Oregon Health Plan
Provider Web Portal

Benefits and HSC Inquiry

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

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

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

Enter diagnosis code without the decimal

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

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)

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

See warning messages for additional requirements
## Client and HSC Inquiry

### Benefits and HSC Inquiry

- **Client Inquiry**: M301G5C
- **Provider ID**: 506675929
- **Procedure Code**: 76801
- **Diagnosis Code**: O8683
- **Home Health**: [Search]
- **Benefit Plan**: [Search]
- **Clinical Plan Description**: Ob us < 14 wks single fetus
- **Diagnosis Description**: Other embolism in the puerperium
- **Revenue Code**: [Search]
- **Case Managed**: [Search]
- **DOS**: 10/01/2015
- **Modifier**: [Search]
- **Claim Type**: M - PROFESSIONAL CLAIMS
- **Records**: 20

### Client Information

- **Name**: BMHFAM, SUZY
- **Gender**: FEMALE
- **DOB**: 2/1/1965
- **Eligible**: Yes
- **Effective Date**: 7/1/2014
- **End Date**: 12/31/2099
- **Benefit Plan**: BMH, BMP, CRN and SMHS
- **Plan of Care**: No
- **CoPay Required**: No

### HSC Prioritized List Information

- **Funding Line**: 476
- **HSC Response**: Paired Above the Line - Procedure Code and Diagnosis Code Above the Line - Covered
- **Diagnostic Procedure**: No

### Condition Treatment

<table>
<thead>
<tr>
<th>Line</th>
<th>Condition Treatment</th>
<th>On Line</th>
<th>Guideline</th>
</tr>
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</tr>
</tbody>
</table>
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)

Need help?

Fee-for-service:

**Code Pairing and Prioritized List 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/HSD/OHP/Pages/Coordinated-Care.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Coordinated-Care.aspx)
Still need help?

Provider Services Unit (PSU)
800-336-6016
dmap.providerservices@state.or.us

Medicaid Provider Training
Medicaid.Provider-Training@state.or.us