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 Medicaid Policy and Planning Section, DMAP

Number: DMAP PT 13-002
Issue Date: 11/22/2013

Authorized Signature

Topic: Medical Benefits

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: DMAP Worker Guide

Applies to (check all that apply):

- All DHS employees
 Aging and People with Disabilities
 Area Agencies on Aging
 Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists
 Children, Adults and Families
 County DD Program Managers

Policy/Rule Title:	DMAP Worker Guide Update for the following sections:		
	<ul style="list-style-type: none"> ■ Administrative Examinations and Reports ■ Health Care Delivery Systems ■ Prior Authorizations ■ Processing claims 		
Policy/Rule Number(s):	DMAP Worker Guide	Release No:	New
Effective Date:	12/1/2013	Expiration:	
References:	None included.		
Web Address:	www.oregon.gov/oha/healthplan/tools/DMAP%20Worker%20Guide.pdf		

Discussion/Interpretation:

Please see the most current (12/1/2013) “corrections” and updates that DMAP posted in the [DMAP Worker Guide](#). The entire guide may not always be completely up-to-date with each guide revision made. If you have questions about other content, please contact DMAP and ask for the appropriate section manager.

Health Care Delivery Systems:

In this section, revisions include:

- Overview: Included CCOG (dental and mental health)
- Coordinated Care Organizations (CCOs): Shows that CCOC and CCOD are not yet implemented.
- Primary Care Organizations (PCOs): Removed; program no longer exists
- Enrollment Process: Minor textual editing for clarification
- Death: Added to the instructions for entering information in the system
- Who to contact for help: Problems for unresolved client FFS/open card or with any health plan

Administrative Examinations and Reports:

In this section, **effective 12/1/2013**, updates to CPT/HCPCs Codes – *Table 2 – Professional (non-hospital) Services* include:

Common Procedural Terminology (CPT) codes:

- 80100 and 80101: obsolete
- 80102: Reimbursement and maximum allowable units updated

Healthcare Common Procedure Coding (HCPC):

- G0431: new (replaces 80100 and 80101)

Prior Authorizations: Added "*Select Lab and Radiological studies*" to the list of equipment and services requiring prior authorization.

Processing claims: Here's how it works: *Office of Forms and Document Management* is now called *Information Resource Management Services (IRMS)*; data from providers who bill electronically is sent electronically.

Training/Communication Plan:

Read and become familiar with the updated information.

If you have any questions about the information above, contact:

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