

Medicaid Provider LineFinder & 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 can I locate 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, 2018. 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 660** as of January 1, 2018. 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.

CommunitySolutions.
PacificSource.com/
Providers



Search Results ?

Current Line is at: **469** as of 4/1/2018

Display lines per page

Filter Results:



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

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: K59.00 This diagnosis falls on Line 526 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 4/1/2018

Display lines per page

Filter Results:

Line Number	Funded	Condition	Treatment
 526		DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65,129)	Medical and surgical therapy

6. What happens 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 (346 and 401) and covered (funded) by OHP. If determined **not** clinically significant, it would fall Below the Line (527), therefore not covered (funded) by OHP.

Search Results

Current Line is at: **469** as of 4/1/2018

Display lines per page

Filter Results:

Line Number	Funded	Condition	Treatment
 424		SEVERE INFLAMMATORY SKIN DISEASE (See Coding Specification Below) (See Guideline Note 21)	Medical therapy
 539		MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY (See Guideline Notes 21,64,65)	MEDICAL THERAPY

7. How to use the Code Pairing functionality of LineFinder.

You can determine if 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 falls on Line 8. This is Above the Line and therefore a covered benefit by OHP.

Please note: The plan may require a preapproval for the service. Please refer to the preapproval grid for requirements.

Search Results ?

Current Line is at: **469** as of 4/1/2018

Display lines per page

Filter Results:

Line Number	Funded	Condition	Treatment
8		TYPE 1 DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 62,64,65,108)	Medical therapy
Guide Lines	62 64 65 108		
ICD Codes	E1010 E1011 E1021 E1022 E1029 E10311 E10319 E103211 E103212 E103213 E103219 E103291 E103292 E103293 E103299 E103311 E103312 E103313 E103319 E103391 E103392 E103393 E103399 E103411 E103412 E103413 E103419 E103491 E103492 E103493 E103499 E103511 E103512 E103513 E103519 E103521 E103522 E103523 E103529 E103531 E103532 E103533 E103539 E103541 E103542 E103543 E103549 E103551 E103552 E103553 E103559 E103591 E103592 E103593 E103599 E1036 E1037X1 E1037X2 E1037X3 E1037X9 E1039 E1040 E1041 E1042 E1043 E1044 E1049 E1051 E1052 E1059 E10610 E10618 E10620 E10621 E10622 E10628 E10630 E10638 E10641 E10649 E1065 E1069 E108 E109 E891 O24011 O24012 O24013 O24019 Z4681		
CPT Codes	49435 49436 90935 90937 90940 90945 90947 90989 90993 90997 92002 92004 92012 92014 92227 92250 93792 93793 95249 95250 95251 96150 96151 96152 96153 96154 96155 97605 97606 97607 97608 97802 97803 97804 98960 98961 98962 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 G0108 G0109 G0245 G0246 G0248 G0249 G0250 G0270 G0271 G0396 G0397 G0406 G0407 G0408 G0425 G0426 G0427 G0463 G0466 G0467 G0490 G0508 G0509 G0511 G0513 G0514 S9140 S9141 S9145 S9353		

8. What happens 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.

Dx: M79.671

Search Criteria

Important information regarding LineFinder and ICD-10. [Learn more!](#)

Service Date

05/16/2018

ICD Code

M79671

CPT Code

Line Number

 Search

 Clear

Further **Reading** 

ICD-10 Code Conversion 

Search Results

Current Line is at: **469** as of 4/1/2018

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.

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
<input type="text" value="05/17/2018"/>	<input type="text" value="m546"/>	<input type="text" value="72146"/>	<input type="text"/>

Search
 Clear

Copy Search Link
https://intouch.pacificsource.com/LineFinder/?d=20180517&i=m546&c=72146

Search Results ?

Current L

Your search criteria did not match any lines.

Lab and Diagnostic Services usually will not rank. Please verify CPT codes on the [authorization grid](#).

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

Please contact a Provider Service Representative with questions related to the LineFinder tool.

9. What you need to know about Below the Line diagnoses:

- BTL 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, since 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 will happen to primary care claims with no Above the Line diagnoses? How will specialty claims be 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, referral and prior authorization requirements remain the same. If no referral or prior authorization is in place as currently required, the claim will be denied as Below the Line.

11. How can we set up a meeting with our Medical Director and PacificSource?

To set up a meeting, please contact **Alison Little, MD, at alison.little@pacificsource.com**.