

Verify benefit plan and Prioritized List coverage at <https://www.or-medicaid.gov>

At the main menu, click **Benefits and HSC Inquiry**.

- Enter the client’s 8-digit ID number, your provider number, a valid procedure code, diagnosis code, date of service, and the claim type for the procedure;
- Click both the **Client Inquiry** and **HSC List Inquiry** boxes; then click **Search**.

You will then see the following information. **This information is not a guarantee of eligibility or payment.** Always verify client eligibility, enrollment and whether any third-party liability exists.

1 Client Information			
Name	DOE, JANE	Gender	FEMALE
DOB	12/5/1976	Effective Date	4/1/2008
Eligible	Yes	End Date	12/31/2299
Benefit Plan	BMH	CoPay	Yes [CoPay]
PA Required	Yes	Managed Care	Yes [Managed Care]

2 HSC Prioritized List Information	
Funding Line	503
HSC Response	Paired Above the Line - Procedure Code and Diagnosis Code Above the Line - Covered

3 Line	Condition-Treatment
84	DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS (See Guideline Notes 1
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112	CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; 4
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HSC Prioritized List Detail	
Line	84
Condition Description	DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS (1,36,64,65)
Treatment Description	MEDICAL AND SURGICAL TREATMENT
Coding Clarification Description	
Statement of Intent Description	
Guideline	64
Description	GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENTIncluded on all lines with evaluation & management (E&M) codesPharmacy medication management services must be provided by a pharmacist who has:1. A current and unrestricted license to practice as a pharmacist in Oregon.2. Services must be provided based on referral from a physician or licensed provider or healthplan.3. Documentation must be provided for each consultation and must reflect collaboration with

1 Client Information

This section describes service coverage according to the client’s benefit plan and current eligibility.

Eligible (Yes/No): Whether the client is eligible on the date of service

Benefit plan: The one that covers the service:

- BMD - OHP with Limited Drug
- BMH - OHP Plus
- BMM - Qualified Medicare Beneficiary (QMB) with OHP with Limited Drug benefits
- BMP - OHP Plus Supplemental
- CWM - CAWEM
- CWX - OHP Plus for CAWEM Prenatal program clients
- MED - QMB-Only

Plan of Care (Yes/No): Whether the service requires a Plan of Care.

Effective Date: Of service coverage

CoPay (Yes/No): Whether the service requires copayment.

Managed Care (Yes/No): Whether the client is in a coordinated care organization or managed care plan.

PA Required (Yes/No): Whether PA is required.

2 HSC Prioritized List Information

Funding Line: The Prioritized List line funded by the Oregon Legislature for the dates of service you entered.

HSC Response: The line placement for the information entered. “Above the line” means between lines 1 and the current funding line and indicates a potentially covered service. The response also indicates if a procedure and diagnosis are paired (on the same line) or not paired (on different lines).

Diagnostic Procedure (Yes/No): Indicates whether the procedure is diagnostic and covered by OHP.

- Above the line - Covered
- Exempt - Covered
- Diagnostic - Covered
- Below the line - Not Covered
- Excluded - Not Covered
- Suspend for Review

3 HSC Prioritized List Detail:

Click on one of the lines in the top part of this section; descriptions for Condition, Treatment, Coding Clarification, Statement of Intent, and related guidelines will display in the lower half of the screen. For more information, refer to the Health Evidence Review Commission website at www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx.