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## Important Crossover Claim Information

### Introducing the new DMAP 505

To fully incorporate National Provider Identifier (NPI) information into all claim forms, DMAP has revised the OMAP 505 (Medicare-Medicaid Billing Invoice) to include NPI information. The form is now the DMAP 505 (revised 2/07).

#### **DHS will only accept DMAP 505 claims starting May 23, 2007**

Starting May 23, 2007, DMAP will return claims they receive on the old OMAP 505 forms with a request to resubmit the claims on the DMAP 505. This means you need to build in mailing time to make sure claims arriving at DMAP on or after May 23 are on the DMAP 505 form, not the OMAP 505 form.

#### **What has changed?**

The DMAP 505 changes correspond to the changes in the 8/05 version of the CMS 1500.

- The provider ID fields now accommodate both NPI and DMAP numbers.
- For each line item, you can use the shaded fields across Fields 22A through 22H to enter supplemental information, such as National Drug Code (NDC) numbers, narrative description of unspecified codes, and anesthesia information.

DMAP also reorganized and renumbered the fields to fit the information on one page.

You may need to make changes to your billing software to accommodate these changes. The crosswalk and form sample on the next two pages should help you make any necessary changes.

#### **Learn more about the DMAP 505 on the OHP Web site**

This announcement provides an overview of the changes from the old form to the new form to assist you in the transition to using the DMAP 505 form for your Medicare-Medicaid crossover paper claims. More detailed information about the DMAP 505 is available on the OHP Web site:

- The OHP Provider Billing Tips Web page <[www.oregon.gov/DHS/healthplan/tools\\_prov\\_tips/main.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov_tips/main.shtml)> features the *DMAP 505 Billing Instructions*, as well as a *DMAP 505 Billing Tutorial* to provide you with line-by-line instructions for completing the DMAP 505 form.
- The Supplemental Information for your provider program will also have specific instructions for how to complete the DMAP 505. You can access all current OHP provider rules and supplemental information from the DMAP Provider Guidelines page <[www.dhs.state.or.us/policy/healthplan/guides/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/main.html)>.

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#### **Questions?**

☎ If you have questions about the information in this letter, contact DMAP Provider Services at 1-800-336-6016 or e-mail <[dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)>.



DMAP 07-077 5/07



# Medicare/Medicaid Billing Invoice for Medical Practitioner Claims

1. Patient's Name (Last, First, MI)			2. Patient's birthdate/sex MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>			3. Insured's ID # (include all letters and numbers)				
4. Patient's address (number, street)			5. Patient's Relation to Insured Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			6. Insured's Name (Last, First, MI)				
City		State	7. Was condition related to: a. Patient's employment Y <input type="checkbox"/> N <input type="checkbox"/> b. Accident Auto <input type="checkbox"/> Other <input type="checkbox"/>			8. Insured's address (number, street)				
Zip Code		Phone (Area Code)		City		State				
9. Other insured's name (Last, First, MI)			a. Other insured's Plan name			Zip Code		Phone (Area Code)		
Other insured's Plan address (number, street)			b. Other insured's policy number			10. Insured's group # (or group name)				
City		State	Zip Code	Phone (Area Code)		12. I authorize payment of medical benefits to undersigned physician or supplier for services described below.  <i>Signed (insured or authorized person)</i>				
11. Patient's or authorized person's signature – I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  <i>Signed</i> _____ <i>Date</i> _____										
13. Date of current: MM DD YY			14. If emergency, check here <input type="checkbox"/>			15. First date patient had same or similar illness MM DD YY				
16. Name of referring provider or other source			16a. _____ 16b. NPI			17. Dates patient unable to work in current occupation From MM DD YY To MM DD YY				
18. Outside lab? Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ Charges		19. Prior authorization number		20. Hospitalization dates related to current services From MM DD YY To MM DD YY				
21. Diagnosis or nature of illness or injury (relate items 1, 2, 3, or 4 to item 22D by line) 1. _____ 2. _____ 3. _____ 4. _____										
22. A. Date(s) of service From MM DD YY To MM DD YY		B. Place of service	C. Procedures, services or supplies (explain unusual circumstances) CPT/HCPCS   Modifier		D. Diagnosis code	E. Days or units	F. ESPDT Family Plan	G. Charges billed Medicare	H. Medicare's allowed charges	I. Rendering provider number
								DMAP:		
								NPI:		
								DMAP:		
								NPI:		
								DMAP:		
								NPI:		
								DMAP:		
								NPI:		
								DMAP:		
								NPI:		
23. Federal tax ID #			SSN EIN <input type="checkbox"/> <input type="checkbox"/>		24. Total charge		25. Total Medicare payment			
26. Patient's account #			27. Accept assignment? Y <input type="checkbox"/> N <input type="checkbox"/>		28. Ins (not Medicaid/Medicare)		29. Balance due			
30. Service facility location information					31. Billing provider information and phone number					
NPI #:		DMAP #:			NPI #:		DMAP #:			

## Crosswalk from Old to New 505 Fields

A sample of the new DMAP 505 form is pictured at left. You can also access this form electronically at <http://dhsforms.hr.state.or.us/Forms/Served/OE0505.pdf>.

The following table crosswalks the fields most frequently used for billing on the 505 form.

- For complete descriptions of these fields, refer to the Supplemental Information for your program, or to the *DMAP 505 Billing Instructions* on the OHP Web site.
- Shaded fields indicate the fields DMAP uses to process your claim. Unshaded fields are optional or required only in certain circumstances.

<b>OMAP 505</b>	<b>DMAP 505</b>	<b>Description</b>
1	1	Patient's name (as printed on OMAP Medical ID)
6	3	Insured's ID (as printed on the OMAP Medical ID)
8	10	Insured's group number: Client's Medicare ID number
9	9	Other insured's name: Enter TPR explanation code and TPR name(s) here
10	7	Employment/accident indicator
16A	14	Emergency indicator
19	16a	6-digit DMAP provider number of the referring provider
	16b	10-digit NPI of the referring provider
23A	21	Diagnosis or nature of illness or injury
23B	19	Prior authorization number
24A	22A	Date(s) of service
24B	22B	Place of service
24C	22C	Procedures, services, or supplies
24D	22D	Diagnosis pointer
24E	22E	Days or units
24G	22G	Charges billed Medicare
24H	22H	Medicare allowed charges
24I	22I	Rendering provider number (NPI and DMAP numbers, if not used in Field 31)
27	24	Total charge
28	25	Total Medicare payment
30	28	Other insurance (not Medicaid/Medicare)
31	29	Balance due
32	26	Patient's account number
34	31	Billing provider number (NPI and DMAP numbers)