

Provider Matters gives providers a single place to look for the latest issues affecting claim processing and other transactions in the Medicaid Management Information System (MMIS). It includes general issues affecting all provider types and claims, as well as issues specific to certain providers or claim types. You can [eSubscribe to OHP Provider Announcements](#) to find out when a new issue is posted.

Once system corrections are in place, DHS will reprocess affected claims whenever possible. In the issues that follow, you will see when DHS can reprocess the claim(s), requiring no action on your part; and when DHS cannot and what steps need to be taken to get the claim processed.

If you need to submit a refund for an overpayment, transitional payment or other transaction, **do not send checks to DMAP**. Instead, send them to the following address. Include your DHS provider number and any documentation needed to link your check to the appropriate claim or transaction.

DHS Receipting Unit
ATTN: [Reason for check]
500 Summer St NE, 4th Floor
Salem, OR 97301

New this week

Area	Issue	Description	Workaround	Resolution
Billing	Certain dental procedures will require tooth quadrant information starting 2/15/10	Starting 2/15/10, fee-for-service dental providers must include valid quadrant codes (area of oral cavity) for any Current Dental Terminology (CDT) procedures that are specific to quadrants (<i>e.g.</i> , D4210, D4240). If quadrant codes are missing or invalid, these claims may deny for invalid quadrant information. You can find valid quadrant codes in the CDT code book.		
Reminder	Bill claims that require supporting documentation on paper	If you need to submit a claim that requires supporting documentation (<i>e.g.</i> , unlisted procedure codes, manual reports), bill on paper and attach supporting documentation. Do not submit the claim using the Provider Web Portal or 837 transaction.		

Area	Issue	Description	Workaround	Resolution
Reminder	Only use commercially available paper claim forms	<p>DMAP only accepts the commercially available 8/05 version of the CMS-1500 claim form. You can purchase this form from local business forms suppliers, the Oregon Medical Association and the U.S. Government Printing Office at 1-866-512-1800.</p> <ul style="list-style-type: none"> • DMAP does not accept photocopies or other facsimiles of the CMS-1500 form, even if they are printed with red ink. • DMAP will return all other formats with a request to resubmit the claim in a valid claim format (Web, EDI, or commercially available 8/05 claim form). • If you do not want to purchase commercially available CMS-1500 paper claim forms, you can submit your claim on the Provider Web Portal at https://www.or-medicaid.gov or sign up to submit professional claims in the 837P Electronic Data Interchange format. 		
Reminders	Submit only one request per EDMS coversheet	<p>DHS has been receiving combined requests for different DMAP units under a single EDMS Coversheet. To ensure timely processing of requests submitted to DHS:</p> <ul style="list-style-type: none"> • Only submit one transaction per coversheet. • Fax provider enrollment applications to 503-378-3084. • Fax prior authorization requests to 503-378-5814 (routine requests) or 503-378-3435 (immediate/urgent requests). • Mail supporting documentation for claims to Provider Services, 500 Summer St NE E44, Salem OR 97301. <p>The following requests do not require an EDMS coversheet:</p> <ul style="list-style-type: none"> • Claims and Individual Adjustment Requests - Mail them to the appropriate PO Box listed in the Provider Contacts list, or submit them electronically (Web or 837). • Provider enrollment updates (<i>e.g.</i>, license/address/NPI updates for current DMAP providers) - Fax to Provider Enrollment at 503-947-1177 using a regular fax coversheet. 		

Billing issues

Area	Issue	Description	Workaround	Resolution
Adjustments	Claims using the QW for dates of service 12/08 through 1/09	<p>DMAP reprocessed claims from 2/1/09 to present that incorrectly denied for no pricing on the QW modifier.</p> <p>Because of timely filing limits, DMAP cannot do a similar adjustment for QW modifier claims for dates of service from 12/08 through 1/09.</p>	N/A	DMAP is researching options and will provide more information when it becomes available.
Billing	Billing for procedures that require CLIA certification	<p>Claims may deny on one date and process on another day because the system now looks for three pieces of information on CLIA claims:</p> <ul style="list-style-type: none"> • Valid CLIA certification; • Lab certification code for the procedure; and • Effective dates on the lab certification code that correspond with the date of service billed. <p>All three must be valid on date of service for procedures to successfully pay.</p>	N/A	<p>DMAP is researching how providers should resolve this issue.</p> <p>In some cases, DMAP may ask you to contact CLIA for resolution.</p>
Billing	Paid claims that haven't actually paid	<p>Providers may have claims listed in the Provider Web Portal in "paid" status, but with no paid date.</p> <p>When this happens, the claims will not show on the paper RA. Providers may try to void, rebill or adjust the claim on the Provider Web Portal, which may further delay or prevent payment for these claims.</p>	<p>If you are waiting for a claim to pay and cannot find it on your paper RA, look it up using the claim search screen on the Provider Web Portal.</p> <p>If there is no paid date listed on the Web claim, do not void, rebill or adjust the claim. If you cannot find the claim, contact Provider Services.</p>	<p>DHS is aware of this issue and is resolving affected claims on a case-by-case basis.</p> <p>Once the claims are resolved, they will appear on your paper RA and show a paid date on the Web portal.</p>

