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# Fee-for-service prior authorization process for physical health services

Effective May 1, 2018

Oregon Health Authority  
Health Systems Division



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# Welcome!

- Today's topic:
  - How to accelerate the review of prior authorization requests for physical health services
- What we will cover:
  - Accepted request formats
  - Using the Provider Web Portal
  - Where to get help

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# This training applies to PA requests for:

- Medical/surgical services
- Durable medical equipment and supplies
- Imaging
- Laboratory tests
- Physical or occupational therapy
- Hearing aids
- Communication Assistive Devices
- Speech therapy
- Out-of-hospital births

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# ACCEPTED FORMATS

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# Accepted formats

- Starting May 1, 2018, OHA will only accept prior authorization requests two ways:
  - Online at <https://www.or-medicaid.gov>, or
  - By fax\*, using the current PA Request Form (MSC 3971, revised March 2018).

*\*This training does **not** cover how to fax requests to MMIS. To learn more about the fax PA process, see the appendix of OHA's [Prior Authorization Handbook](#).*

# MSC 3971 (rev. 3/18)

## Page 1

Now includes:

- EDMS Coversheet
- Instructions
- Current PA Assignments, including Fee-for-Service (for continuity of care disenrollments) and Out-of-Hospital Birth
- Fields reordered for faster processing at DHS/OHA



**DHS/OHA Prior Authorization Request Form**



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**Instructions**

- For the requested service(s) to be eligible for reimbursement, the requesting, performing, and referring providers for the requested service must all be enrolled Oregon Health Plan (OHP) providers.
- Complete all required fields marked in bold. These fields are mandatory for processing.
- Please attach the necessary clinical documentation for the services requested (e.g., treatment care plan, progress notes, imaging reports). Only include documentation that directly pertains to your request. Attaching unrelated documents (e.g., all chart notes) may delay processing.
- For specific requirements, refer to the rules and guidelines of your program at [bit.ly/ohp-rules](http://bit.ly/ohp-rules).

**I – Request information**

**Client Name** \_\_\_\_\_ **Client ID** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Requesting Provider (the office or facility requesting the service)**

Name \_\_\_\_\_ **Provider NPI** \_\_\_\_\_

Contact Person \_\_\_\_\_ **Phone Number** \_\_\_\_\_

\_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Performing Provider**

Name \_\_\_\_\_ **Provider NPI** \_\_\_\_\_

**Referring Provider (only required if different than Requesting Provider)**

Name \_\_\_\_\_ **Provider NPI** \_\_\_\_\_

**PA Assignment: Type of request (select one):**

<input type="checkbox"/> APD-ERS	<input type="checkbox"/> OUT-OF-HOSPITAL BIRTH
<input type="checkbox"/> BEHAVIORAL HEALTH	<input type="checkbox"/> OT HOSPITAL
<input type="checkbox"/> DENTAL	<input type="checkbox"/> OT NOT HOSPITAL
<input type="checkbox"/> DME	<input type="checkbox"/> PT HOSPITAL
<input type="checkbox"/> EPIV	<input type="checkbox"/> PT NOT HOSPITAL
<input type="checkbox"/> FEE-FOR-SERVICE / DISENROLLMENT	<input type="checkbox"/> REHAB – INPATIENT
<input type="checkbox"/> HEARING	<input type="checkbox"/> REHAB – LTAC
<input type="checkbox"/> HOMEHEALTH	<input type="checkbox"/> SPEECH HOSPITAL
<input type="checkbox"/> HOSPITAL – INPATIENT	<input type="checkbox"/> SPEECH NOT HOSPITAL
<input type="checkbox"/> HOSPITAL – OUTPATIENT	<input type="checkbox"/> TRANSPLANT
<input type="checkbox"/> IMAGING & LABS	<input type="checkbox"/> VISION
<input type="checkbox"/> OTHER: _____	

