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# Oregon Health Plan Provider Web Portal

## Benefits and HSC Inquiry

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



June 2017

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# Providers page

The screenshot shows the top navigation bar of the Oregon Health Authority website. The 'Providers' menu is open, displaying a list of options: Demographic, Maintenance, Drug Search, Enrollment, Enrollment Tracking, Search, Links, Benefits and HSC Inquiry, EHR Incentive, Client PMPM History, and Client PMPM Attestation. A yellow callout box with a black border points to the 'Benefits and HSC Inquiry' option, containing the text: 'Providers menu, click Benefits and HSC Inquiry'. Below the navigation bar, there is a blue banner with white text containing a security warning and contact information for the Security Incident Response Team and Provider Services.

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) 336-6666.

# Benefits and HSC Inquiry

**Benefits and HSC Inquiry**

Client Inquiry **1**

Client ID [ Search ]

Provider ID [ Search ]

**2** Procedure Code [ Search ]

Diagnosis Code [ Search ]

NDC [ Search ]

Home Health [ v ]

HSC List Inquiry

Benefit Plan [ Search ]

Procedure Description

Diagnosis Description

Revenue Code [ Search ] **4**

Case Managed [ v ]

**3** DOS

Modifier

Claim Type

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 10/10/10

Provider ID [ Search ]

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

**2** Diagnosis Code 08883 [ Search ] 10 **1** Diagnosis Description Other embolism in the puerperium

NDC [ Search ] **4** Claim Type [ Search ]

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

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**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**

<b>Client Inquiry</b> <input checked="" type="checkbox"/>	<b>HSC List Inquiry</b> <input type="checkbox"/>
<b>Client ID</b> M3301G5C <b>1</b> [ Search ]	<b>Benefit Plan</b> [ Search ]
<b>Provider ID</b> [ Search ]	<b>DOS</b> <b>3</b> [ Search ]
<b>Procedure Code</b> 76801 [ Search ]	<b>Modifier</b> [ Search ]
<b>Diagnosis Code</b> O8883 <b>2</b> [ Search ] 10	<b>Procedure Description</b> Ob us < 14 wks single fetus
<b>NDC</b> [ Search ]	<b>Diagnosis Description</b> Other embolism in the puerperium
<b>Home Health</b> [ Select ]	<b>Revenue Code</b> [ Search ]
	<b>Case Managed</b> [ Select ]
	<b>Claim Type</b> [ Search ]
	<b>Records</b> 20 [ Select ]
	<b>search</b> <b>clear</b>

**Client Information**

<b>Name</b> BMHFAM,SUZY	<b>Gender</b> FEMALE	<b>DOB</b> 2/1/1965
<b>Eligible</b> Yes	<b>Effective Date</b> 7/1/2014	<b>End Date</b> 12/31/2299
<b>Benefit Plan</b> BMH, BMP, CRN and SMHS	<b>CoPay</b> [ CoPay ]	<b>PA Required</b>
<b>Plan of Care</b> No	<b>Managed Care</b> 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** ? ⌵

<b>Client Inquiry</b> <input checked="" type="checkbox"/>	<b>HSC List Inquiry</b> <input checked="" type="checkbox"/>	<b>DOS</b> 10/01/2015
<b>Client ID</b> MJ301G5C [ Search ]	<b>Benefit Plan</b> [ Search ]	<b>Modifier</b> [ v ]
<b>Provider ID</b> 506675929 MCD [ Search ]	<b>Procedure Description</b> Ob us < 14 wks single fetus	<b>Claim Type</b> M - PROFESSIONAL CLAIMS [ v ]
<b>Procedure Code</b> 76801 [ Search ]	<b>Diagnosis Description</b> Other embolism in the puerperium [ v ]	<b>Records</b> 20 [ v ]
<b>Diagnosis Code</b> O8883 [ Search ] 10	<b>Revenue Code</b> [ Search ]	<input type="button" value="search"/>
<b>NDC</b> [ Search ]	<b>Case Managed</b> [ v ]	<input type="button" value="clear"/>
<b>Home Health</b> [ v ]		

**Client Information** ? ⌵

<b>Name</b> BMHFAM,SUZY	<b>Gender</b> FEMALE	<b>DOB</b> 2/1/1965
<b>Eligible</b> Yes	<b>Effective Date</b> 7/1/2014	<b>End Date</b> 12/31/2299
<b>Benefit Plan</b> BMH, BMP, CRN and SMHS	<b>CoPay</b> Yes [ CoPay ]	<b>PA Required</b> No
<b>Plan of Care</b> No	<b>Managed Care</b> Yes [ Managed Care ]	

**HSC Prioritized List Information** ? ⌵

<b>Funding Line</b> 476	<b>Diagnostic Procedure</b> No
<b>HSC Response</b> 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)

[www.oregon.gov/OHA/HSD/OHP/pages/fee-schedule.aspx](http://www.oregon.gov/OHA/HSD/OHP/pages/fee-schedule.aspx)

# 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

[www.oregon.gov/OHA/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx)



# Still need help?

## Provider Services Unit (PSU)

800-336-6016

[dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)

## Medicaid Provider Training

[Medicaid.Provider-Training@state.or.us](mailto:Medicaid.Provider-Training@state.or.us)