Area	Issue	Description	Workaround	Resolution
Pharmacy Point of Sale	EOB 1124 – “Cannot Prioritize Recipient’s Programs”	DHS is unable to determine payment due to the benefit plans listed for the client on the claim.	Report this error to the Oregon Pharmacy Call Center at 888-202-2126. Ask the client to contact their DHS caseworker.	Once DHS updates the client records that caused the error, rebill . The claims will then process appropriately.
Pharmacy Point of Sale	EOBs seen when trying to bill for DME through Point of Sale (POS)	When billing DMAP for DME or diabetic supplies through POS, the following messages may appear: <ul style="list-style-type: none"> EOB 0154 – Bill Medicare D [even if the client does not have Medicare Part D coverage] EOB 1100 – Non-participating manufacturer 	Providers cannot bill for DME supplies using Point of Sale. If you attempt to bill DME through POS, please know that EOBs 0154 and 1100 mean that you should bill DME using the professional claim format, not POS.	DHS has requested corrected EOBs that tell the provider to bill DME as a professional claim.

Payment/remittance advice

Area	Issue	Description	Workaround	Resolution
835/Electronic Remittance Advice	Adjustment Reason Codes (ARCs)	835s contain Adjustment Reason Codes only; DHS is currently unable to send all adjustment reason codes in the outgoing 835.	Refer to your paper RA for more detailed EOB information.	DHS is currently testing corrected 835s that include all applicable adjustment reason codes.

Resolved issues

Area	Issue	Description	Workaround	Resolution
Billing	Performing provider numbers on paper claims	<p>When non-standard CMS-1500 paper are scanned into the MMIS, the NPI entered in the “NPI” section of field 24J may incorrectly scan into the line above it, which is reserved for the DHS provider number.</p> <p>When this happens, one or more lines on the claim may incorrectly deny due to no performing provider.</p>	If your claim has denied due to a missing performing provider and you believe you entered the number(s) correctly, you can review and submit a corrected copy of the claim through the Provider Web Portal.	When billing on paper, only use commercially available CMS-1500 forms. If those forms aren’t available, bill electronically (Web or 837P).

Reminders

Topic	Reminder
Benefit plan codes that indicate medical assistance coverage	<p>The Provider Web Portal and Automated Voice Response indicate DHS medical eligibility by displaying 3-digit benefit plan codes. The codes that indicate DHS medical eligibility are:</p> <ul style="list-style-type: none"> • BMD (OHP with Limited Drug) • BMH (OHP Plus) • BMM (Qualified Medicare Beneficiary and OHP with Limited Drug) • CWM (Citizen-Alien Emergency Waived Medical) • CWX (CAWEM Plus - OHP Plus benefits for pregnant CAWEM-eligible women in certain counties) • KIT (OHP Standard) • MED (Qualified Medicare Beneficiary) <p>Disregard all other codes (e.g., ADM). They are for internal use only and do not indicate medical assistance coverage for the purposes of billing DMAP.</p>
Billing for consult codes 99241-99255 effective Jan. 1, 2010	<p>For services provided on and after 1/1/10, DMAP will continue to accept consultation codes 99241-99255 for services provided to clients who do <u>not</u> have Medicare.</p> <p>For clients who have Medicare (dual-eligibles), follow Medicare guidelines on billing consultation codes. Do <u>not</u> bill consultation codes 99241-99255 to DMAP for dual-eligibles.</p>

Topic	Reminder
Drugs not reimbursed by DMAP for long-term care (LTC) clients	<p>Some drugs and services are not reimbursed by DMAP because they are included in the bundled rate for LTC nursing facilities.</p> <p>View the full list (last updated 3/1/08) on DMAP's Pharmaceutical Services billing information page at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/billing.html#cover.</p>
New hours for Provider Services Call Center	<p>Effective Feb. 1, 2010, Provider Services phone bank at 800-336-6016 hours are:</p> <ul style="list-style-type: none"> • 8:30 a.m. to 4:30 p.m., Monday through Thursday • 10 a.m. to 4:30 p.m., Friday <p>Remember that Automated Voice Response at 866-692-3864 and the Provider Web Portal at https://www.or-medicaid.gov are available 24 hours a day, 7 days per week for eligibility and enrollment verification, claim status, prior authorization status, and more.</p> <p>You can also contact Provider Services at dmap.providerservices@state.or.us.</p>
Non-electronic prescriptions must be on tamper-resistant paper	<p>All outpatient Medicaid prescriptions that DMAP reimburses on a fee-for-service basis must be tamper-resistant.</p> <ul style="list-style-type: none"> • This includes prescriptions for over-the-counter (OTC) products. • Handwritten and computer-printed prescriptions must be on tamper-resistant paper that meets federal requirements. <p>For more information, go to DMAP's Pharmaceutical Services tamper-resistant prescription pad (TRPP) information page at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/trpp.html. You will find information about required prescription pad features, vendors and all communications sent by DMAP about TRPP.</p>
OHP preferred drug list updates effective Jan. 1, 2010	<p>Effective Jan. 1, 2010, DMAP has two preferred drug lists (PDLs):</p> <ul style="list-style-type: none"> • Starting Jan. 1, new prescriptions for non-preferred physical health drugs (not listed on the physical health PDL) require prior authorization (PA). • Non-preferred mental health drugs do not require PA. • All non-preferred prescriptions are subject to OHP Plus copayments when applicable. For more information about copayments, go to www.oregon.gov/DHS/healthplan/data_pubs/faqs/faqprovcopay.shtml. <p>For more information, go to the "Preferred Drug List" section of DMAP's Pharmaceutical Services clinical information page at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html#pdl.</p>

