

Medical-Surgical Provider Guide

Use this guide as a supplement to the Medical-Surgical Services Oregon Administrative Rules ([Chapter 410 Division 130](#)). See current Medical-Surgical Services rules for official policies regarding billing.

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Client eligibility and enrollment

Refer to [General Rules](#) and [OHP Rules](#) for information about the service coverage according to OHP benefit plans and the Prioritized List of Health Services.

The [OHP eligibility verification page](#) explains how to verify eligibility using the Provider Web Portal (PWP), Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

Prior authorization- See *OAR [410-130-0200](#) for more information*

The following services require prior authorization (PA):

- Durable medical equipment, prosthetics, orthotics and supplies ([DMEPOS – Division 122](#))

- Home health services ([Division 127](#))
- Home Enteral/Parenteral and IV services ([Division 148](#))
- Hospital dentistry and certain dental services ([Division 123](#))
- Physical and occupational therapy ([Division 131](#))
- Private duty nursing ([Division 132](#))
- Speech and hearing services ([Division 129](#))
- Certain [pharmaceutical](#), [medical-surgical](#), [vision](#), and [hospital](#) services

Refer to the program-specific administrative rules and supplemental information for specific details and required forms. Submit prior authorization (PA) requests using the [Provider Web Portal \(instructions\)](#) or the [MSC 3971](#).

- For coordinated care organization (CCO) members, contact the CCO for PA instructions.
- For complete information about how to submit a PA request to OHA, see the [Prior Authorization Handbook](#).

Primary care services

Most OHP members have a CCO to manage their care. For members who cannot be enrolled in a CCO, primary care services can help members maintain physical and emotional development and health.

These services include a comprehensive ongoing assessment of medical needs and the development and implementation of a plan for members to obtain services that are preventive or primary care, and follow-ups, as appropriate.

Primary care services include the following:

- Preventive services – See OAR 410-141-0480, and 410-141-0860 of the [OHP \(MCO and CCO\) Administrative Rules](#);
- Primary care services;
- Specialty services;
- Inpatient hospital services;
- Outpatient hospital services except laboratory, X-ray, and maternity management.

Primary care provider (PCP) types

The PCP provides preventive and primary care services to members, then bills OHA on a fee-for-service basis. PCPs may be:

- Physicians (MD or DO)
- Nurse practitioners
- Physician assistants
- Naturopaths with physician backup
- Hospital primary care clinics
- Rural Health Clinics
- Indian Health Service Clinics
- Tribal Health Clinics

Referrals

Services provided by the following providers require a referral from the PCP:

- Chiropractors
- Migrant and Community Health Clinics
- County Health Departments

- Federally Qualified Health Centers
- Indian Health Service and Tribal Health Clinics
- Medical Physicians
- Nurse Practitioners
- Osteopathic Physicians
- Physician Assistants
- Podiatrists
- Rural Health Clinics
- Naturopaths
- Hospital – Inpatient
- Hospital – Outpatient, other than laboratory, X-ray, or maternity case management

All claims requiring a referral must list the PCP's National Provider Identifier (NPI) in the appropriate box on the claim.

Referral and authorization exemptions

OHA will pay for the following services without a direct PCM referral:

- Anesthesiology
- Dental care
- Durable medical equipment
- Eye care (routine vision exams, dispensing services, and vision materials)
- Family planning services
- HIV prevention services
- Immunizations and treatment for communicable and sexually transmitted diseases provided by a publicly funded clinic
- Laboratory and X-ray services
- Maternity case management services
- Mental health and chemical dependency services
- Pharmacy services
- Physical and occupational therapy
- School-based services provided under an Individual Education Plan or an Individual Family Service Plan
- Speech and hearing services
- Targeted case management services
- Transportation

Although these services do not require a direct referral, they should be documented in the member's medical record when the PCM makes a direct referral or when reported by the specialty care provider or member. *Members should be encouraged to report all medical treatment to their PCP.*

Billing for medical-surgical services

Use the Provider Web Portal professional claim, 837P or CMS-1500.

- **Billing instructions** are available on the [OHP provider billing tips page](#).
- **For information about electronic billing**, go to the [Electronic Business Practices Web page](#).

