Medicaid Provider LineFinder and Below the Line FAQ

1. What is LineFinder?

LineFinder is an online tool to assist providers in determining what is covered by the Oregon Health Plan (OHP). OHP generally updates the Line quarterly.

2. Where is the LineFinder tool?

LineFinder can be found online at Intouch.PacificSource.com/LineFinder.

3. What are some terms I should be familiar with when using LineFinder?

- **Above the Line** (covered diagnosis) – These are diagnoses that fall within the Line ranking of **1 through 469** as of January 1, 2024. Conditions that fall within this ranking are considered payable services by OHP. Payment is subject to member eligibility, medical necessity, and preapproval (if applicable) at the time services are rendered.
- **Below the Line** (noncovered diagnosis) – These are diagnoses that fall within the Line ranking of **470 through 654** as of January 1, 2024. Conditions that fall within this ranking are **not** covered by OHP.
- **Nonranking –** These are diagnoses that retrieve no message/results. These conditions (usually symptom codes) are not covered by OHP without a more specific diagnosis code.
- **Lab and Diagnostic Services** will usually not rank. They are covered when ordered to ***"determine/confirm*"*** a diagnosis.

  *If the member has a diagnostic procedure performed for a ***confirmed*** noncovered benefit, the service will be denied.
- **Comorbidity –** A medical circumstance where a noncovered benefit would be considered by the medical management team for coverage.

4. Above the Line diagnosis example:

Dx: K83.0 This diagnosis falls on Line 55, which is Above the Line and therefore is a covered diagnosis (funded) by OHP

- Click on the ⊕ symbol to the left of the line number. This will expand the details showing which CPT codes will pair with the entered diagnosis for OHP coverage. (See image on next page.)

Questions?

We're happy to help. Contact your PacificSource Provider Service Representative.

PacificSource.com/providers/service-representatives-directory

Current Line is at: **469** as of 1/1/2024

Display 10 lines per page

Filter Results:

Line Number	Funded	Condition	Treatment
55	✔	COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS (See Guideline Note 167)	MEDICAL AND SURGICAL TREATMENT
261	✔	CONDITIONS REQUIRING LIVER TRANSPLANT (See Guideline Notes 42 and 231)	LIVER TRANSPLANT

Line Number	Funded	Condition	Treatment
55	✔	COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS (See Coding Specification Below) (See Guideline Notes 64,65,167)	Medical and surgical treatment

Guide Lines 64 65 167

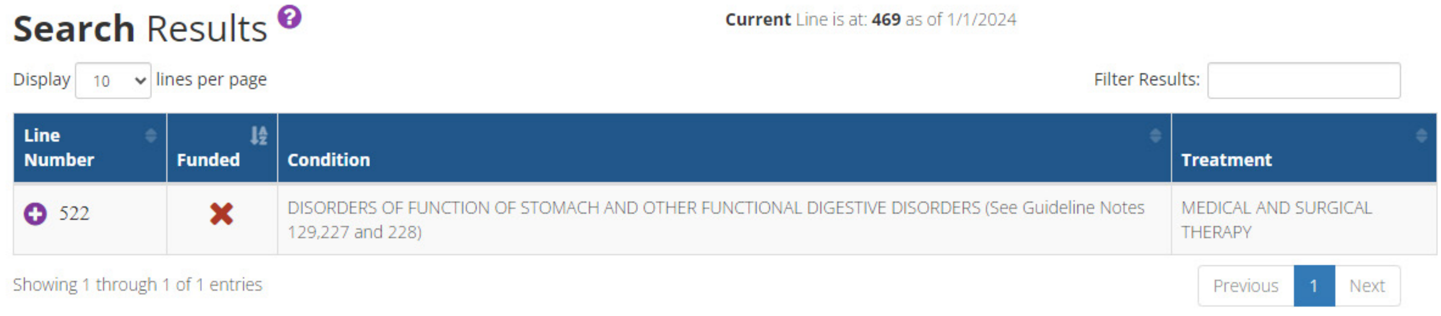
ICD Codes K563 K8000 K8001 K8010 K8011 K8012 K8013 K8018 K8019 K8021 K8030 K8031 K8032 K8033 K8034 K8035 K8036 K8037 K8040 K8041 K8042 K8043 K8044 K8045 K8046 K8047 K8051 K8060 K8061 K8062 K8063 K8064 K8065 K8066 K8067 K8071 K8081 K810 K811 K812 K819 K820 K821 K822 K823 K828 **K830** K831 K832 K833

