

Health Services  
Office of Medical Assistance Programs

Rick Howard, Manager  
OMAP Health Financing Operations Section

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**Authorized Signature**

**Topic:** Medical Benefits

**Subject:** TOS Coding Requirements and Guide

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, OHMAS and OMAP transmittal lists |

**Message:** OMAP is sending all our medical services providers the attached letter and guide outlining what will happen when Type of Service coding is not listed on a claim form. The new systems programming process was implemented to ensure OMAP's compliance with HIPAA regulations.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Patricia Krewson, TEDS Manager		
<b>Phone:</b>	503-945-5805	<b>Fax:</b>	503-945-6873
<b>E-mail:</b>	patricia.krewson@state.or.us		



# Oregon

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June 15, 2004

**To:** OMAP Service Providers

**From:** Rick Howard, Manager  
OMAP Health Financing Operations Section

**Re:** TOS Coding Requirements and Guide



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 standard and to successfully allow multiple claim formats, OMAP developed a process to determine a TOS when one is not included. Because the TOS is a requirement on the CMS-1500 and the electronic NSF claim form, 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.

OMAP has developed the attached guide to assist you in understanding the new process in cases when a TOS code is not included. The guide does not address every possible scenario, only the most common.

**If you have questions about this guide,  
please contact the Provider Services Unit  
at 1-800-336-6016.**

*"Assisting People to Become Independent, Healthy and Safe"*  
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## OMAP Type of Service / Modifier Claims Processing Guide

To “plug’ means to replace the blank field with the default value based on a predetermined criteria.

***Modifiers used in conjunction with a procedure code may affect the outcome of the claim adjudication process and is dependent on whether a modifier was required, not required and/or used as applicable. Modifiers are one of several criteria used to determine the Type of Service (TOS).***

This Guide does not take into consideration certain Modifiers (i.e. 26, 80, and 81) that will change (overlay) a TOS, even if the TOS was plugged.

### CMS1500 Paper claim processing

TOS is a required element; modifier usage is based on procedure code.

<b>TOS Submitted</b>	<b>Modifier Submitted</b>	<b>Applicable?</b>	<b>OMAP Claim Processing outcome</b>
Yes	Yes	Yes	MMIS will process with the submitted TOS that may error if the TOS is incorrect and/or conflict with the submitted Modifier if it is incorrect.
Yes	Yes	No	MMIS will process with the submitted TOS that may error if the TOS is incorrect and may error if the Modifier is incorrect.
Yes	No	Yes	MMIS will process with the submitted TOS that may error if the TOS is incorrect.
Yes	No	No	MMIS will process with the submitted TOS which may error if the TOS is incorrect.
No	Yes	Yes	MMIS will “plug” the TOS with a default value that may be determined by the Modifier or other criteria.
No	Yes	No	MMIS will “plug” the TOS with a default value that may be determined by the modifier or other criteria.
No	No	Yes	MMIS will “plug” the TOS with a default value based on criteria other than the Modifier and an error may be received for an invalid TOS.
No	No	No	MMIS will “plug” the TOS with a default value based on criteria other than the Modifier.

This table does not take into consideration other claim errors that may occur. 5/13/04

## OMAP Type of Service / Modifier Claims Processing Guide

The type and number of system error / Explanation of Benefit (EOB) error that may be received regardless of claim submission mode are:

- **Error 703** = Place of Service (POS) & procedure mismatch / **EOB 008** = POS missing/invalid
- **Error 062** = TOS missing / **EOB 370** = Medicare did not include a TOS code
- **Error 063** = TOS missing / **EOB 170** = TOS code missing
- **Error 067** = TOS procedure not on file / **EOB 321** = combination TOS & procedure not recognized
- **Error 069** = TOS procedure not on file / **EOB 321** = combination TOS & procedure not recognized

The default billing and performing provider number (999999) can not be used if a TOS is not present upon submission of the claim(s).

### National Standard Format (NSF) Electronic Claims Process

TOS is a required element; modifier usage is based on procedure code.

TOS Submitted	Modifier Submitted	Applicable?	OMAP Claim processing outcome
Yes	Yes	Yes	MMIS will process with the submitted TOS that may error if the TOS is incorrect and/or conflict with the submitted Modifier if it is incorrect.
Yes	Yes	No	MMIS will process with the submitted TOS that may error if the TOS is incorrect and may error if the Modifier is incorrect.
Yes	No	Yes	MMIS will process with the submitted TOS that may error if the TOS is incorrect.
Yes	No	No	MMIS will process with the submitted TOS which may error if the TOS is incorrect.
No	Yes	Yes	MMIS will “plug” the TOS with a default value that may be determined by the Modifier or other criteria.
No	Yes	No	MMIS will “plug” the TOS with a default value that may be determined by the modifier or other criteria.

This table does not take into consideration other claim errors that may occur. 5/13/04

## OMAP Type of Service / Modifier Claims Processing Guide

No	No	Yes	MMIS will “plug” the TOS with a default value based on criteria other than the Modifier and an error may be received for an invalid TOS.
No	No	No	MMIS will “plug” the TOS with a default value based on criteria other than the Modifier.

### HIPAA 837 Professional Electronic Claims Processing

TOS is NOT a required element; modifier usage is based on procedure code.

<b>TOS Submitted</b>	<b>Modifier Submitted</b>	<b>Applicable?</b>	<b>OMAP Claim processing outcome</b>
No	Yes	Yes	MMIS will “plug” the TOS with a default value that may be determined by the Modifier or other criteria.
No	Yes	No	MMIS will “plug” the TOS with a default value that may be determined by the modifier or other criteria.
No	No	Yes	MMIS will “plug” the TOS with a default value based on criteria other than the Modifier and an error may be received for an invalid TOS.
No	No	No	MMIS will “plug” the TOS with a default value based on criteria other than the Modifier.

This table does not take into consideration other claim errors that may occur. 5/13/04