DHS Oregon Department of Human Services

Health Services
Office of Medical Assistance Programs

Information Memorandum Transmittal

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Authorized Signature

Number: OMAP IM 05-115
Issue Date: 8/29/2005

Topic: Medical Benefits

Subject: Provider announcement: First Pass Flash! dental claims

Applies to (check all that apply):

- ☐ All DHS employees
- ☐ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Seniors and People with Disabilities
- ☒ Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists

Message: OMAP is posting its third First Pass Flash! bulletin (attached) addressing proper use of dental claim forms and codes.

If you have any questions about this information, contact:

Contact(s):	Stacy O'Connell, OMAP Dental Claims Coordinator		
Phone:	(503) 945-6506	**Fax:**	
E-mail:	stacy.oconnell@state.or.us		

First Pass Flash!

Fast Information for Faster Claims Processing

No. 3 9/05

Required Dental Claim Format

OMAP requires dental practitioners to use a dental claim format when billing for dental services even if the service(s) is provided in an Ambulatory Surgical Center (ASC) or hospital setting. The exceptions to this can be found in Oregon Administrative Rule (OAR) 410-123-1260.

Facility charges must be billed either on a medical claim format or hospital claim format. If your clinic is part of a Federally Qualified Health Center, Rural Health Clinic or Tribal Health Facility, refer to the appropriate program rules for billing directions.

Effective August 1, 2005, OMAP only accepts 2000 or 2002/2004 versions of the ADA dental claim form. We will return claims submitted on any other versions. See our provider announcement at www.dhs.state.or.us/healthplan/notices_providers/adaclaims.pdf for more details.

Dental Claim Reminders

OMAP will deny dental services, except as those described in OAR 410-123-1260, that are submitted on a medical claim format. Claims denied for incorrect claim format can be re-submitted on the proper claim format.

ICD-9-CM Diagnosis Codes

Dental claims do not require an ICD-9-CM diagnosis code.

Dental services that require billing on a medical claim format are required to use a specific ICD-9-CM diagnosis code that meets national coding standards.

When completing a medical claim format, you must use the diagnosis code at the highest degree of specificity. A diagnosis code is invalid if it has not been coded to the full number of digits required for that code. Refer to OAR 410-123-1620 for additional details. Most non-specific ICD-9-CM diagnosis codes are below the funding line of the Health Service Commissions List of Prioritized Services, or excluded from coverage.

In 2004 a significant number of ICD-9-CM codes were added, providing a comprehensive list of codes from which to select.

OMAP outlines all dental billing policies and procedures in OAR 410-123 and the Supplemental Information found at: www.dhs.state.or.us/policy/healthplan/guides/dental/main.html.

Questions?

If you have any questions about these reminders, please contact the OMAP Dental Claims Coordinator at (503) 945-6506.

Oregon HEALTH PLAN DHS Oregon Department of Human Services

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