CPT Codes 43260 43261 43262 43263 43264 43265 43273 43274 43275 43276 43277 43278 47015 47420 47425 47460 47480 47490 47533 47534 47535 47536 47537 47538 47539 47540 47542 47544 47554 47555 47556 47562 47563 47564 47570 47579 47600 47605 47610 47612 47620 47701 47711 47712 47715 47720 47721 47740 47741 47760 47765 47780 47785 47800 47801 47802 47900 48548 49422 93792 93793 98966 98967 98968 98969 99051 99060 99070 99078 99184 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99217 99218 99219 99220 99221 99222 99223 99224 99225 99226 99231 99232 99233 99234 99235 99236 99238 99239 99281 99282 99283 99284 99285 99291 99292 99304 99305 99306 99307 99308 99309 99310 99315 99316 99318 99324 99325 99326 99327 99328 99334 99335 99336 99337 99339 99340 99341 99342 99343 99344 99345 99347 99348 99349 99350 99354 99355 99356 99357 99358 99359 99360 99366 99367 99368 99374 99375 99377 99378 99379 99380 99381 99382 99383 99384 99385 99386 99387 99391 99392 99393 99394 99395 99396 99397 99401 99402 99403 99404 99408 99409 99411 99412 99415 99416 99429 99441 99442 99443 99444 99446 99447 99448 99449 99468 99469 99471 99472 99475 99476 99477 99478 99479 99480 99487 99489 99490 99495 99496 99497 99498 99605 99606 99607 G0248 G0249 G0250 G0396 G0397 G0406 G0407 G0408 G0425 G0426 G0427 G0463 G0466 G0467 G0490 G0508 G0509 G0511 G0513 G0514

5. Below the Line diagnosis example:

Dx: K59.01 This diagnosis falls on Line 522, which is Below the Line and therefore **not** a covered diagnosis (funded) by OHP. If a diagnosis falls below the line, it will not pair with any CPT code.

These may be considered as an exception request, but should not be used routinely. If requesting as an exception, rationale will be needed to determine medical necessity coverage.



Search Results

Current Line is at: **469** as of 1/1/2024

Display 10 lines per page — Filter Results:

Line Number	Funded	Condition	Treatment
522	✖	DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 129,227 and 228)	MEDICAL AND SURGICAL THERAPY

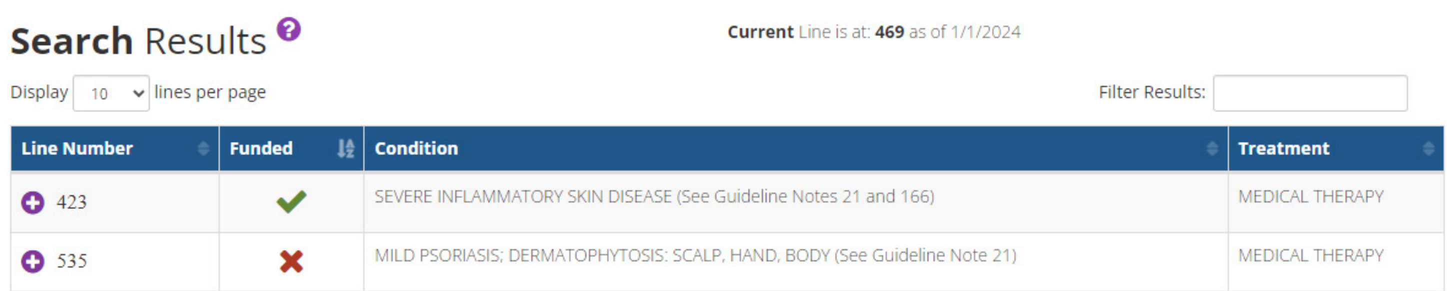
Showing 1 through 1 of 1 entries — Previous 1 Next

6. What if a diagnosis falls Above *and* Below the Line?

Dx: L40.9

Some diagnosis codes will show both Above and Below the Line (see image below). In these circumstances, a nurse will review and determine which Line the diagnosis should fall on. Chart notes will be required to make this determination.

Example: If determined clinically significant, it would be Above the Line (423) and covered (funded) by OHP. If determined **not** clinically significant, it would fall Below the Line (535), therefore not covered (funded) by OHP.



Search Results

Current Line is at: **469** as of 1/1/2024

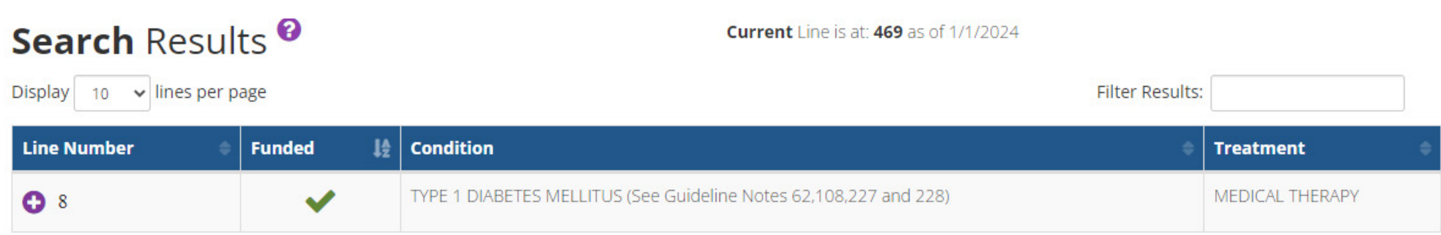
Display 10 lines per page — Filter Results:

