Fee-for-service review of unfunded or comorbid physical health services

For a service to be eligible for Oregon Health Plan (OHP) reimbursement, it must be in the patient's OHP benefit package **and** pair with a diagnosis code on or above the funding line of the Prioritized List of Health Services that was effective on the date of service.

The Oregon Health Authority (OHA) uses the Medical Management Review (MMR) process to consider fee-for-service reimbursement of OHP-covered services that treat:

- Unfunded conditions that pair below the funding line on the Prioritized List, or
- Comorbid conditions that pair below the funding line but exacerbate a funded condition.

This document explains OHA's MMR requirements. To learn more about requirements for unfunded or comorbid treatments, see Oregon Administrative Rule (OAR) 410-141-3820(10)(11).

Required documents

OHA may ask for additional documentation to determine that the service is medically appropriate and medically necessary, as defined in Oregon Administrative Rule 410-120-0000(145)(146).

Document	Required information/criteria
Completed PA request *(MSC 3971 or the Provider Web Portal PA request)*	■ The requesting provider's NPI ■ Type of PA request ■ Member's Oregon Medicaid ID number ■ Primary diagnosis code ■ CPT code(s) requested ■ Number of units requested ■ The performing provider's NPI ■ Date of request ■ Expected service start and end dates
Supporting medical documentation	■ For example, diagnostic testing reports, chart notes, and other objective data.
Signed letter from the treating practitioner	■ Explains why the service is medically necessary. ■ For treatment of comorbid conditions, explains how the service meets the criteria described in OAR 410-141-3820(10)(a). ■ Demonstrates the requested codes have been completely evaluated and there are no other paired codes that apply to the patient's situation, as required by OAR 410-141-3820(11).

What happens after OHA receives your PA request

Upon review of all required documentation, OHA will approve or deny the request. For approvals, OHA will approve for the level of care or type of service that meets the patient's medical need. For sample provider notices, please see the Prior Authorization Handbook.

Questions about submitting PA requests to OHA?

Call OHA's Prior Authorization Line at 800-336-6016 (Option 3).