



DMAP 1036

Billing Instructions



Division of Medical Assistance Programs
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Contents

Introduction	3
DMAP Adjustment Process	4
Starting the Adjustment Process	4
Information Needed	4
What Happens at DMAP	5
Adjustment Process Results	5
When DMAP Owes the Provider	5
When the Provider Owes DMAP	6
DMAP 1036 Form	7
DMAP 1036 - Required Boxes	8
Helpful Tips	11
DMAP 1036	Error! Bookmark not defined.
Appendix.....	13
Who to Call for Help	14
Provider Forms Request Card	15

Introduction

The *DMAP 1036 Billing Instructions* handbook is designed to help those who bill the Department's Division of Medical Assistance Programs (DMAP) for Medicaid services complete the adjustment form correctly the first time. This will give you step-by-step instructions so that you, the provider, can get your claims adjusted more quickly. This is to be used in conjunction with the General Rules, and your provider guidelines (administrative rules and supplemental information), which contain information on policy and covered services specific to your provider type.

The *DMAP 1036 Billing Instructions* are designed to help providers understand the adjustment process, when to use the DMAP 1036 form, and how to complete the form. The DMAP 1036 Individual Adjustment Request form also lists the requirements for completion prior to sending your request to DMAP for processing.

DMAP Adjustment Process

DMAP's claims adjustment system is designed to correct both overpayments and underpayments made by DMAP to Medicaid providers. The process is also used to report payments received from a patient's other resources after DMAP has paid a claim.

DMAP's adjustment process is an automated system designed to correct post-payment errors resulting from:

- Use of the wrong procedure code.
- Listing the wrong place or type of service.
- Errors entering data.
- Errors in the pricing file, provider file, or client file.

Errors in payment cannot be eliminated completely, but they can be corrected quickly. Only adjudicated claims can be adjusted, and all payment adjustments are based on a specific claim. Denied claims can be rebilled with corrected information using the appropriate claim form.

Starting the Adjustment Process

When you realize that DMAP has paid a claim incorrectly, submit a completed Individual Adjustment Request (DMAP 1036) form. Do not submit a new claim.

Submit one (1) DMAP 1036 form per claim. If a claim requires multiple corrections, list them on a single DMAP 1036 form, with attachments as needed.

Information Needed

When the original claim was paid, DMAP sent a Remittance Advice (RA) statement to you to document payment of the claim. This RA for the original claim provides most of the information needed to file an Individual Adjustment Request.

If you need to correct information, then you will need to list the wrong information on the Individual Adjustment Request. The original claim can tell what wrong information resulted in the incorrect payment. The original claim is also useful to determine the line number of the claim that you needs to correct.

Adjustment requests must show specifically what DMAP needs to change, with both incorrect and correct information. You must also provide all other information requested on the DMAP 1036 form.

What Happens at DMAP

When DMAP receives the completed DMAP 1036 form, staff review the form to ensure that all information entered on the form is complete and accurate. An Internal Control Number (ICN) is assigned to the request, for identification and tracking purposes. The ICN is a 13-digit number starting with “50”.

DMAP enters the ICN for the adjustment into the computer system, which then checks and cross-references the original claim against the adjustment. DMAP’s computer system can then track the adjustment by ICN. This allows DMAP staff to process the adjustment and then approve, deny, or correct the claim in the same manner as the original claim.

Adjustment Process Results

Once the adjustment request passes all reviews, DMAP then takes steps to reconcile the underpayment or overpayment.

When DMAP Owes the Provider

If the original claim was underpaid, DMAP’s next regular payment to the provider will include the adjustment.

The Remittance Advice (RA) statement will include information for both the original claim and the adjustment.

- The original claim will show a minus sign before the amount paid, with Explanation of Benefit (EOB) message 83 (“We have deducted the original payment as a result of your adjustment request”).
- This action deducts the original (incorrect, underpaid) payment before making a revised (correct, full) payment.
- The adjustment will show the correct amount paid, with EOB message 87 (“This payment is a result of your adjustment request”).

When the Provider Owes DMAP

If DMAP overpaid the original claim, DMAP's next regular payment to the provider will deduct the amount of the overpayment from the total amount due to the provider (not from individual claims listed on the RA).

The RA will list this deduction as an overpayment, using an ICN starting with "50". Overpayments carry EOB message 84 ("We have adjusted the claim to reconcile an overpayment made to you").

If the amount of the current payment is not enough to cover the adjustment for the overpayment, the RA will carry EOB message 78 ("Adjustment resulted in reduced payment, accounts receivable set up for remainder"). This means that DMAP has set up an Accounts Receivable Claim against future payments to the provider.

