Oregon Department of Human Services
Division of Medical Assistance Programs

Top 5 Billing Errors

Helpful Tips for AMH Providers

After a health care provider submits a claim to DMAP for payment processing, DMAP sends the automated Remittance Advice (RA). The RA is the only notice the provider will receive regarding the status of claims submitted. DMAP issues RAs only for adjudicated claims (*i.e.*, claims DMAP has made a payment decision for). Claims that are in the processing status will not appear on the RA.

For each claim listed on the RA that needs adjustment, rebilling, or further explanation, the "Messages" field will show a 3-digit code called the Explanation of Benefits (EOB) message.

- The EOB message explains the outcome of the claim you submitted for payment processing.
- The EOB itemizes the reason for reducing or rejecting payment on your claim.
- The bottom of the RA lists the text of the EOB for your review and appropriate action.

By reading the explanation and following the instructions listed in the EOB, you will be able to correct the error in a timely manner. These "***Helpful Tips***" will assist you in identifying and correcting the top five errors that Mental Health and Chemical Dependency providers make.

For more information

Refer to DMAP's comprehensive list of "Common Fee-for-Service Billing Errors," *CMS 1500 Billing Instructions Handbook* and other tutorials on the DMAP Billing Tips Web page <www.oregon.gov/DHS/healthplan/tools_prov/tips/main.shtml>.

EOB	Message/Tip on correcting
076	**Your claim cannot be processed because it is past the 12-month filing time limit.** Refer to General Rule: 410-120-1300.
090	**Recipient is enrolled with a Managed Care Plan.** You MUST submit your claim form to the Managed Care Plan. This information can be found on the Medical Care Identification, or by using the Automated Information System (AIS). • **AIS by phone:** Call 1-800-522-2508. • **AIS Plus on the Web:** Go to <www.oregon.gov/DHS/healthplan>. Click on "Tools for Providers," then click on "Automated Information System" to register for web-based access.
350	Your claim form is missing the two (2)-digit third party resource code that must be indicated in field 9 on the CMS 1500.
015	**The date of service, procedure code, and diagnosis have previously been paid by DMAP.** This means further research by you is essential before assuming that it has not been processed and/or paid. **DO NOT** re-bill. • Refer to previous Remittance Advices to determine when the claim was previously processed and/or paid by DMAP. • If necessary, contact DMAP Provider Services at 1-800-336-6016 for assistance in locating the adjudicated remittance advice of your claim.
003	**Recipient is not eligible on date of service.** Be sure to verify medical eligibility before providing services. Eligibility information can be found on the Medical Care Identification, or by using 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>. • **AIS by phone:** Call 1-800-522-2508; • **AIS Plus on the Web:** 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.