

Provider Web Portal

Benefits and HSC List Inquiry
Department of Human Services

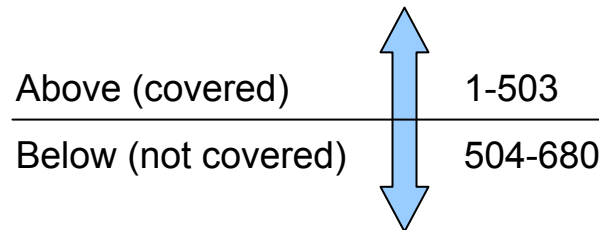


Prioritized List of Health Services

- Maintained by the Health Services Commission (HSC), the Prioritized List of Health Services:
 - Sets the funding and operational basis for the Oregon Health Plan.
 - Is ranked by priority, from the most effective to the least effective.
 - Includes practice guidelines reviewed and adopted by the Commission.
 - Contains 680 lines.
- The HSC annually reviews the list and reports to the Governor and Legislature.

Prioritized List of Health Services

- Diagnosis and procedure codes are placed on the HSC list in priority order.
 - Codes on lines 1 through 503 are above the line (potentially covered).
 - Codes on lines 504 through 680 are below the line (potentially not covered).



Prioritized List of Health Services

- Condition/treatment pairs:
 - Condition is the primary diagnosis.
 - Treatment is the procedure/service provided for the condition.
- Codes can pair above and/or below the line, or not pair.
 - Paired – Condition and treatment are on the same HSC line
 - Not paired – Condition and treatment are on different lines.
- Some services have “practice guidelines,” which
 - Allow OHP to cover a more severe form of a condition, or
 - Ensure that less costly treatments are tried first before using more costly treatments.

Provider Web Portal

- The Benefits and HSC List Inquiry can tell you:
 - **Client benefit information:** Benefit plan coverage, prior authorization requirements, or copayment requirements for a specific procedure.
 - **HSC List information:** Line placement, pairing information and HSC guidelines for a specific procedure and/or diagnosis.
- Benefits/HSC List Inquiry results **are not** a guarantee of eligibility or payment!
- Use the [Eligibility Verification screen](#) to verify client eligibility.

To find Benefits and HSC inquiry:

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization **Providers** POC Help
home demographic maintenance drug search enrollment enrollment tracking search links benefits and hsc inquiry

- Click on “benefits and HSC inquiry.” The following screen will appear:

Benefits and HSC Inquiry

Client Inquiry HSC List Inquiry

Client ID [Search] Benefit Plan [Search] DOS [Search]

Provider ID [Search] Procedure Description [Search] Modifier [v]

Procedure Code [Search] Diagnosis Description [Search] Claim Type [v]

Diagnosis Code [Search] Revenue Code [Search] Case Managed [v]

NDC [Search] Home Health [v]

Records 20 [v]

search clear

*** No rows found ***

HSC Prioritized List Detail

Line	Condition Description	Treatment Description	Coding Clarification Description	Statement of Intent Description	Guideline	Description

The information presented here is not to be considered a guarantee of payment. Please call 1-800-393-9855 with any question. Please visit the HSC Current Prioritized List web site http://www.oregon.gov/DAS/OHPPR/HSC/current_prior.shtml.

To perform a Client Inquiry:

Benefits and HSC Inquiry

1 Client Inquiry **HSC List Inquiry**

2 Client ID AA#####A [Search] Benefit Plan [Search] DOS 02/27/2009 **4**

Provider ID ##### MCD [Search]

3 Procedure Code 44950 [Search] Procedure Description APPENDECTOMY Modifier [v]

Diagnosis Code 541 [Search] Diagnosis Description APPENDICITIS NOS

NDC [Search] Revenue Code [Search] Claim Type M - PROFESSIONAL CLAIMS **5**

Home Health [v] Case Managed [v]

Records 20 [v]

search
clear

1. Check “Client Inquiry”.
2. Enter the Client ID and your Provider ID.
3. Enter a procedure and/or diagnosis code if applicable.
4. Enter the date of service (MM/DD/YYYY).
5. Enter the claim type; then click the “Search” button.