Line Number	Funded	Condition	Treatment
423	✔	SEVERE INFLAMMATORY SKIN DISEASE (See Guideline Notes 21 and 166)	MEDICAL THERAPY
535	✖	MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY (See Guideline Note 21)	MEDICAL THERAPY

7. How does Code Pairing work in LineFinder?

You can determine if a service is a covered benefit by entering in the diagnosis code **and** the CPT code. In the example below, the diagnosis code **E10.10** and procedure (CPT) code **92014** pair, and fall on Line 8. This is Above the Line and therefore a covered benefit by OHP.

Please note: The plan may require preapproval for some services. Please refer to the preapproval grid for requirements.



Search Results

Current Line is at: **469** as of 1/1/2024

Display 10 lines per page — Filter Results:

Line Number	Funded	Condition	Treatment
8	✔	TYPE 1 DIABETES MELLITUS (See Guideline Notes 62,108,227 and 228)	MEDICAL THERAPY

8. What if my search returns no results?

If you enter a diagnosis (ICD-10) code and procedure (CPT) code and receive no search results, verify the codes you are entering are valid. Once confirmed, you can assume the codes are **nonranking.**

Nonspecific ICD-10 (symptoms, etc.) codes will not rank and are considered **not** a covered condition by OHP.

Example Dx: M79.671

Search Criteria

Important information regarding LineFinder and ICD-10. Learn more!

Service Date	ICD Code	CPT Code	Line Number
01/19/2024	M79671		

Search Clear

Search Results

Current Line is at: **469** as of 1/1/2024

Your search criteria did not match any lines.

Lab and Diagnostic Services usually will not rank. Please verify CPT codes on the authorization grid.

Diagnostic and lab services also do not rank. Diagnostic services may be covered to determine a diagnosis, but may require an approval, such as an MRI of the spine. However, if the diagnosis and treatment have already been determined, the diagnostic request would **not** be a covered benefit by OHP.

Example Dx: M54.6 with CPT: 72146

Search Criteria

Important information regarding LineFinder and ICD-10. Learn more!

Service Date	ICD Code	CPT Code	Line Number
01/19/2024	M546	72146	

Search Clear

Examples of other procedures that do not rank but may be covered for diagnostic purposes are outlined in the chart below. Please refer to the authorization grid for diagnostics that require a preapproval.

RADIOLOGY	LAB	SURGICAL/EXPLORATORY
78320 BONE SCAN	80400-804739 STIMULATION PANEL	45378-45380 COLONOSCOPIES
95905-95913 NERVE CONDUCTION	82947-82962 GLUCOSE TESTING	44360-44386 ENDOSCOPIES
72125 – 72133 CT	83695-83727 LIPOPROTEIN TESTING	43235-43210 UPPER GI
95860 -95875 EMG	84436-84445 THYROID TESTING	45330 -45360 SIGMOIDOSCOPIES
72141-74181 MRI	85004-85049 BLOOD COUNTS	47000-47001 NEEDLE BIOPSIES

9. What should providers know about Below the Line diagnoses?

- Below the Line is a noncovered diagnosis; the Line applies to all providers for all Medicaid services.
- The Line will not apply to laboratory or x-ray services. These services are diagnostic in nature. Please note that some laboratory and x-ray services are excluded by OHP (and were never covered, regardless of Line placement).
- ER and urgent care visits will be covered. The existing workflow will remain in place for inpatient stays, as those services require prior authorization.
- Our system will consider up to five diagnoses on any claim to allow for comorbidities. If any of the first five diagnoses are Above the Line, the claim will pay pursuant to the applicable contract arrangement. (The claims system will continue to accept more than five diagnoses per claim; this is particularly important for quality reporting purposes.)
- If none of the first five diagnoses are Above the Line, the claim will be evaluated as described below.
- PacificSource will use the OHA-determined Line and the OHA Diagnostic Workup File (DWF) to determine coverage. (The DWF contains a number of diagnosis codes that pertain to symptoms. PacificSource is using the DWF to allow providers to make a diagnosis.)
- The process described above will also be applied to claims where Medicaid is the secondary payer.

10. What happens to primary care claims with no Above the Line diagnoses? How are specialty claims affected?

- Primary care claims will be allowed one diagnostic office visit every 30 days for the same diagnosis code. This means that primary care clinics will be paid for the first diagnostic visit for a particular member. Any additional claims within 30 days showing the same diagnosis will be denied.
- If all of the first five diagnoses are Below the Line and no diagnoses appear in the DWF, the claim will be denied.
- The volume of denied specialty claims will not be affected by this change. As noted above, prior authorization requirements remain the same. If no prior authorization is in place as currently required, the claim will be denied as Below the Line.