Where to find codes

See the Medical-Surgical Services rules ([OAR 410 Division 130](#)) for specific coding information. Obtain a copy of the current rules online, or call OHA at 503-945-5772 or 800-527-5772.

Code books for ICD-10-CM, CPT, and HCPCS codes can be purchased from:

American Medical Association
PO Box 10950
Chicago, IL 60610

Phone: 800-621-8335
Web site: www.amapress.com
Or other reputable supplier

Modifiers

OHA uses national standards for coding and recognizes all national modifiers. Use CPT and HCPCS guidelines for use of modifiers unless otherwise instructed below.

- 99 - OHA can only accept two 2-digit modifiers per line. For more than 2 modifiers, use modifier 99 in the first position. Place the most pertinent modifier in the next position, followed by all other modifier codes.

Claim status and adjustments

For information about the paper remittance advice and other ways to get claim status information via the Provider Web Portal, AVR or EDI 835 (Electronic Remittance Advice), go to the [OHP remittance advice page](#).

For information about how to adjust a claim, refer to the [Claim Adjustment Handbook](#).

Hysterectomy Consent

Use the OHP 741 ([English](#) or [Spanish](#)). Do not use Consent to Sterilization forms (OHP 742A and OHP 742B) for hysterectomies. Hysterectomies for the sole purpose of sterilization are not covered.

Mail a copy of the completed form to:

OHP
PO Box 14958
Salem, OR 97309-4958

See OAR 410-130-0580 for more information about hysterectomy consent procedures.

Consent to Sterilization forms

Use the OHP 742A ([English](#) or [Spanish](#)) for clients 21 years of age or older, and the OHP 742B ([English](#) or [Spanish](#)) for clients 15 to 20 years of age.

Mail a copy of the completed form to:

OHP
PO Box 14958
Salem, OR 97309-4958

Make sure the client signs and dates the form 30 days prior to performing sterilization. OHP will not pay for sterilization when the consent form has not been signed and dated by the client 30 days before the procedure is performed.

See [OAR 410-130-0580](#) for more information about sterilization consent procedures and exceptions.

Consent to Sterilization form instructions

Top of Page 1	
1.	Enter the client's name, sex, and 8-digit Medicaid ID number where indicated.
Page 1: Patient's Statement	
2.	Enter the name of the doctor or clinic.
3.	Enter the name of the surgical procedure.
4.	Enter the client's birth date.
5.	Enter the client's name.
6.	Enter the name of the doctor performing the procedure.
7.	Enter the name of the procedure to be performed.
8.	The client must sign and date the consent.
9.	The client's race and ethnicity designation is optional.
Page 1: Interpreter's Statement – Complete only if an interpreter is required	
10.	Enter the name of the language used to explain the consent to the client.
11.	The interpreter must sign and date the consent.
Page 2: Statement of Person Obtaining Consent	
12.	Enter the client's name.
13.	Enter the name of the procedure to be performed.
14.	The person obtaining the consent must sign and date this statement. The date of signature must be on or after the client's signature date, but before the procedure date.
15.	Enter the name and full address of the physician or facility.
Page 2: Physician's Statement	
16.	Enter the client's name.
17.	Enter the date the procedure was performed.
18.	Enter the name of the procedure to be performed.
19.	Alternative final paragraphs: Use paragraph 1 in most cases; use paragraph 2 in the case of premature delivery or emergency abdominal surgery where the procedure occurs less than 30 days after the client's signature date. Cross out the paragraph you do not use. When using paragraph 2, check the appropriate box. If the first box is checked, enter the client's expected date of delivery. If the second box is checked, describe the circumstances requiring surgery.
20.	The performing physician must sign this consent. The date of signature must be either the date the sterilization was performed or a date following the sterilization.

Maternity Case Management forms

Providers must complete the following forms to meet minimum documentation requirements for Maternity Case Management Services. See [OAR 410-130-0595](#) for more information on Maternity Case Management.

- [OHP 2470](#) - Initial Assessment and Client Service Plan
- [OHP 2471](#) - Training and Education Tracking

- [OHP 2472](#) - Home / Environmental Assessment
- [OHP 2473](#) - Five A's Intervention Record for Smoking Cessation

Lead Risk Assessment Questionnaire

Providers must complete the [OHP 9033](#) for all children ages 12 to 72 months as part of the Early and Periodic Screening Diagnostic and Treatment (EPSDT) program. For more information, instructions and tables relating to EPSDT, see [OAR 410-130-0245](#).

