



OREGON  
**HEALTH**  
AUTHORITY

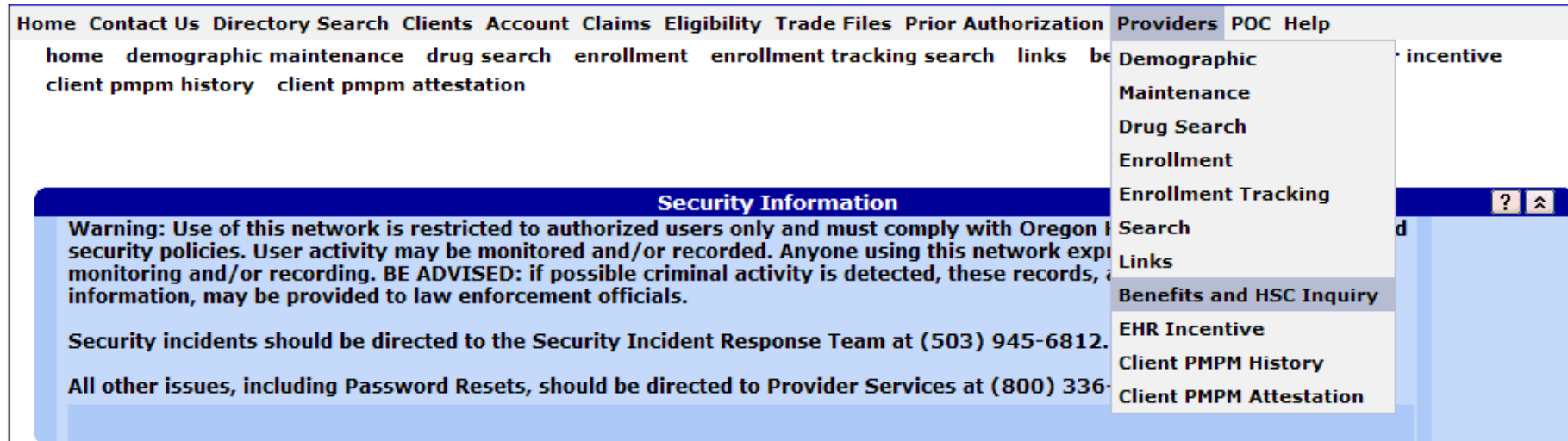
September 2024

# **MMIS Provider Portal Benefits and HSC Inquiry**

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

# Go to <https://www.or-medicaid.gov>

- Click **Account > Secure Site**
- After login, click **Providers > Benefits and HSC Inquiry**



# How to perform a combined inquiry

1. Mark **Client Inquiry** and **HSC List Inquiry**.
2. Enter the procedure and diagnosis codes (no decimals).
3. Enter the date of service (DOS).
4. Select the claim type.
5. Click **search**.

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

The screenshot shows the 'Benefits and HSC Inquiry' form. It is divided into several sections. The 'Client Inquiry' section on the left has a checkbox that is checked and labeled with a yellow '1'. Below it are fields for Client ID, Provider ID, Procedure Code (labeled with a yellow '2'), Diagnosis Code, NDC, and Home Health. The 'HSC List Inquiry' section in the middle also has a checked checkbox. Below it are fields for Benefit Plan, Procedure Description, Diagnosis Description, Revenue Code, and Case Managed. To the right of these are fields for DOS (labeled with a yellow '3'), Modifier, Claim Type (labeled with a yellow '4'), and Records. The Claim Type is set to 'M - PROFESSIONAL CLAIMS'. At the bottom right, there are 'search' and 'clear' buttons, with the 'search' button labeled with a yellow '5'.

Benefits and HSC Inquiry	
<b>Client Inquiry</b> <input checked="" type="checkbox"/>	<b>HSC List Inquiry</b> <input checked="" type="checkbox"/>
Client ID [ Search ]	Benefit Plan [ Search ]
Provider ID [ Search ]	Procedure Description
Procedure Code 76801 [ Search ]	Diagnosis Description
Diagnosis Code 08883 [ Search ] 10	Revenue Code [ Search ]
NDC [ Search ]	Case Managed
Home Health	DOS 10/01/2015
	Modifier
	Claim Type M - PROFESSIONAL CLAIMS
	Records 20
	<input type="button" value="search"/> <input type="button" value="clear"/>

# How to perform HSC List Inquiry only

1. Enter procedure code, revenue code or NDC (corresponding to claim type) and diagnosis code (no decimal).
2. Enter date of service (DOS).
3. Select claim type.
4. Click **search**.

