



DMAP 1036

Helpful Tips for AMH Providers

When a provider realizes that DMAP has paid a claim incorrectly, the provider should submit a DMAP 1036 Individual Adjustment Request form to DMAP. The DMAP 1036 form has specific requirements for completion so that DMAP staff can process the adjustment request correctly the first time.

These “*Helpful Tips*” will assist you in submitting your Individual Adjustment Requests to DMAP correctly.

✓	<p>SAVE TIME by not filling out fields that are not needed. REFER to the <i>DMAP 1036 Billing Instructions</i> handbook to determine what fields you need to complete.</p> <ul style="list-style-type: none">• This handbook is available at DMAP’s Web site www.oregon.gov/DHS/healthplan. Click on “Tools for Providers,” then click on “Billing Tips.”• If you do not have internet access, you may also contact DMAP Provider Services at 1-800-336-6016 and ask to have the <i>DMAP 1036 Billing Instructions</i> mailed to you.
✓	<p>SUBMIT one (1) DMAP 1036 form per claim (ICN). All corrections for a claim can be made on one form. DO NOT use multiple forms for multiple corrections of the same claim.</p>
✓	<p>MARK the appropriate Underpayment/Overpayment information in Box 1.</p>
✓	<p>VERIFY the ICN for the claim that needs adjusting in Box 4. Double-check the Remittance Advice to make sure you are entering the correct ICN. Only use one (1) ICN per form.</p>
✓	<p>ENTER the name of the patient in Field 6 as it appears on the Remittance Advice (RA).</p>

✓	<p>INDICATE the correct line of service as listed on the Remittance Advice. The Remittance Advice does not indicate line numbers. You can count the lines of services as they appear on your original claim form to determine the line number.</p> <ul style="list-style-type: none"> • If line 2 of your claim needs to be corrected, indicate line 2. DO NOT indicate the box number as it appears on the claim form.
✓	<p>USE ONLY the one (1)-digit Place of Service code. Unlike billing the 2-digit Place of Service code on your original claim form, adjustments can only recognize the 1-digit code. REFER to the <i>DMAP 1036 Billing Instructions</i> handbook for accepted Place of Service codes.</p>
✓	<p>CHANGE the billed amount, if you are adjusting the number of units/ services. DMAP will not calculate billed amounts for you.</p>
✓	<p>NOTE combined services in Box 16 (“Remarks”). When combining more than one service, you need to clearly indicate this on the request.</p>
✓	<p>CHECK the form for legibility so that we can clearly read it. AVOID poorly handwritten forms.</p>
✓	<p>READ the explanation of benefit (EOB) codes on your Remittance Advice. They will tell you if further action or information is required of you.</p>
✓	<p>ATTACH a copy of the Remittance Advice (RA) for the claim you are requesting adjustment on. To further expedite your adjustment request, you can also attach a corrected claim form to help explain the corrections that need to be made to the original claim.</p>
✓	<p>CONTACT Provider Services at 1-800-336-6016 for assistance in completing your DMAP 1036 or other questions regarding a medical claim. Always contact Provider Services if:</p> <ul style="list-style-type: none"> • You are not sure if you need to rebill a service or submit an Individual Adjustment Request, or • There are no message codes on your RA.