Client Inquiry Results

Client Information			
1	Name	Doe, Jane	
	Eligible	No	
	Benefit Plan	CWM	
	Plan of Care	No	
2	Gender	FEMALE	
	Effective Date	6/14/2008	
	CoPay	[CoPay]	
	Managed Care	No [Managed Care]	
3	DOB	11/21/1978	
	End Date	8/31/2008	
	PA Required	Yes	

1. Client name; whether the client is eligible for the procedure under their benefit plan; the benefit plan this applies to; whether the procedure requires a Plan of Care.
 - Only 7 codes indicate DHS medical assistance coverage: BMD, BMH, KIT, MED, BMM, CWM, CWX. **Disregard any other codes.**
2. Client's gender; effective date of the client's benefit plan; whether the procedure requires a copayment; whether the client is enrolled in an OHP managed care plan.
 - The copay link goes to a FAQ page about copayments.
 - The managed care link goes to the OHP comparison charts.
3. Client's date of birth; end date of the client's benefit plan; whether the service requires prior authorization (PA).

To perform an HSC List inquiry:

The screenshot shows a web form titled "Benefits and HSC Inquiry". The form is divided into several sections. On the left, there is a "Client Inquiry" section with a checkbox and fields for Client ID, Provider ID, Procedure Code (92014), Diagnosis Code (36721), NDC, and Home Health. In the middle, there is an "HSC List Inquiry" section with a checked checkbox (callout 1), Benefit Plan, Procedure Description, Diagnosis Description, Revenue Code, and Case Managed. On the right, there is a section for DOS (02/03/2004, callout 4), Modifier, Claim Type, and Records (20). At the bottom right, there are "search" and "clear" buttons (callout 5). The form has a blue header and footer.

1. Check "HSC List Inquiry".
2. Enter a procedure code if applicable.
3. Enter a diagnosis code if applicable.
4. Enter the date of service (MM/DD/YYYY).
5. Click the "search" button.

HSC search criteria by claim type

- Inpatient hospital:
 - Diagnosis code
- Outpatient hospital:
 - Procedure code and/or Revenue Center Code
 - Modifier, if applicable
- Professional:
 - Procedure code and modifier, if applicable
 - Diagnosis code
- Dental:
 - Procedure code

HSC List inquiry results

HSC Prioritized List Information

1	Funding Line	503	3	Diagnostic Procedure	No
2	HSC Response	Paired Above the Line - Procedure Code Above/Below the Line and Diagnosis Code Above the Line - Covered			
4	Line ▲	Condition-Treatment	On Line	Guideline	
	3	PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Coding Specification Below) (See Guideline Notes	Proc	64	
	3	PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Coding Specification Below) (See Guideline Notes	Proc	65	
	4	PREVENTIVE SERVICES, OVER AGE OF 10 (See Prevention Tables) (See Guideline Notes 3,64,65)	Proc	65	
	4	PREVENTIVE SERVICES, OVER AGE OF 10 (See Prevention Tables) (See Guideline Notes 3,64,65)	Proc	64	
	4	PREVENTIVE SERVICES, OVER AGE OF 10 (See Prevention Tables) (See Guideline Notes 3,64,65)	Proc	3	
	10	TYPE I DIABETES MELLITUS (See Guideline Notes 1,64,65)	Proc	65	
	10	TYPE I DIABETES MELLITUS (See Guideline Notes 1,64,65)	Proc	1	
	10	TYPE I DIABETES MELLITUS (See Guideline Notes 1,64,65)	Proc	64	
	22	HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION (See Guideline Note 1)	Proc	1	
	33	TYPE II DIABETES MELLITUS (See Guideline Notes 1,7,8,64,65)	Proc	7	

1 2 3 4 5 6 7 8 9 10 ... Next >

1. The HSC funding line for the date of service entered in the inquiry.
2. The HSC line placement and pairing information for the procedure and/or diagnosis entered.
3. Whether the service is diagnostic.
4. The lines that the procedure/diagnosis appear on.