The Provider Earnings section on the last page of the RA shows the amount deducted from the payment ("Recoupment Amount Withheld").

DMAP 1036 Form

You can order this form from DMAP using the Provider Forms Request Card (see Appendix). You can also download a PDF version of this form on DMAP's Forms page <www.oregon.gov/DHS/healthplan/tools_prov/main.shtml#forms>.

State of Oregon	Department of Human Services	Division of Medical Assistance Programs		
Individual Adjustment Request ✓ Complete this form to request an adjustment. ✓ Please keep a copy and do not use red ink.		DMAP Use Only		
1 Type of Adjustment: <input type="checkbox"/> Underpayment – Request additional payment <input type="checkbox"/> Overpayment – Please deduct from subsequent payment				
2 Attach the following: ✓ Claim (corrected copy) ✓ Remittance Advice (copy) ✓ Financial planner (NH only)	3 Return nursing home adjustment requests to: DMAP – NH PO Box 14954 Salem, OR 97309			
Return all other adjustment requests to: DMAP PO Box 14952 Salem, OR 97309				
Enter the following data from your Remittance Advice (RA):				
4 Internal Control Number		5 RA Date		
6 Recipient Name	7 Recipient ID Number			
8 Provider Name	9 Provider Number			
10 NPI				
11 Description of original error	12 Line No.	13 Service Date	14 Wrong Information	15 Right Information
<input type="checkbox"/> Place of Service				
<input type="checkbox"/> Procedure Code/NDC/Rev Code				
<input type="checkbox"/> Modifier				
<input type="checkbox"/> Quantity/Unit				
<input type="checkbox"/> Diagnosis				
<input type="checkbox"/> Prescribing/Performing Provider				
<input type="checkbox"/> Billed Amount/Total Billed				
<input type="checkbox"/> Medicare Payment				
<input type="checkbox"/> Other Insurance/Patient Liability				
<input type="checkbox"/> Co-Insurance				
<input type="checkbox"/> Other				
16 Remarks				
17 Provider's Signature		Phone #	Date	
DMAP 1036 – Page 1 (Rev 04/07)				

DMAP 1036 - Required Boxes

Shaded boxes are mandatory. Non-shaded boxes are mandatory if applicable.

Most information will be listed on the Remittance Advice (RA) of the claim you are submitting the Individual Adjustment Request for. You may also need to refer to the original claim.

The provider should submit one (1) DMAP 1036 form per claim (ICN). If a claim requires multiple corrections, these should be listed on a single DMAP 1036 form, with attachments as needed.

Box	Field	Description
1	Underpayment Overpayment	Check the appropriate box. <ul style="list-style-type: none">• Underpayment: DMAP paid too little• Overpayment: DMAP paid too much
2	To facilitate processing, please attach the following:	If additional documentation is needed to help decide how your claim will be paid, this is a reminder to attach that documentation to the completed DMAP 1036.
3	Return to:	Mail the completed form to this address.
4	Internal Control Number	Enter the thirteen (13)-digit Internal Control Number (ICN) as listed on the Remittance Advice (RA) of the original claim.
5	Remittance Advice Date	Enter the date of the Remittance Advice (RA). The date is located at the top of the Remittance Advice.
6	Recipient Name	Enter the recipient name as listed on the RA.
7	Recipient ID Number	Enter the recipient identification number as listed on the RA.
8	Provider Name	Enter the provider name as listed on the RA.
9	Provider Number	Enter the six (6)-digit DMAP provider number as listed on the RA.
10	NPI	Enter the ten (10)-digit National Provider Identifier number, if available.

Box	Field	Description
11	Description	<p>Indicate the parts of the claim that need to be corrected. Only check the box(es) that you want to change.</p> <ul style="list-style-type: none"> • Place of Service: If the place of service was reported incorrectly, check this box. • Procedure Code/NDC/Rev Code: If a code was reported incorrectly, check this box. • Modifier: If the modifier was reported incorrectly, check this box. • Quantity/Unit: If the number of services billed was reported incorrectly, check this box. • Diagnosis: If a diagnosis code was reported incorrectly, check this box. • Prescribing/Performing Provider: If the prescribing or performing provider number was reported incorrectly, check this box. • Bill Amount/Total Billed: If the billed amount was reported incorrectly, check this box. • Medicare Payment: If the Medicare payment amount was reported incorrectly, check this box. • Other Insurance/Patient Liability: If a dollar amount was reported incorrectly, check this box. • Co-Insurance: If a co-insurance dollar amount was reported incorrectly, check this box. • Other: If none of the other boxes address your problem, check this box.
12	Line No	List the line number for the service you are requesting wrong or right information for, as listed on the original claim.
13	Service Date	Enter the claim's date of service, as listed on the RA.
14	Wrong Information	Enter the incorrect information that was submitted on the original claim.

