

**Health Services
Office of Medical Assistance Programs**

Joan M. Kapowich, Manager
OMAP Program and Policy Section

Authorized Signature

Number: OMAP-IM-04-103

Issue Date: 09/23/04

Topic: Medical Benefits

Subject: Provider letter: Billing updates and rule changes

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, OMHAS and OMAP transmittal lists |

Message: OMAP is mailing the attached letter to all OMAP medical providers informing them of billing code changes, end of a billing grace period, and program rule revisions for October 1, 2004.

If you have any questions about this information, contact:

Contact(s):	OMAP		
Phone:	1-800-527-5772	Fax:	
E-mail:			



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Health Services

Office of Medical Assistance Programs

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September 22, 2004

To: All OMAP Service Providers

From: Joan Kapowich, Manager
OMAP Program and Policy Section



Re: Billing Updates and Administrative Rule Changes

Code set changes

The Centers for Medicare and Medicaid Services (CMS) periodically assign new HCPCS and CPT codes for some services and deletes others. OMAP will continuously update our system to reflect these code changes with the same revision effective dates as Medicare uses.

To learn about code revisions, providers can obtain the American Medical Association's CPT-4 coding book published each October. CMS updates its Web site quarterly to show the alpha-numeric HCPCS files.

OMAP posts the fee schedules quarterly on the DHS Web site
http://www.dhs.state.or.us/healthplan/data_pubs/feeschedule/

90-day grace period ends

In order to be in compliance with the Health Insurance Portability and Privacy Act (HIPAA) regulations, effective January 1, 2005, OMAP can no longer allow a 90-day grace period after medical codes change. HIPAA specifies, in the Transaction and Code Set rule, that **providers must use the medical code set that is valid at the time that the service is provided.**

In the past, the grace period allowed providers to familiarize themselves with both the new and obsoleted codes. Beginning January 1, our system will deny claims that use outdated codes.

October rule changes

Effective October 1, 2004, OMAP will revise the Administrative

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An Equal Opportunity Employer

Rulebooks for the following programs:

- American Indian/Alaska Native
- Dental Services
- Durable Medical Equipment
- Federally Qualified & Rural Health Centers
- General Rules
- Home Health Services
- Home EPIV Services
- Hospice Services
- Hospital Services
- Medical-Surgical Services (new supplemental info, too)
- Medical Transportation Services
- Oregon Health Plan (includes Prioritized List of Health Services)
- Pharmaceutical Services
- Physical & Occupational Therapy
- Speech & Audiology Services
- Targeted Case Management
- Visual Services

Please check the DHS Web site for current rulebooks and cover letters explaining the changes in your program

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

Questions?

If you have billing questions, call OMAP Provider Services at 1-800-336-6016.

CMS alpha-numeric HCPCS codes:

<http://www.cms.hhs.gov/providers/pufdownload/anhcpddl.asp>

CMS' HIPAA page

<http://www.cms.hhs.gov/hipaa/hipaa2/default.asp>

DMEPOS providers, see Cigna Web site:

<http://www.cignamedicare.com./dmerc/index.html>

Medicare HCPCS background information

<http://www.cms.hhs.gov/medicare/hcpcs>