Topic	Reminder
Pharmacy POS billing for Long-Term Care (LTC) pharmacies	<p>To receive the LTC dispensing fee for pharmacy claims, you must enter a value of "04" in Field 307-C7 - Patient location. For more information:</p> <ul style="list-style-type: none"> • Refer to the Pharmaceutical Services Supplemental Information at http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rxsupp1009.pdf; • The new Pharmaceutical Services Billing Information page at http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/billing.html; and • The Oregon DHS Payer Sheet at www.oregon.gov/DHS/edi/docs/ncpdp-ffs.pdf.
Provider Enrollment and license update information	<p>DMAP will issue "re-certification letters" at 90 days and 30 days prior to the date on file for the expiration of provider licenses. If you receive this letter, please fax a copy of your renewed license to Provider Enrollment 503-947-1177 (ATTN: License Update).</p> <p>If you have questions, contact Provider Enrollment (800-422-5047).</p>
Provider Web Portal training dates for Feb. 2010	<p>Sign up for free trainings on how to set up and use your Provider Web Portal account at https://www.or-medicaid.gov. These one-day sessions are from 9 a.m. to 3 p.m. in the following cities:</p> <ul style="list-style-type: none"> • Astoria: Feb. 5 • Feb. 2, Feb. 9, Feb. 16, and Feb. 23 • Salem: Feb. 4, Feb. 11, Feb. 18, and Feb. 25 • St. Helens: Feb. 1 <p>These classes are open to all providers who serve Oregon Health Plan clients. For more information, see the updated schedule at www.oregon.gov/DHS/healthplan/tools_prov/training.shtml.</p>
Send DMAP your phone number and address updates	<p>If your office has changed its contact information in the past year, send your changes to DMAP. DMAP relies on current pharmacy contact information when helping clients and providers resolve urgent pharmacy issues.</p> <p>You can provide updates two ways:</p> <ul style="list-style-type: none"> • Complete and submit the DMAP 3035 (Provider Information Update) form; or • Enter and submit your changes on the Web using the Provider Demographic panels at https://www.or-medicaid.gov. <p>DMAP General Rule 410-120-1260(10) (Provider Enrollment Required Updates) states that enrolled providers must report such changes within 30 days of the change.</p>

Resources

- **Provider guidelines (rulebooks and supplemental information):** Make sure you are using the current provider guidelines available for your provider type. To find the guidelines you need, go to www.oregon.gov/DHS/healthplan/tools_prov/newproviders.shtml.
- **Provider Web Portal:** Find everything you need to know about the Provider Web Portal at [this link](#), including guides for all current functions, and quick references about set up, eligibility, and HSC List inquiries.
- **Remittance Advice:** Updated tutorials about how to read the paper RA and EOB information are [now available](#).
- **Sign up for Electronic Funds Transfer (EFT)** – Don't want to wait for a paper check? Just complete the [Direct Deposit Authorization form](#), attach a canceled check for the account you want your payments to go to, and return to DHS by certified mail. For more information, go to www.oregon.gov/DHS/healthplan/notices_providers/2009/enrollineft.pdf.

Need help?

For all the latest provider contacts, download the current [Provider Contacts List](#).

- **Specific claims and client eligibility** - Call Provider Services at 800-336-6016 or e-mail dmap.providerservices@state.or.us
- **EDI and the 835 ERA** - Call EDI Support Services at 888-690-9888 or e-mail dhs.edisupport@state.or.us.
- **EFT information and updates** - Contact Provider Enrollment at provider.enrollment@state.or.us.
- **Pharmacy and prescriber questions (for technical help and fee-for-service prescription PAs)** - Contact the Oregon Pharmacy Call Center at 888-202-2126.
- **Prior authorization status** – Call the DMAP PA Line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Web portal help and resets** - Call Provider Services at 800-336-6016 or e-mail team.provider-access@state.or.us.



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