

## American Indian/Alaska Native Services Provider Guide

Use this guide as a supplement to the American Indian/Alaska Native (AI/AN) Services Oregon Administrative Rules ([Chapter 410 Division 146](#)). See current AI/AN Services rule 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, Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

### Prior authorization - See [OAR 410-146-0060 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 to DMAP using the [Provider Web Portal \(instructions\)](#) or the [MSC 3971 \(instructions\)](#).

- For OHP managed care plan members, contact the plan for PA instructions.
- For complete instructions on how to submit PA requests to DMAP, see the [Prior Authorization Handbook](#).

## Billing for Tribal 638 and IHS facilities

Use the professional claim format.

- Bill using the most appropriate procedure codes as described in [OAR 410-146-0080](#).
- **Billing instructions** are available on the [OHP provider billing tips page](#).
- **For information about electronic billing**, go to the [Electronic Business Practices Web page](#).

## 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](#).

## Vaccines for Children program - See [OAR 410-146-0100](#) for more information

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 the Oregon Health Plan, 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.”