Procedure code for **professional** claims  
Revenue code for **institutional** claims  
NDC for **pharmacy** claims

Benefits and HSC Inquiry			
<b>Client Inquiry</b> <input type="checkbox"/>		<b>HSC List Inquiry</b> <input checked="" type="checkbox"/>	
Client ID	<input type="text"/> [ Search ]	Benefit Plan	<input type="text"/> [ Search ]
Provider ID	<input type="text"/> [ Search ]		
1 Procedure Code	76801 [ Search ]	Procedure Description	Ob us < 14 wks single fetus
Diagnosis Code	08883 [ Search ] 10	Diagnosis Description	Other embolism in the puerperium
NDC	<input type="text"/> [ Search ]	3 Revenue Code	<input type="text"/> [ Search ]
Home Health	<input type="text"/>	Case Managed	<input type="text"/>
		2 DOS	10/01/2015
		Modifier	<input type="text"/>
		4 Claim Type	<input type="text"/>
		Records	20
		<input type="button" value="search"/>	
		<input type="button" value="clear"/>	

# HSC Prioritized List Information

1. The **HSC Response** field says whether the code pair is covered.
2. The Prioritized List lines that the codes pair on, are also listed.

**Benefits and HSC Inquiry** ? ⬆

**Client Inquiry** ☐  
Client ID  [ Search ]  
Provider ID  [ Search ]  
Procedure Code 76801 [ Search ]  
Diagnosis Code O8883 [ Search ] 10  
NDC  [ Search ]  
Home Health

**HSC List Inquiry** ☒  
Benefit Plan  [ Search ]  
Procedure Description Ob us < 14 wks single fetus  
Diagnosis Description Other embolism in the puerperium  
Revenue Code  [ Search ]  
Case Managed

DOS 10/01/2015  
Modifier   
Claim Type   
Records 20

**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

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 >

# How to perform a Client Inquiry only

1. Enter Client ID.
2. Enter procedure and diagnosis codes (no decimal).
3. Enter date of service (DOS).
4. Click **search**.

**Benefits and HSC Inquiry**

**Client Inquiry** ☒ **HSC List Inquiry** ☐

**1** Client ID [ Search ]

Provider ID [ Search ]

**2** Procedure Code 76801 [ Search ]

Diagnosis Code O8883 [ 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 ]

**3** DOS 10/01/2015

Modifier [ Select ]

Claim Type [ Select ]

Records 20 [ Select ]

**4** [ search ] [ clear ]

# Client Information

1. The **CoPay** and **PA Required** fields should say “Yes” or “No” based on the service type.
2. Warning messages list missing information needed for certain Client Inquiry results.

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

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.

# Reminder: Steps to verify a service is covered

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- Verify client eligibility on the date of service (benefit plans determine the level of coverage).
- Search the Prioritized List for procedure and diagnosis code pairing and funding.
- To verify fee-for-service (“open card”) coverage, review the [Fee-for-Service Fee Schedule](#). You can also find the fee schedule by going to **OHP.Oregon.gov/Providers**. Click “Coverage and reimbursement.”
- To verify coordinated care organization (CCO) coverage, check with the member’s CCO.



# Need help?

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## **Fee-for-service:**

Call the Code Pairing and Prioritized  
List Hotline:

800-393-9855 or 503-945-5939

Monday through Friday

8 a.m. to 5 p.m.

## **Managed or coordinated care:**

Contact the member's CCO:

**[OHP.Oregon.gov/CCO-Contacts](https://OHP.Oregon.gov/CCO-Contacts)**

# Still need help?

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Contact OHP Provider Services

800-336-6016

[DMAP.ProviderServices@odhsoha.oregon.gov](mailto:DMAP.ProviderServices@odhsoha.oregon.gov)

# Thank you

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at [dmap.providerservices@odhsoha.oregon.gov](mailto:dmap.providerservices@odhsoha.oregon.gov) or 800-336-6016 (voice). We accept all relay calls.

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[OHP.Oregon.gov/Providers](http://OHP.Oregon.gov/Providers)