**Length of treatment** \_\_\_\_\_ **Frequency** \_\_\_\_\_ **Time per session** \_\_\_\_\_

**Primary diagnosis code** \_\_\_\_\_

**Other diagnosis codes** \_\_\_\_\_

**Dates of service** From \_\_\_\_\_ To \_\_\_\_\_

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DHS/OHA Prior Authorization Request FormPage 1 of 2MSC 3971 (3/18)

# MSC 3971 (rev. 3/18)

## Page 2

### Changes:

- Only contains fields required for processing

II – Line Item Information					
LINE	SERVICE CODE	MODIFIER	DESCRIPTION	UNITS	MSRP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**III – Dental**  
Tooth number \_\_\_\_\_ Quad \_\_\_\_\_

**IV – Pharmacy – Fax all pharmacy PA requests to 888-346-0178.**  
Drug name \_\_\_\_\_  
Strength \_\_\_\_\_ Quantity \_\_\_\_\_  
Directions \_\_\_\_\_

**V – Additional notes**

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# OHA will not accept other formats.

- OHA will **only** accept and process fax requests that use the 2018 version of the MSC 3971.

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# To sum up: May 1 changes

- Starting May 1:
  - The only accepted PA request form is the 2018 MSC 3971.
  - OHA will not process requests sent on other forms.
  - You can start using the 2018 MSC 3971 at any time.
- You can always submit requests online using the Provider Web Portal.
  - This is preferred!

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# **USING THE PROVIDER WEB PORTAL**

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# What we will cover

- Benefits of using the web portal
- What you need to get started
- How to set up a Provider Web Portal account\*
  - New account
  - Existing account with or without PA roles
- How to sign in
- This is so that you can give staff online access to:
  - Submit PA requests
  - Check PA status
  - Verify OHP eligibility
  - Submit claims
  - Check claim status
  - And more

*\*Refer to the Provider Web Portal Quick Set Up Guide ([OHP 3160](#)) for step-by-step set up information*

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# Benefits

- Submitting online is secure, paperless and real-time.
  - All PA requests and related documents are automatically linked to the correct provider number and client ID.
  - It helps OHA start and complete reviews faster.
- After you submit online, you can:
  - Check the status online.
  - Upload additional documents for the PA request.
- No more lost or misplaced PA documents!

# Online vs. paper

## Online: One secure path

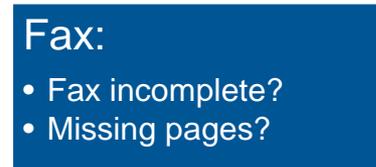


## Paper: Many paths



### Mail:

- Is it in the mail?
- Stuck in a mailroom?



### Fax:

- Fax incomplete?
- Missing pages?



### Email:

- Did it print all the way?
- Is it secure?



### At DHS/OHA:

- Did we get it all?
- Is it all typed in?



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# What you need

- A computer with internet access and Microsoft Internet Explorer or Mozilla Firefox
- The website: <https://www.or-medicaid.gov>
- A Provider Web Portal account
  - **If your office does not use the web portal:** You need a PIN to create an account. If your PIN does not work, ask Provider Services for a new PIN letter.
  - **If your office uses the web portal, but you do not:** Your office's administrator will need to give you access through a clerk account.
  - **If you use the web portal, but do not have the Prior Auth roles:** Ask your office's web portal administrator to give you these roles.

# Setting up a new account

1. At **Account>account setup**, enter your 6- or 9-digit Oregon Medicaid provider ID and the PIN from your PIN letter
2. Click the **setup account** button

Home Contact Us Directory Search Clients **Account** Providers

home **account setup** logoff reset password secure site

**Account Setup**

Login ID\* 506675928

Personal Identification Number\* BHgck78j8

Please note Login ID and Personal Identification Number

2 setup account

**Account Setup** ? ↗

Login ID

Personal Identification Number

Please note Login ID and Personal Identification Number are case sensitive.  
Required fields are indicated with an asterisk (\*). **1**

