

## **DHS Business Decision**

**Title:** TOS Coding Requirements

**Background:** The Office of Medical Assistance Programs (OMAP) has been developing and programming many system changes to ensure OMAP's compliance with the Health Insurance Portability and Accountability Act (HIPAA). One of these changes is the elimination of a Type of Service (TOS) code for the HIPAA 837 professional/medical claim type. To comply with the HIPAA Standards and to successfully allow multiple claims formats, OMAP developed a process to determine a TOS when one is not included on a paper CMS-1500 or National Standard Format (NSF) electronic medical claim. Because the TOS is a requirement on the paper CMS-1500 and the electronic NSF claim format, OMAP strongly encourages providers submitting claims through either of these means to include the appropriate TOS. However, if the TOS is not included on either of these formats OMAP will still process the claim.

**Decision:** To comply with HIPAA standards, DHS must eliminate the Type of Service (TOS) code for the 837 Professional (medical claim type) transaction. TOS is a requirement of the CMS-1500/NSF format. To assist electronic submitters, DHS has developed a guide outlining the new process. The link to the OMAP letter explaining this requirement and the guide can be found at: [http://www.dhs.state.or.us/policy/healthplan/transmit/im/omap\\_im\\_04\\_059.pdf](http://www.dhs.state.or.us/policy/healthplan/transmit/im/omap_im_04_059.pdf)

**Effective Date:** June 1, 2004