Pharmaceutical references

Referenced OARs are from the [Pharmaceutical Services rules](#) (OAR 410 Division 121) unless otherwise noted.

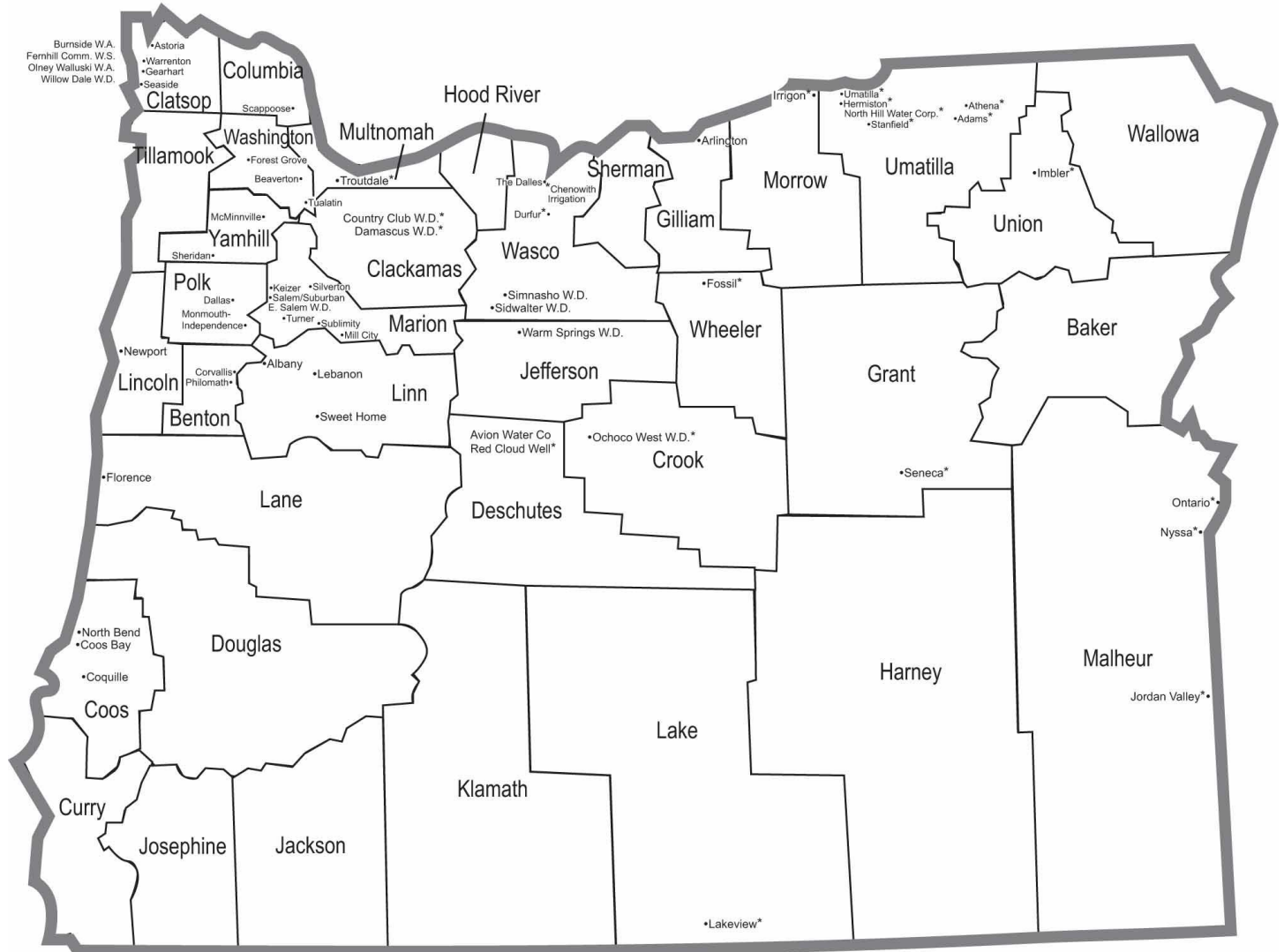
- **Drug Use Review (DUR):** See OAR 410-121-0100.
- **Prescription requirements (for fee-for-service clients only):** Follow criteria outlined in OAR 410-121-0145.
- **Preferred Drug List:** Part of the PMPDP, the Preferred Drug List (PDL) is a tool to identify the most cost-effective drugs for open-card OHP patients. New prescriptions for non-preferred physical health drugs require prior authorization. For more information, see [the OHP Preferred List \(PDL\)](#).
- **Pharmaceutical reimbursement:** See OAR 410-121-0155. For physician-administered drugs, Clozapine therapy supervision and billing, see [OAR 410-130-0180](#) (Medical-Surgical Services).
- **Medicaid Drug Rebate Program:** See OAR 410-121-0157. This federal program requires drug manufacturers to enter into an agreement with CMS to provide rebates to OHA on all their drug products. OHA will only reimburse providers for drug products that are manufactured or labeled by companies who participate in the program. For a list of participating drug manufacturers, see the [CMS website](#).
- **Medication Therapy Management Service Claims (MTMS):** OHA will reimburse pharmacies for Medication Therapy Management Services (MTMS) provided by pharmacists. Services must be provided based on referral from a physician, licensed provider, or a coordinated care organization. For documentation requirements, refer to Guideline Note 64 of the Prioritized List of Health Services. For specific information on when to bill for MTMS, refer to CPT coding guidelines.