User Name*	<input type="text" value="JAMJON"/>	Password*	<input type="password" value="●●●●●●●●"/>
Contact Last Name*	<input type="text" value="Jones"/>	Confirm Password*	<input type="password" value="●●●●●●●●"/>
Contact First Name*	<input type="text" value="James"/>	E-Mail*	<input type="text" value="james@jones.com"/>
Phone Number*	<input type="text" value="(503)555-1212"/> <input type="text"/>	Confirm E-Mail*	<input type="text" value="james@jones.com"/>
1st Secret Question*	<input type="text" value="color of sky"/>	<div style="border: 1px dashed black; padding: 5px;">           Password requirements:            1. At least eight characters            2. One upper-case letter            3. One lower-case letter            4. One number or special character         </div>	
1st Answer*	<input type="text" value="blue"/>		
2nd Secret Question	<input type="text"/>		
2nd Answer	<input type="text"/>		

**Security Agreement**

Trading Partner and Oregon DHS shall take reasonable care to ensure that data and data transmissions are timely, complete, truthful, accurate and secure, and shall take reasonable precautions to prevent unauthorized access to the information system, the data transmission itself or the contents of information which transmitted either to or from Oregon DHS in compliance with HIPAA 45 CFR

I Agree **2**

**3**

## Complete the account setup screen

1. Complete all fields on the screen; answers are case-sensitive
2. Check the **I Agree** box
3. Click **submit**



**1 Clerk Maintenance** ? ^

User Name	Contact First Name	Contact Last Name
WALLE08	EVA	STANTON
JOHNNIES	JOHNNIE	FIVE

Type changes below.

**User Name**  [ Search ]

**Contact First Name**

**Contact Last Name**

**Phone Number**

**Email**

**Clerk Roles**

Assigned Roles		Available Roles
Claim Inquiry	<	Demographic Maint
Eligibility Inquiry	<<	Trade Files
Prior Auth Inquiry	>	Prior Auth Submit
Benefits HSC Inquiry	>>	Claim Submission
Plan of Care Inquiry		Drug Search
		Claim Void

**4**

## Update an existing clerk account

1. Go to **Account>Clerk Maintenance**
2. Click row to select a clerk
3. Use arrows to assign **Eligibility Inquiry, Prior Auth Inquiry** and **Prior Auth Submit** roles
4. Click **submit**

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# Logging in

- Always go to <https://www.or-medicaid.gov> (add this as a “Favorite” or “Bookmark” in your internet browser)
- Go to **Account>secure site**
- Enter your user name and password
- If you forget your password:
  - After **two** incorrect tries, click the **reset password** button.
  - Three incorrect tries will lock your account.

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# **SUBMITTING AND CHECKING STATUS OF PA REQUESTS**

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# What we will cover\*

- How to:
  - Complete an online PA request
  - Upload supporting documents
  - Submit the request
  - Check its status
- So that:
  - Your request directly enters the MMIS for processing
  - No time is spent processing paper to get your requests into the system
  - You can check online for the status; no more phone calls

*\*See OHA's [Prior Authorization Handbook](#) for step-by-step instructions and further details about submitting and checking the status of PA requests using the Provider Web Portal.*

# Start a new PA request

- Anyone with the **Prior Auth Submit** role can submit a PA request.
- Please submit requests at least one month ahead of the requested service dates.
- After logging into <https://www.or-medicaid.gov>, click **Prior Authorization>New**.



**Security Information** ? ↕

**Warning:** Use of this network is restricted to authorized users only and must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal 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) 336-6016.

