594 - Electroacoustic evaluation for hearing aid, monaural;¶

(b) 92595 - Electroacoustic evaluation for hearing aid, binaural;¶

(c) 92596 - Ear protector eval, measurement of adequacy of hearing protection device;¶

(d) V5014 - Repair/modification of hearing aid, requires PA;¶

(~~e~~) V5266 - Hearing aid batteries, limited to 60 individual batteries per calendar year;¶

(ef) V5264 - Ear mold/insert, not disposable, any type, requires PA;¶

(~~g~~) V5274 - Assistive listening device, not otherwise specified, requires PA;¶

(~~h~~) V5030 - Hearing aid, monaural, body worn, air conduction, requires PA;¶

(~~i~~) V5040 - Hearing aid, monaural, body worn, bone conduction, requires PA;¶

(~~j~~) V5050 - Hearing aid, monaural, in the ear, requires PA;¶

(~~k~~) V5060 - Hearing aid, monaural, behind the ear, requires PA;¶

(~~l~~) V5130 - Hearing aid, binaural, in the ear, requires PA;¶

(~~m~~) V5140 - Hearing aid, binaural, behind the ear, requires PA;¶

(~~n~~) V5171 - Hearing aid, contralateral routing device, monaural, ITE, requires PA;¶

(~~o~~) V5180 - Hearing aid, contralateral routing device, monaural, BTE, requires PA;¶

(~~p~~) V5211 - Hearing aid, contralateral routing system, binaural, ITE- requires PA;¶

(~~q~~) V5221 - Hearing aid, contralateral routing system, binaural, BTE- requires PA;¶

(~~r~~) V5246 - Hearing aid, digitally programmable analog, monaural, ITE, requires PA;¶

(~~s~~) V5247 - Hearing aid, digitally programmable analog, monaural, (BTE) requires PA;¶

(~~t~~) V5252 - Hearing aid, digital programmable, binaural, ITE, requires PA;¶

(~~u~~) V5253 - Hearing aid, digital programmable, binaural, BTE, requires PA;¶

(~~v~~) V5256 - Hearing aid, digital, monaural, ITE, requires PA;¶

(~~w~~) V5257 - Hearing aid, digital, monaural, BTE, requires PA.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, ORS 414.065

AMEND: 410-129-0280

NOTICE FILED DATE: 10/05/2023

RULE SUMMARY: Oregon Health Plan rule requiring physician's referral for certain hearing tests. This amendment updates the covered codes and associated renumbering.

CHANGES TO RULE:

410-129-0280

Hearing Testing for Diagnostic Purposes on Physicians Referral Only ¶¶

(1) A physician's referral is required for the tests shown in this rule. The tests may only be performed and billed by a licensed audiologist or a licensed physician.¶¶

(2) Procedure codes are the following:¶¶

(a) 92541 - Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording;¶¶

(b) 92542 - Positional nystagmus test, minimum of four positions, with recording;¶¶

(c) 92543 - Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests) with recording;¶¶

(d) 92544 - Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording;¶¶

(e) 92545 - Oscillating tracking test, with recording;¶¶

(f) 92546 - Sinusoidal vertical axis rotational testing;¶¶

(g) 92547 - Use of vertical electrodes in any or all the above tests counts as one additional test;¶¶

(h) 92548 - Test for balance and posture;¶¶

(i) 92551 - Screening test, pure tone, air only;¶¶

(ij) 92552 - Pure tone audiometry (threshold); air only;¶¶

(jk) 92555 - Speech audiometry; threshold only;¶¶

(kl) 92556 - With speech recognition;¶¶

(lm) 92562 - Loudness balance test, alternate binaural or monaural;¶¶

(mn) 92563 - Tone decay test;¶¶

(no) 92564 - Short increment sensitivity index (SISI);¶¶

(op) 92565 - Stenger test, pure tone;¶¶

(pq) 92567 - Tympanometry;¶¶

(qr) 92568 - Acoustic reflex testing; threshold;¶¶

(rs) 92569 - Acoustic reflex testing; decay;¶¶

(st) 92571 - Filtered speech tests;¶¶

(tu) 92572 - Staggered spondaic word test;¶¶

(uv) 92575 - Sensorineural acuity test, test to assess hearing loss using different tone pitches;¶¶

(w) 92576 - Synthetic sentence identification test;¶¶

(vx) 92577 - Stenger test, speech;¶¶

(wy) 92579 - Visual reinforcement audiometry (VRA);¶¶

(xz) 92582 - Conditioning play audiometry;¶¶

(yaa) 92583 - Select picture audiometry;¶¶

(zbb) 92584 - Electocochleography, test to assess electrical potentials generated in the inner ear as a result of sound stimulation;¶¶

(cc) 92585 - Auditory evoked potentials for evoked response audiometry or testing of the central nervous system, comprehensive;¶¶

(aadd) 92586 - Auditory evoked potentials for evoked response audiometry or testing of the central nervous system, limited;¶¶

(bbee) 92587 - Evoked Otoacoustic Emissions, - limited (single stimulus level, either transient or distortion products);¶¶

(ceff) 92588 - Evoked Otoacoustic Emissions, comprehensive or diagnostic evaluation (comparison of transient or distortion product otoacoustic emissions at multiple levels and frequencies);¶¶

(ddgg) 92620 - Auditory function 60 minutes, evaluation of hearing function brain responses, first hour¶¶

(hh) 92621 - Auditory function +15 minutes, evaluation of hearing function brain responses, each additional 15 min¶¶

(ii) 92589 Central auditory function tests (specify).

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, ORS 414.065