Box	Field	Description
15	Right Information	Enter the corrected information that should have been submitted on the original claim.
16	Remarks	Enter additional information or explanation of the request, as needed.
17	Provider Signature / Phone# / Date	The signature and phone number of the provider (or authorized representative) must be in this space. Enter the date this form was completed.

Helpful Tips

These tips are available on DMAP's Web site <www.oregon.gov/DHS/healthplan/index.shtml>. Click on "Tools for Providers," then "Billing Tips."

SAVE TIME by not filling out fields that are not needed. The supplemental information handbook for your provider type may provide a sample Individual Adjustment Request.

- Provider guidelines are available at DMAP's Web site. Click on "Tools for Providers," then "Provider Guidelines."
- You may also contact DMAP at 1-800-527-5772 and ask to have provider guidelines mailed to you.

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.

MARK the appropriate Underpayment/Overpayment information in Box 1.

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.

ENTER the name of the patient in Field 6 as it appears on the Remittance Advice.

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.

CHANGE the billed amount, if you are adjusting the number of units/services. DMAP will not calculate billed amounts for you.

NOTE combined services in Box 16 ("Remarks"). When combining more than one service, this needs to be indicated on the request.

CHECK the form for legibility so that it can be clearly read. AVOID poorly handwritten forms.

READ the explanation of benefit (EOB) codes on your Remittance Advice. They will tell you if further action or information is required of you.

ATTACH a copy of the Remittance Advice (RA) for the claim you are requesting adjustment on. To further expedite your adjustment request, attach a corrected claim form to help explain the corrections that need to be made to the original claim.

CONTACT Provider Services at 1-800-336-6016 for assistance in completing your DMAP 1036 or if you have questions regarding a medical claim.

- Always contact Provider Services if you are not sure if you need to rebill a service or submit an Individual Adjustment Request, or if there are no message codes on your RA.

Appendix

Who to Call for Help

Automated Information System Plus (AIS Plus) To verify eligibility, benefit packages, managed care, primary care manager, limited service information. <ul style="list-style-type: none">• Available Monday through Saturday - 3 am to midnight, Sunday - 6 am to 7 pm.	1-800-522-2508
AIS Technical Help Desk When you need help with AIS Plus. <ul style="list-style-type: none">• Available 24 hours a day, 7 days a week.	1-800-884-3250
DMAP Benefit RN Hotline For coverage of diagnosis/treatment pairs. <ul style="list-style-type: none">• Available Monday through Friday - 8 am to 5 pm.	1-800-393-9855
DMAP Claims Management Group For out-of-state claims. <ul style="list-style-type: none">• Available Monday through Friday - 8 am to 5 pm.	1-800-527-5772
DMAP Provider Enrollment Group To enroll/disenroll as a DMAP provider, change of address or other changes to your enrollment. <ul style="list-style-type: none">• Available Monday through Friday - 8 am to 5 pm.	1-800-422-5047
DMAP Provider Services Unit For questions about completing a claim form correctly the first time, billing, electronic claims submission, ordering provider guidelines, supplemental information, or fee schedule. <ul style="list-style-type: none">• Available Monday through Friday - 8 am to 5 pm.	1-800-336-6016

Provider Forms Request Card



Division of Medical Assistance Programs

DMAP Forms Request

Instructions:

1. Fill in the Provider information at right (type or print clearly).
2. Order only those forms listed in the chart below. CMS 1500 Billing Forms are NOT available through DAS or DMAP.
3. Fill in the number of packages column.
4. Fold page in thirds, seal with adhesive strip, affix postage. Mail to:
DHS/ODM Distribution Center
550 Airport Rd SE
Salem OR 97310

Provider Name		
Street Address (NOT PO Box)		
City	State	ZIP
Area Code & Phone		

Forms available in packages of 50

CMS 1500 billing forms are available through business forms suppliers.

Form #	Title	Qty	Packages
DMAP 2420	DMAP Forms Request cards (5 max)		
DMAP 405T	Med. Transportation Order		
DMAP 406	Med. Transport. Eligibility Screening & Med. Transportation Order		
DMAP 505	Medicare/Medicaid Billing Inv. (cont.)		
DMAP 741	Hysterectomy Consent English Spanish		
DMAP 742	Consent to Sterilization English Spanish		
DMAP 1036	Individual Adjustment Request		

The above forms and other DMAP forms are available on DMAP's Web site at www.oregon.gov/DHS/healthplan

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