**Base Information** ?

1 **Client ID\*** LJ301G6V [ Search ]      2 **PA Assignment\*** 04-PHYSICIAN

**Last Name** BEEMH      **Special Considerations\*** No

**First Name, MI** MANLY      **Referring Provider ID** [ Search ]

**Date of Birth** 09/01/1990      **Attachments\*** No

**Vendor Patient Account Number** [ ]      **Clerk** TRAIN34      TRAIN      34

**-Diagnosis Code-**      Select row below to update -or- type data below to add.

Diagnosis Number	Diagnosis Code	Diagnosis Name
A	1 S022XXA	Fracture of nasal bones, init encntr for closed fracture

**Diagnosis Number** 1      **Diagnosis Code\*** S022XXA [ Search ]

**Diagnosis Name** Fracture of nasal bones, init encntr for closed fracture

delete      add 3

4      next

## Complete base information fields

1. Enter patient's client ID
2. Choose PA assignment from the drop-down list (e.g., DME, Imaging/Labs, Medical/Surgical)
3. Enter the primary diagnosis code. This must be the same code used when billing for the service later. Click **add**, then enter diagnosis code
4. Click **next**

Line Item											
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	ICD Procedure	Status	Service Provider ID
A 01	0	\$0.00	0	\$0.00	30435					Evaluation	506675929 MCD
Type data below for new record.											
Line Item	01										
Service Type Code*	Procedure Code		1		ICD Procedure					Requested Eff/End Date*	10/01/2015
Procedure	30435 [ Search ]		2		Thru Service					Requested Units/Dollars	10/01/2015
Modifier 1:	[ Search ]									5	
Modifier 3:	[ Search ]		3							1	\$0.00
Tooth	[ Search ]									Authorized Eff/End Date	
NDC Lock										Authorized Units/Dollars	0 \$0.00
Revenue Code										Balance Units/Dollars	0 \$0.00
Status	Evaluation									Quantity Used Units/Dollars	0 \$0.00
Service Provider ID	506675929 MCD [ Search ]		4								
										6	
										delete add	
					7						
				previous		next					

## Enter Line Item information

1. Service Type Code: Procedure Code
2. Procedure Code
3. Modifier(s) – Enter from left to right
4. Enter Service Provider ID: The performing provider's ID
5. Requested start and end dates, units
6. Click **add** to enter additional line items
7. Click **next** to continue

# Notes

**For Immediate (24-hour) or Urgent (72-hour) processing, please add a note stating whether the request is immediate or urgent, and why.**

Always do this for requests that need faster processing. Attach documentation to support the request.

1. Click **add**
2. Description: Write the note.
3. Click **save** to submit

Line Number	Date Entered	Description	Provider Entered	Date Mailed
1	12/03/2013		Yes	12/03/2013

Type data below for new record.

2 Type notes here

Description\*

1

Spell Check

delete add coversheet

3 save cancel

previous

**The following messages were generated:**

**Message Description**

Save was Successful.  
Request is in Evaluation status only, and has not been approved  
When processed, your Prior Authorization number will be 1015244001 **1**  
Click coversheet button below to generate Coversheet for Supporting Documentation  
For detail instructions on how to submit Coversheet for Supporting documentation, navigate to Providers - links

Panel	Field	Row
Notes		

Provider 506675929 MCD

**Notes** ?

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Description

Spell Check

delete add coversheet

previous **2 Attachments** save cancel

## Confirmation message

1. Refer to the **Prior Authorization number** to check PA status
2. Click **Attachments** to upload supporting documents
  - Refer to the program rules and Prioritized List guidelines for documentation requirements

# Upload attachments

Take these three steps for each attachment you want to upload.

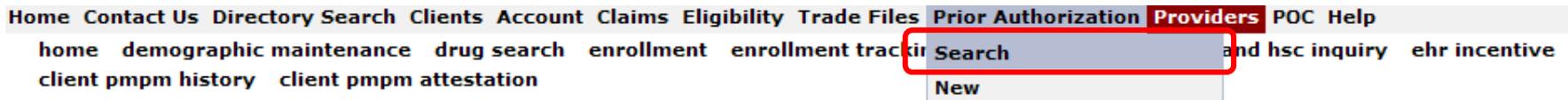
1. **Click on the “Browse” button at the end of the “Select File to Upload” field.** Select the file from your network folders. Files must be PDF, TIF/TIFF, or TXT and not exceed 10 MB per file.
2. **Choose the Priority.** The default priority setting is “Routine.” For 24-hour processing, choose “Immediate.” For 72-hour processing, choose “Urgent.”
3. **Click the upload button** when you have selected the file.

