

Health Services
Office of Medical Assistance Programs

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OMAP Health Financing Operations Section

Number: OMAP IM-05-187
Issue Date: 11/22/05

Authorized Signature

Topic: Medical Benefits

Subject: Provider announcement: Dental claim errors

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): OMAP + Plans |

Message: OMAP is posting an announcement for Dental care providers about how to prevent their claims from suspending or denying due to carelessness in completing the ADA forms. The attached message is posted on the Provider Tools/Announcements page http://egov.oregon.gov/DHS/healthplan/notices_providers/main.shtml

If you have any questions about this information, contact:

Contact(s):	Provider Services		
Phone:	800-336-6016	Fax:	
E-mail:	OMAP.prov-callcenter@state.or.us		

OMAP Flash!

For Dental Service Providers
November 22, 2005

Have your dental claims to OMAP suspended or denied?

OMAP staff has noticed that our system suspends or denies many of the claims submitted on the 2002/2004 ADA forms because the forms are completed incorrectly.

Please notice that this form asks for the primary insured's LAST name first, followed by first name and middle initial. When you enter a first name in the last name field, the system rejects the claim because it can't find a match.

PRIMARY INSURED INFORMATION

12. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

Remember

- ▶ Electronic data interchange (EDI) is the faster and more accurate way to submit your claims to OMAP. When you are ready to consider electronic claim submissions, call the EDI Outreach team at (503) 945-6710. They'll be glad to answer your questions.
- ▶ OMAP accepts only ADA 2000, 2002/2004 dental forms from providers submitting paper claims.
- ▶ OMAP outlines all dental billing policies in OAR 410-123 and shows sample billing forms, along with instructions for completion, in the Supplemental Information found at: www.dhs.state.or.us/policy/healthplan/guides/dental/main.html.

Mailing your claims

Send completed paper claim forms to :
OMAP
PO Box 14953
Salem, OR 97309

Questions?

If you have any questions about these dental forms, please contact the OMAP Dental Claims Coordinator at (503) 945-6506. If you have billing questions, contact Provider Services at 1-800-336-6016 or OMAP.prov-callcenter@state.or.us.