
Oregon Health Plan Provider Web Portal

Benefits and HSC Inquiry

Oregon Health Plan funding; procedure and diagnosis code
pairing and coverage



September 2016

Providers Page

The screenshot shows the top navigation bar of the Providers Page. The 'Providers' menu is open, displaying a list of options. A yellow callout box with a black border points to the 'Benefits and HSC Inquiry' option. The page content below the navigation bar includes a security warning, contact information for the Security Incident Response Team, and information about password resets.

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 EHR incentive
client pmpm history client pmpm attestation

**Providers menu,
click Benefits and
HSC Inquiry**

Warning: Use of this network is restricted to authorized users. User activity may be monitored and/or recorded. BE ADVISED: if possible, information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6812.

Oregon Health Authority
work experience records
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Benefits and HSC Inquiry

Benefits and HSC Inquiry

Client Inquiry HSC List Inquiry

Client ID [Search] 1

Provider ID [Search]

2 Procedure Code [Search]

Diagnosis Code [Search]

NDC [Search]

Home Health [v]

Benefit Plan [Search]

Procedure Description

Diagnosis Description

Revenue Code [Search] 4

Case Managed [v]

3 DOS

Modifier [v]

Claim Type [v]

Records [2]

search 5

clear

Enter diagnosis code without the decimal

Other fields may be required for more specific information; check warning messages after search

1. Check Client Inquiry, HSC List Inquiry, or both
2. Enter procedure and diagnosis
3. Enter date of service (DOS)
4. Click Enter Claim Type
5. Click search

HSC List Inquiry

Benefits and HSC Inquiry

Client Inquiry **HSC List Inquiry**

Client ID [Search] Benefit Plan [Search] **3** DOS 10/

Provider ID [Search]

Procedure Code 76801 [Search] **1** Procedure Description Ob us < 14 wks single fetus

2 Diagnosis Code 08883 [Search] 10 **4** Claim Type **4** Modifier

NDC [Search] Revenue Code [Search]

Home Health [v] Case Managed [v] Records 20

HSC Prioritized List Information

Funding Line 476 Diagnostic Procedure No

HSC Response Paired Above the Line - Procedure Code and Diagnosis Code Above the Line - Covered

Line	Condition-Treatment	On Line	Guideline
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	2
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	16
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	22
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	64
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	65
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	85
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	92
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	99
39	TERMINATION OF PREGNANCY (See Guideline Notes 64,65,99) (Note: This line item is not priced as part	Proc	64
39	TERMINATION OF PREGNANCY (See Guideline Notes 64,65,99) (Note: This line item is not priced as part	Proc	99

1 2 Next >

Required fields:

1. Procedure, revenue or NDC code
2. Diagnosis code
3. DOS (date of service)
4. Claim Type

HSC Response tells if the service is covered

****Verify eligibility to determine benefit plan coverage**

HSC lines that contain either the procedure or diagnosis code entered

Client Inquiry

Required fields:

1. Client ID
2. Diagnosis Code
3. DOS (date of service)

Benefits and HSC Inquiry

Client Inquiry HSC List Inquiry

Client ID: M3301G5C **1** [Search]

Provider ID: [Search]

Procedure Code: 76801 [Search]

Diagnosis Code: O8883 **2** [Search] 10

NDC: [Search]

Home Health: [Select]

Benefit Plan: [Search]

Procedure Description: Ob us < 14 wks single fetus

Diagnosis Description: Other embolism in the puerperium

Revenue Code: [Search]

Case Managed: [Select]

DOS: **3** [Select]

Modifier: [Select]

Claim Type: [Select]

Records: 20 [Select]

[search] [clear]

Client Information

Name: BMHFAM,SUZY Gender: FEMALE DOB: 2/1/1965

Eligible: Yes Effective Date: 7/1/2014 End Date: 12/31/2299

Benefit Plan: BMH, BMP, CRN and SMHS CoPay: [CoPay] PA Required: [Select]

Plan of Care: No Managed Care: Yes [Managed Care]

CoPay and PA Required should say "Yes" or "No" based on the service type

Please see below for Warning/Error Messages :

Warning - Copay cannot be determined without a Claim Type

Warning - PA Required cannot be determined without Provider ID

Warning - Copay cannot be determined without Provider ID.

See warning messages for additional requirements

Client and HSC Inquiry

Benefits and HSC Inquiry [?] [x]

Client Inquiry **HSC List Inquiry**

Client ID MJ301G5C [Search] **Benefit Plan** [Search] **DOS** 10/01/2015

Provider ID 506675929 MCD [Search] **Procedure Description** Ob us < 14 wks single fetus **Modifier** [v]

Procedure Code 76801 [Search] **Diagnosis Description** Other embolism in the puerperium

Diagnosis Code O8883 [Search] 10 **Revenue Code** [Search] **Claim Type** M - PROFESSIONAL CLAIMS [v]

NDC [Search] **Case Managed** [v] **Records** 20 [v]

Home Health [v] **search** **clear**

Client Information [?] [x]

Name BMHFAM,SUZY **Gender** FEMALE **DOB** 2/1/1965

Eligible Yes **Effective Date** 7/1/2014 **End Date** 12/31/2299

Benefit Plan BMH, BMP, CRN and SMHS **CoPay** Yes [CoPay] **PA Required** No

Plan of Care No **Managed Care** Yes [Managed Care]

HSC Prioritized List Information [?] [x]

Funding Line 476 **Diagnostic Procedure** No

HSC Response Paired Above the Line - Procedure Code and Diagnosis Code Above the Line - Covered [v]

Line ▲	Condition-Treatment	On Line	Guideline
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	2
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1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	65
1	PREGNANCY (See Coding Specification Below) (See Guideline Notes 2,16,22,64,65,85,92,99) - MATERNITY	Paired	85

Reminders

Steps to verify a service is covered:

1. Verify client eligibility on the date of service (benefit plans determine the level of coverage)
2. Search the Prioritized List for procedure and diagnosis code pairing and funding
3. Review the Fee-for-Service Fee Schedule (some codes may be covered according to the Prioritized List, but they may only be covered by a plan, not fee-for-service)

<http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx>

Need Help With HSC?

Fee-for-service:

Benefit RN Hotline

toll-free: 800-393-9855

local: 503-945-5939

M-F 8:00 a.m. to 5:00 p.m.

Managed or coordinated care:

Contact the plan

<http://www.oregon.gov/oha/OHPB/Pages/health-reform/certification/index.aspx>

Do You Need Further Assistance?

Provider Services Unit (PSU)

800-336-6016

dmap.providerservices@state.or.us

Medicaid Provider Training

Medicaid.Provider-Training@state.or.us