The screenshot shows a web interface titled "Upload Attachments" with a yellow header and a blue sub-header "PA Attachments". Below the sub-header, there is a "Select File to Upload" text box followed by a "Browse..." button, which is circled in red and labeled with a red "1". To the right of the text box is a "Priority" dropdown menu, also circled in red, showing a list with "Routine" (highlighted), "Urgent", and "Immediate". A red "2" is placed next to the dropdown. To the right of the priority menu is an "upload" button, labeled with a red "3". At the bottom left of the window, it says "\*\*\* No rows found \*\*\*". At the top right, there is a "[ Close ]" button. There are also help and refresh icons in the top right corner.

*\*Urgent and immediate requests require justification for expedited processing (entered in the Notes section).*

# Check PA status

- Anyone with the **Prior Auth Inquiry** role can check the status of PA requests.
- After logging into <https://www.or-medicaid.gov>, click **Prior Authorization>Search**.



## Security Information

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

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**1**

Recent Prior Authorizations							
Prior Authorization	Client ID	Status	PA Assignment	Start Date	Procedure	NDC	Diagnosis
1015244002	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011
1015244001	LJ301G6V	Evaluation	PHYSICIAN	09/01/2015	30435		S022XXA
1015244003	MJ301G5E	Evaluation	PHYSICIAN	09/01/2015	22840		M71011

**2**

**Prior Authorization Search: 506675929 MCD** ? ⬆

<b>Prior Authorization</b>	<input type="text"/>	<b>Client ID</b>	<input type="text"/> [ Search ]
<b>Start Date</b>	<input type="text"/>	<b>Client Name</b>	
<b>NDC</b>	<input type="text"/> [ Search ]	<b>Status</b>	<input type="text"/>
<b>Procedure</b>	<input type="text"/> [ Search ]	<b>PA Assignment</b>	<input type="text"/>
<b>Diagnosis</b>	<input type="text"/> [ Search ]	<b>Service Provider ID</b>	<input type="text"/> [ Search ]
		<b>Revenue Code</b>	<input type="text"/> [ Search ]

## Two ways to search for a PA request

1. Click a row in the **Recent Prior Authorizations** list, or
2. Use the **Prior Authorization Search**.
  - Enter criteria and click **search**.
  - Search by **Prior Authorization number** for best results

# Prior Authorization Search results

- Results display below the search criteria you enter.
- To view the status of a PA request in the list, click the row that contains the request.

**Prior Authorization Search: 506675929 MCD** ? ^

<b>Prior Authorization</b>	<input type="text"/>	<b>Client ID</b>	MJ301G5E [ Search ]
<b>Start Date</b>	<input type="text"/>	<b>Client Name</b>	TOMMIE BMHFAM
<b>NDC</b>	<input type="text"/> [ Search ]	<b>Status</b>	<input type="text"/>
<b>Procedure</b>	<input type="text"/> [ Search ]	<b>PA Assignment</b>	<input type="text"/>
<b>Diagnosis</b>	<input type="text"/> [ Search ]	<b>Service Provider ID</b>	<input type="text"/> [ Search ]
		<b>Revenue Code</b>	<input type="text"/> [ Search ]

**Search Results**

Prior Authorization	Client ID	Last Name	First Name	Status	PA Assignment	Start Date	Procedure	NDC	Revenue Code	Service Provider
1015244003	MJ301G5E	BMHFAM	TOMMIE	Evaluation	PHYSICIAN	09/01/2015	22840			1376854091 NPI
1015244002	MJ301G5E	BMHFAM	TOMMIE	Evaluation	PHYSICIAN	09/01/2015	22840			1376854091 NPI

