

Billing for Citizenship Waived Medical (CWM) services

This document explains how providers can bill the Oregon Health Authority (OHA) for services covered under the Citizenship Waived Medical (CWM) program.

Refer to the [General Rules, CWM](#) and [Health Systems Division Medical Eligibility](#) rules for information about program eligibility and service coverage according to OHP benefit plans and the Prioritized List of Health Services.

Covered diagnosis codes

The CWM benefit package is an emergency service benefit level.

You can only bill OHA for services to treat the following diagnoses. You will be able to bill for other covered conditions by early 2023.

- Emergency medical conditions (code group [6014](#)). For services provided on or after July 1, 2022, the prudent layperson standard will apply to the definition of emergency medical conditions covered by CWM.
- Reproductive health and COVID-19 diagnoses (code group [6149](#)).

The following table lists all covered diagnosis code groups and when OHA expected to be able to support billing for each code group.

Code Group	Conditions	Billable?	Emergency Indicator Needed?
6014	Emergencies	Yes	Yes
6149	Reproductive health COVID-19	Yes	No
6179	Behavioral health crisis	Not until February or March 2023	No for professional claims (use CPT crisis codes) Yes for institutional claims
6186	Cancer Immunosuppressants post-kidney transplant	Not until January or February 2023	No

Prior authorization required for covered medications

Medications related to covered emergency services require prior authorization. Providers can submit prior authorization (PA) requests three ways:

- Call the Oregon Pharmacy Call Center at 888-202-2126;
- Submit via the secure MMIS Provider Portal at <https://www.or-medicaid.gov>; or
- Fax to 888-346-0178. Use the form at <https://apps.state.or.us/Forms/Served/he3978.pdf>.

Required documentation

All PA requests should document a covered diagnosis (i.e., cancer, status post-kidney transplant, or a behavioral health crisis episode).

- **For cancer treatment**, the request should document a cancer diagnosis from group 6186 . CWM coverage includes drug treatment for related conditions necessary to help the patient tolerate or complete cancer therapy.
- **For behavioral health conditions**, the request should document a crisis/emergency visit for the diagnosis.
- **For some drugs with clinical PA criteria**, also submit chart notes. View specific criteria on [the OHP Pharmaceutical Services rules and guidelines page](#) (you will need to scroll down to the PA section).

Expanded emergency services

For services provided on or after July 1, 2022:

- **Inpatient claims** must include a diagnosis code from [Group 6014](#) on the admit and/or final diagnosis, with admit type 1.
- **Professional claims** must include a diagnosis code from [Group 6014](#), with a Y emergency indicator.

Behavioral health crisis treatment services

For services provided on or after January 1, 2022:

- Professional claims must pair a behavioral health diagnosis code from Group 6179, and a CPT crisis code 90839 or 90840.
- Inpatient and outpatient claims must pair a behavioral health diagnosis code from Group 6179 and an emergency admit type 1.

Dialysis treatment

For outpatient services provided on or after January 1, 2022:

- Claims must include a dialysis diagnosis code from [Group 6014](#) in the header.

For inpatient and emergency dialysis treatment services provided on or after July 1, 2021:

- Claims must include a dialysis diagnosis code from [Group 6014](#) on the admit and/or final diagnosis and admit type 1.

Dialysis treatment includes:

- Fistula placement, including 1 week of pre-op and 1 week of post-op care.
- Port placement when fistula placement is not an option
- Immunosuppressant medications post-kidney transplant

Immunosuppressant medications post-kidney transplant

For services provided on or after January 1, 2022:

- Claims with diagnosis codes from Group 6186 will pay without an emergency indicator or admit type. The need for immunosuppressant medications is the emergency.

Care coordination for members post kidney transplant

Kepro's OHP Care Coordination program helps members gain access to kidney specialists for follow-up care after a kidney transplant. This includes:

- Non-emergency office visits
- Labs/tests
- Prescriptions for immunosuppressant medications (requires prior authorization)
- Medication monitoring

Cancer treatment

For emergency services provided on or after January 1, 2022:

- Claims must include a diagnosis code from Group 6186.
- No emergency indicator is required; the cancer diagnosis is the emergency.

Treatment includes:

- Side effects of cancer treatment, co-morbid conditions and complications of cancer treatment; when if left untreated would place the patient's health in serious jeopardy, cause serious impairment to bodily functions or serious dysfunction to any bodily organ or part
- Surgery
- Radiology
- Lab tests and radiology to measure and track treatment
- Treatment for cancer, side effects, co-morbid conditions, and complications
- Oncology office visits
- Inpatient treatment and recovery
- Medications to treat cancer, side effects, co-morbid conditions, and complications.
- Durable medical equipment (DME) needed for cancer treatment, when criteria in [the DME rules and guidelines](#) (Chapter 410, Division 122) are met.