BOregon Department of Human Services
Division of Medical Assistance Programs

CMS 1500

Helpful Tips for AMH Providers

An extensive claims processing system reads, enters, and processes all CMS 1500 claim forms submitted to DMAP. The computer system enters the data exactly as you entered it on the claim form. A misplaced code, illegible data, or a required box left blank can prompt the computer system to route the claim for manual review, deny payment on the claim, or direct payment to the wrong provider.

These "***Helpful Tips***" will assist you in submitting your CMS 1500 claims to DMAP correctly the first time.

✓	**READ your provider manual!** Pay special attention to the billing code appendices, which include information on frequency limitations. Be sure you have the most current information in effect for the date of service billed. The *Mental Health and Chemical Dependency Provider Manual* is available on the DHS Web site <www.oregon.gov/DHS>. • **Mental Health Providers:** Simply click on "Mental Health," then "Tools for Providers." • **Chemical Dependency Providers:** Simply click on "Addiction," then "Tools," then "Tools for Providers."
✓	**VERIFY patient eligibility on the date the service is being provided**. If possible, photocopy the Medical Identification and/or verify with one of the electronic eligibility verification services listed on DMAP's Electronic Eligibility Verification Web page <www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml>. • Automated Information System (AIS) by phone: Call 1-800-522-2508; • **AIS Plus on the internet:** Go to the Electronic Eligibility Verification Web page, then click "AIS" to register for Web-based access; • **Electronic Eligibility Verification Service (EEVS) Vendor**: Go to the Electronic Eligibility Web page, or call 1-800-336-6016 for a copy of the vendor list.

✓	**BEFORE billing DMAP…** • **MAKE SURE** that you billed prior resources and the correct dollar amount is reported in Box 29. • **DO NOT** attach prior resource EOB's. • **USE** the correct 2-digit third party resource (TPR) explanation code in Box 9 when other insurance made **no** payment, and **always** when there is more than one resource available.
✓	**USE only one prior authorization number in Box 23. DO NOT** bill authorized services and services that do not require authorization on the same claim form.
✓	**USE the correct combination of procedure code and modifier appropriate for the service billed under your provider type.** DMAP will determine the Type of Service (TOS) based on the provider ID number, procedure code, and modifier, as applicable, that you submit to us on your claim. • If you do not enter this information correctly, our system may assign your claim the wrong type of service, which may cause the system to incorrectly pay or deny the claim. If it denies the claim, the paper RA may indicate a denial due to TOS error. • Refer to your provider manual to determine which modifier corresponds with your procedure code that is reported in Box 24D.
✓	**ALWAYS ENTER the DMAP 6-digit provider number you want DMAP to send payment to in Box 33.** It is crucial that you list this information. An invalid or missing provider number could delay your payment, make payment to a wrong provider or deny your payment. • If the performing provider is different from the billing provider, enter the performing provider number in Box 24K (12/90 form) or 24J (8/05 form). • A "performing" provider is the individual who provided the service; a "billing" provider bills on behalf of the performing provider.
✓	**CHECK your claim form for legibility so that it can be clearly read. AVOID** tiny print, print that overlaps onto a line, no more than 6 lines per claim, and poorly hand written claim forms. **COMPLETE** only the boxes that are required.
✓	**EACH CMS 1500 is a complete billing document.** If there is not enough space available on the CMS 1500 to bill all procedures provided on the same date of service, complete a new billing form for the rest of the procedures. **DO NOT** carry over totals from one CMS 1500 to the other.

✓	**READ the explanation of benefit (EOB) codes on your Remittance Advice.** They will tell you what the error is, if you should re-bill or submit an Individual Adjustment Request form DMAP 1036.
✓	**CONTACT Provider Services at 1-800-336-6016** for assistance in completing your CMS 1500 or other questions regarding a medical claim.