Base Information											
Prior Authorization	1015244003			PA Assignment	PHYSICIAN						
Client ID	MJ301G5E			Special Considerations	NO						
Last Name	BMHFAM			Referring Provider ID							
First Name, MI	TOMMIE			Attachments	NO						
Date of Birth	07/01/2011			Clerk	TRAIN34	TRAIN	34				
Vendor Patient Account Number				Provider	1376854091	NPI					
Diagnosis											
Diagnosis Number	Diagnosis Code	Diagnosis Name									
1	M71011	Abscess of bursa, right shoulder									
Diagnosis Number		Diagnosis Code [ Search ]									
Diagnosis Name											
Line Item											
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	ICD Procedure	Status	Service Provider ID
01	1	\$0.00	0	\$0.00	22840					Evaluation	1376854091 NPI
Type changes below.											
Line Item	01			Requested Eff/End Date*	10/01/2015	10/01/2015					
Service Type Code*	Procedure Code	ICD Procedure		Requested Units/Dollars	1	\$0.00					
Procedure	22840 [ Search ]	Thru Service		Authorized Eff/End Date							
Modifier 1:	[ Search ]	2:		Authorized Units/Dollars	2	0	\$0.00				
Modifier 3:	[ Search ]	4:		Balance Units/Dollars		0	\$0.00				
Tooth	[ Search ]	Quad		Quantity Used Units/Dollars		0	\$0.00				
NDC Lock		NDC									
Revenue Code											
Status	Evaluation										
Service Provider ID	1376854091 NPI [ Search ]										
										delete	add

- Status codes:
- **Evaluation:** Has not been reviewed yet
  - **Pending:** Is under review
  - **Approved**
  - **Denied**
  - **Informational:** No PA required
  - **Withdrawn:** Duplicate PA

## Reviewing PA status

1. Status: See Status Codes list
2. Approved amounts: If approved, this field will show dates, amounts and dollars approved

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# What happens next?

- If you need to send more information, OHA will contact the “Contact Person” listed on your request.
- Once OHA completes review, OHA will mail a PA notice to the MMIS “Mail-To” address for your location.
  - Approvals will include the rate (if applicable) and dates of service.
  - Denials will include the reason why the request denied.

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# If you don't hear from OHA:

- If you do not hear from OHA, or cannot find an approval or denial for your request:
  - Check the status of the request at <https://www.or-medicaid.gov>.
  - Call the Prior Authorization line if you have questions.
  - Do not send in a duplicate PA request.
- If you don't get the PA notice:
  - Contact Provider Enrollment to update your mailing address.
  - Remember! Even if you do not get a notice in the mail, you can check the status at <https://www.or-medicaid.gov> to see whether it was approved or denied.

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Fee-for-service prior authorizations for  
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## **WHERE TO GO FOR HELP**

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# Where to find documentation requirements

- OHP policies, rules and guidelines: **[bit.ly/ohp-rules](https://bit.ly/ohp-rules)**
  - Click on the program for the services you provide (Medical-Surgical, Physical and Occupational Therapy, DME, etc.)
- Prioritized List of Health Services: **[bit.ly/ohp-list](https://bit.ly/ohp-list)**
  - Clinical criteria and documentation requirements for most medical-surgical services
- New OHP Prior Authorizations page: **[bit.ly/ohp-auths](https://bit.ly/ohp-auths)**
  - *Prior Authorization Handbook*
  - *Out-of-Hospital Birth Reimbursement Guide*
  - Accepted forms
  - Links to rules, guidelines and Prioritized List information

**Current Oregon Administrative Rules and supplemental information administered by the Health Systems Division.**

The following links will take you to the most current rules and supplemental information available for each rule division administered by the division. Providers use the rules and supplemental information for billing.

NOTE: Fee-for-service providers need to subscribe to the General Rules and OHP health plans need to subscribe to the Oregon Health Plan (MCO and CCO) rules program, in addition to any others chosen.

Go to the [Temporary Rules](#) and [Notices of Proposed Rulemaking](#) pages to sign up for text or email notices of proposed and temporary rule changes.