HSC Response

- The HSC Response will indicate the line placement for the information entered:
 - Covered:
 - Above the line (procedure and diagnosis pair).
 - Not paired (doesn't pair, but the procedure or diagnosis may be covered).
 - Exempt (for procedure).
 - Not covered:
 - Below the line (procedure and diagnosis pair).
 - Not paired (doesn't pair).
 - Excluded (procedure is excluded from the list).

HSC List detail and guidelines

HSC Prioritized List Information

Funding Line	503	Diagnostic Procedure	No
HSC Response	Paired Above the Line - Procedure Code Above/Below the Line and Diagnosis Code Above the Line - Covered		

Line ▲	Condition-Treatment	On Line	Guideline
455	RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65)	Proc	65
455	RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65)	Proc	64
459	VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,65)	Proc	65
459	VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,65)	Proc	64
466	DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65)	Proc	46
466	DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65)	Proc	64
466	DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65)	Proc	65
468	DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)	Paired	64
468	DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)	Paired	65
469	EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Notes 64,65)	Proc	64

< Previous 1 2 3 4 5 6 7 8 9 10 ... Next >

HSC Prioritized List Detail

Line	468
Condition Description	DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)
Treatment Description	MEDICAL THERAPY
Coding Clarification Description	
Statement of Intent Description	
Guideline	64
Description	GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT Included on all lines with evaluation & management (E&M) codes Pharmacy medication management services must be provided by a pharmacist who has: 1. A current and unrestricted license to practice as a pharmacist in Oregon. 2. Services must be provided based on referral from a physician or licensed provider or healthplan. 3. Documentation must be

1. Search for the line that corresponds with the HSC Response, then click the line for more details.
2. This section displays a description of the diagnosis, service, and guidelines.

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To perform a Client and HSC List Inquiry:

Benefits and HSC Inquiry

1 Client Inquiry HSC List Inquiry

Client ID AA#####A [Search] Benefit Plan [Search] DOS 06/27/2008

2 Provider ID ##### CNV [Search] Procedure Code 87086 [Search] Procedure Description URINE CULTURE/COLONY COUNT Modifier [v]

Diagnosis Code V242 [Search] Diagnosis Description ROUT POSTPART FOLLOW-UP

NDC [Search] Revenue Code [Search] Claim Type [v]

Home Health [v] Case Managed [v]

Records 20 [v]

search clear 3

1. Check both the Client Inquiry and HSC List Inquiry boxes; enter the Client ID and Date of Service (MM/DD/YYYY).
2. Enter Provider ID, Procedure and/or Diagnosis Code, and the Claim Type for the procedure/diagnosis.
3. Click "Search."

Client and HSC List Inquiry Results


1

Client Information

Name	Doe, Jane	Gender	FEMALE	DOB	11/21/1978
Eligible	No	Effective Date	6/14/2008	End Date	8/31/2008
Benefit Plan	CWM	CoPay	[CoPay]	PA Required	Yes
Plan of Care	No	Managed Care	No [Managed Care]		

2

HSC Prioritized List Information

Funding Line		Diagnostic Procedure	Yes
HSC Response	Procedure Code is Diagnostic - Client Benefit Plan does not cover these services - Not Covered		

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1. Client information: See [Client Inquiry Results](#) (slide 8).
2. HSC Prioritized List Information: See [HSC List Inquiry Results](#) (slides 11-13).

Resources

- For questions concerning fee-for-service treatment pairing:
 - OHP Benefit RN Hotline:
 - 800-393-9855

- For more information about the Prioritized List of Health Services:
 - HSC Web site:
 - www.oregon.gov/OHPPR/HSC/current_prior.shtml

Thank you!