Oregon water systems with fluoride

This map shows communities and water districts with water supplies that have naturally occurring fluoride or adjusted fluoride.

Oregon water systems with fluoride

* Denotes systems with naturally occurring fluoride



Systems with naturally occurring fluoride

Over time or seasonally, these systems can show variations of up to 0.5 parts per million (ppm). To obtain the most current level, contact the water system directly.

Name	Phone	County
Country Club Water District	503-622-5374	Clackamas
Damascus Water District	503-658-5585	Clackamas
Ochoco West Water District	541-447-5612	Crook
Avion Water Co. Red Cloud Well	541-382-5342	Deschutes
Arlington	541-454-2743	Gilliam
Seneca	541-542-2161	Grant

Name	Phone	County
Lakeview	541-947-2371	Lake
Jordan Valley	541-586-2460	Malheur
Nyssa	541-372-2264	Malheur
Ontario	541-889-8011	Malheur
Irrigon	541-922-3047	Morrow
Troutdale (1/3 of system)	503-661-5165	Multnomah
Adams	541-566-3841	Umatilla
Athena	541-566-3862	Umatilla
Hermiston	541-567-5221	Umatilla
North Hill Water Corporation	541-567-6764	Umatilla
Stanfield	541-449-3831	Umatilla
Umatilla	541-922-3226	Umatilla
Imbler, City of	541-531-6095	Union
Chenoweth Water People's Utility District	541-296-8027	Wasco
Dufur	541-467-2401	Wasco
Fossil	541-763-2698	Wheeler

Drinking Water Program, PO Box 14450, Portland OR 97214-0450; 971-673-0405

Recommended dietary fluoride supplementation schedule

Age	Less than 0.3 ppm F	0.3 - 0.6 ppm F	More than 0.6 ppm F
Birth – 6 mos.	0	0	0
6 mos. – 3 yrs.	0.25 mg/day	0	0
3 yrs. – 6 yrs.	0.50 mg/day	0.25 mg/day	0
6 yrs. up to at least 16 yrs.	1.00 mg/day	0.50 mg/day	0

American Academy of Pediatric Dentistry, Special Issue: Reference Manual 1997-1998, Volume 19, Number 7.

Vaccines for Children program

The Vaccines for Children program (VFC) supplies federally purchased free vaccines for immunizing eligible children in public and private practices - at no cost to participating private health care providers.

- Patients through age 18 are eligible if they are enrolled in Medicaid or are uninsured; or American Indian/Alaskan Native.
- For more information, go to the [VFC website](#).
- To enroll in the VFC program, call 971-673-0300 and request a “VFC Recruitment Packet.”