## Medicaid Programs

[Administrative Examinations and Billing Services \(division 150\)](#)

[American Indian/Alaska Native \(division 146\)](#)

[Behavior Rehabilitation Services \(division 170\)](#)

[Behavioral Health Services \(division 172\)](#)

[Client and Community Services Program \(division 200\)](#)

[Dental Services \(division 123\)](#)

[Durable Medical Equipment and Medical Supplies \(division 122\)](#)

## Policy Quick Links

[Temporary Rules](#)

[Notices of Proposed Rulemaking](#)

## Other DHS|OHA policies

[OHA EDI and provider enrollment rules](#)

[Medicaid rules for nursing facilities](#)

[Provider tax rules](#)

[All OHA \(Div. 943\) rules](#)

[\*\*✉ Sign up for \(permanent\) rules and guidelines updates.\*\*](#)

## [bit.ly/ohp-rules](https://bit.ly/ohp-rules)

- [Current Oregon Health Plan rules and guidelines](#)
- [Program-specific guides and forms](#)
- [Sign up to get updates when rules change](#)

# Prioritized List of Health Services

**Health Evidence Review Commission**

About Us

**Public Meetings**

**Stakeholder Input**

**News & Information**

**Prioritized List of Health Services**

**Coverage Guidances & Reports**

Open for Comment

Under Development

**Clinical Services Improvement**

**Health Policy & Analytics Division**

**Oregon Health Authority**

Oregon's legislature approved funding for lines 1-469 of the prioritized list for January 1, 2018.

## Current Prioritized List and Associated Documents

📅 1/1/2018 - Prioritized List

**Documents**

- 1-1-18 Prioritized List of Health Services
- 1-1-2018 Change Log
- 1-1-2018 Coding Specifications
- 1-1-2018 CPT-4-HCPCS
- 1-1-2018 CPT-4-HCPCS
- 1-1-2018 Guideline Mapping
- 1-1-2018 Guideline Titles
- 1-1-2018 Prioritized List Condition and Treatment Descriptions
- 1-1-2018 Prioritized List ICD-10-CM with Decimal
- 1-1-2018 Prioritized List ICD-10-CM with Decimal
- 1-1-2018 Prioritized List ICD-10-CM without Decimal
- 1-5-18 Interim Modifications to Prioritized List
- 1-5-2018GL
- 1-5-2018GL
- Behavioral Health Services
- Dental Services

**Prioritized Lists**

- Searchable List
- Pending List
- Archived Lists
- Prioritization Overview
- Prioritization Methodology

Subscribe to notifications

*Receive email notification of meetings and updates*

**[bit.ly/ohp-list](https://bit.ly/ohp-list)**

- Current list
- Guideline Notes
- Summary of changes
- Sign up to get updates when the list changes

Learn how to find an OHP member's eligibility for health care benefits.

## How to verify eligibility

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OHA offers three ways for enrolled Oregon Medicaid providers to access eligibility information for OHP members:

**Provider Web Portal - <https://www.or-medicaid.gov>**

After login, click "Eligibility" to get started. To learn more, see the [Eligibility and Copayment Quick Reference](#).

**Automated Voice Response - 866-692-3864**

After login, press 1 for Recipient Eligibility. To learn more, see the [AVR Quick Reference](#).

**270/271 Transaction**

Register for Electronic Data Interchange (EDI) with OHA or an OHA-registered clearinghouse and do batch submissions of eligibility inquiries for OHA to verify within 24 hours. To learn more, visit the [EDI Web page](#).

## Tools and resources

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To learn more about verifying eligibility and enrollment for Health Share of Oregon members, [visit the Health Share of Oregon website](#).

The [General Rules provider guidelines](#) include the Oregon Administrative Rule (OAR) that requires providers to verify eligibility before providing service.

