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Health Financing Operations, OMAP

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**Authorized Signature**

**Number:** OMAP-IM-05-197

**Issue Date:** 12/14/2005

**Topic:** Medical Benefits

**Subject:** Change to Paper UB-92 Billing for PCM Clients

**Applies to:**

- |                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <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): <u>OMAP and plans</u> |

**Message:**

OMAP will send the attached letter with the remittance advices (RAs) for hospital, hospice, and home health providers the weeks of 12/19/05, 12/26/05, and 1/2/06.

The letter explains how to bill on UB-92 paper claims for clients assigned to a Primary Care Manager (PCM), so that these claims do not incorrectly deny at receipting.

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

<b>Contact(s):</b>	OMAP Provider Services		
<b>Phone:</b>	1-800-336-6016	<b>Fax:</b>	503-945-6873
<b>E-mail:</b>	omap.prov-callcenter@state.or.us		



## **Important Billing Information**

### **PCM Number on Paper UB-92 Claims**

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Until further notice, providers who bill for clients assigned to a Primary Care Manager (PCM) must do the following when billing on the UB-92 paper claim form for these clients:

- In Field 83, place an "R" before the PCM's provider number to identify the referring PCM.

Currently, the software used to enter paper claims into the payment system denies these claims incorrectly using Explanation of Benefits (EOB) code 314. OMAP will manually process these claims until the software is revised.

Please continue to send UB-92 claims for PCM clients to OMAP at PO Box 14956, Salem OR 97301.

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### **Questions?**

 **Contact OMAP Provider Services at 1-800-336-6016 or e-mail**

**<omap.prov-callcenter@state.**

**or.us>** - If you have questions about this information, or if you continue to receive EOB 314 denials on these claims.



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