



## OMAP HIPAA Bulletin Name Change

Since OMAP and most of the nation are now HIPAA-compliant, OMAP is changing the name of this communication from “OMAP HIPAA Bulletin” to “OMAP EDI (Electronic Data Interchange) Bulletin.” EDI is faster, more cost effective and just makes good sense.

## OMAP EDI Bulletin

# 8

## 837 Professional Claim Submission

While OMAP training staff members were traveling during the months of November, December and January, we met several providers who had questions on what elements need to be sent to OMAP on the new 837 Professional electronic claims format.

OMAP EDI Bulletin 8 is intended to present providers with the information necessary to successfully submit in the 837 Professional format. These are generic tips and apply to most provider types. However, if you have any questions, please contact OMAP or refer to the Medical/Surgical Rulebook and Supplemental Information. You may access them at:

<http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html>.

The OMAP rules for billing are the same for EDI as they are with paper, but you need to use some different codes when submitting in the 837 Professional format. If you need a list of current HIPAA-compliant codes, please see the Washington Publishing Web site, [http://www.wpc-edi.com/Default\\_40.asp](http://www.wpc-edi.com/Default_40.asp). You will click on HIPAA and the Code Lists.

## Diagnosis Codes

OMAP does require a diagnosis code on an 837 Professional claim format. The 837 formats do allow you to send multiple diagnosis codes to OMAP. However, OMAP’s computer system will only process the first five diagnosis codes on the claim. Primary diagnosis codes must appear in the first position and pair with the procedure code on the Health Services Commission’s Prioritized List. If your primary diagnosis and procedure code do not pair above the line, your claim will be denied. Please refer to the RN Benefits hotline or the Prioritized List online at

[http://egov.oregon.gov/DAS/OHPPR/HSC/current\\_prior.shtml](http://egov.oregon.gov/DAS/OHPPR/HSC/current_prior.shtml).

## Place of Service

Medical providers should include a place of service (POS) on 837 Professional claims format. You will need to use HIPAA-compliant POS codes indicating where the service was performed.

## **Type of Service**

The 837 Professional format does not allow you to submit a type of service code. When the type of service is blank, even on paper claims, OMAP will determine the type of service based on the provider ID number, procedure code, and modifier, as applicable, that you submit to us on your claim. If any one of the combinations listed contains unexpected elements, our system will assign your claim the wrong type of service and your claim will deny or be paid incorrectly for the services performed.

## **Modifiers**

The 837 Professional format supports modifiers as appropriate for the service provided.

## **OMAP as Secondary Payer**

The 837 Professional format will allow you to send claims with OMAP listed as the secondary payer (paper OMAP 505). Therefore, if you have a claim that Medicare, or any other insurer, has processed as primary, you can use your 837 Professional format to submit the claim containing the other insurance information and payment to OMAP.

If you are using a clearinghouse or software to create your claims to send to OMAP and there is no place to put this information, you will need to contact your contractor. You should be able to predetermine with that company a place to put those elements on your CMS 1500 claim form so they can transfer them into the 837 Professional format.

If you are not currently sending secondary payer claims to OMAP in the 837 Professional format and you want more information, please contact the EDI Registration and Support Services Team at <[dhs.hipaatesting@state.or.us](mailto:dhs.hipaatesting@state.or.us)> 800-422-5047 Option 2 or 503-947-5347.

## **Billing Provider/Performing Provider**

When billing electronically, it is very important for providers to use or acquire a billing provider number, if appropriate. The 837 Professional format allows you to tell us at which clinic the services were performed. You can also report the doctor(s) that have performed the service(s) for the client. If you do not have a billing provider number or are not sure if you need one, please contact our Provider Enrollment Team at 800-422-5047 Option 1 or <[provider.enrollment@state.or.us](mailto:provider.enrollment@state.or.us)>.

## **Primary Care Manager (PCM)**

Make sure to verify from the client's OMAP Medical Care Identification whether the client has a PCM. This is a health care professional that has agreed to provide specific clients with continuity of care. If a client has a PCM, you will need to contact that provider and obtain their approval to treat the client and their OMAP provider number, not UPIN identifier, to place on your claim. The 837 Professional format supports the PCM referral number on the claim and OMAP requires it.

## Correcting an electronic claim

OMAP currently does not allow providers to correct their claims electronically. If you need to correct a claim (paper or electronic) that you submitted and OMAP processed, you will need to send us an OMAP 1036 Individual Adjustment form. Instructions and sample forms are in your Supplemental Information booklet on your program's rule page, <http://www.dhs.state.or.us/policy/healthplan/guides/main.html>.

If the claim is one that OMAP denied, you can make the required adjustments and submit the claim electronically as a new claim.