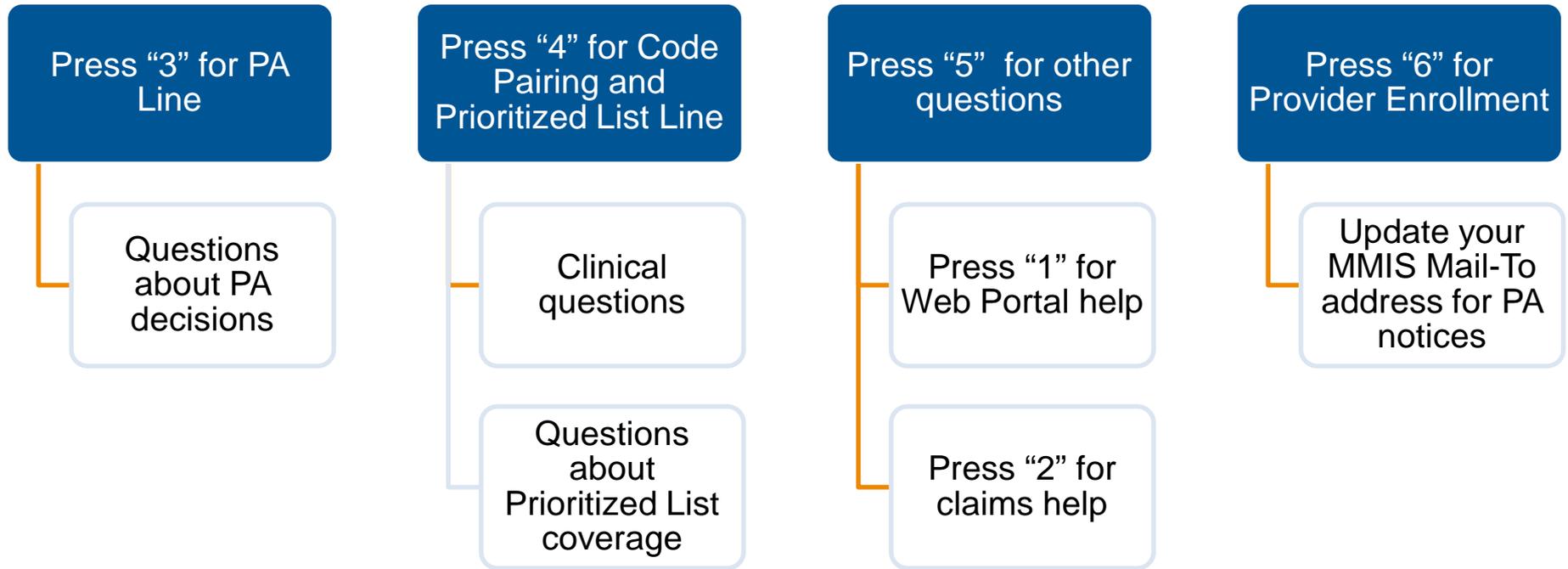
Coverage of a specific service also depends on its ranking on the [Prioritized List of Health Services](#) for the condition being treated.

Documents	Description
<a href="#">271 Supplement - Carrier Code List</a>	Provides the name and contact information for each carrier code that AVR may read for an OHP member.

## [bit.ly/verify-ohp](https://bit.ly/verify-ohp)

- How to verify a patient's OHP benefits
- Tools, samples and resources

# For phone help, call 800-336-6016



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Fee-for-service prior authorizations for  
physical health services

## **NEXT STEPS**

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# What we learned

- Starting May 1, you must submit PA requests using the new 3971 form or the Provider Web Portal.
- Do not submit outdated or non-standard forms to OHA after April 30.
- The web portal is the best way to submit PA requests.
- Check with your office administrator first about what you need to do to get the PA roles.
- Review OHP policies and guidelines and the Prioritized List of Health Services to make sure you submit requests with all required documentation the first time.

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# Next steps

- Get your account set up at <https://www.or-medicaid.gov>.
- Try submitting PA requests online, with required documents.
- If you have any issues or questions, contact Provider Services at 800-336-6016
  - Press “3” for prior authorization questions
  - Press “4” for Prioritized List and code pairing questions
  - Press “5,” then “1” for Provider Web Portal questions