



DIVISION OF MEDICAL ASSISTANCE PROGRAMS

Kate Brown, Governor



500 Summer St NE E44

Salem, OR, 97301

Voice: 1-800-336-6016

FAX: 503-945-6873

TTY: 711

www.oregon.gov/OHA/healthplan

Date: September 4, 2015

To: Oregon Health Plan hospitals

From: Don Ross, Manager
Medicaid Policy and Planning Section, DMAP

Subject: Fee-for-service claim processing changes effective October 1, 2015

Starting October 1, 2015, the Division of Medical Assistance Programs (DMAP) will process fee-for-service (FFS) hospital claims as follows:

- Attending Physician ID (FL 76) will be required on all claims. The ID must be a valid National Provider Identifier (NPI) registered with the National Plan and Provider Enumeration System (NPPES).
- Payment will be based on date of discharge (not admission date).
- DMAP will process inpatient claims using Version 33 of the MS-DRG grouper.

Starting October 1, Oregon-unique DRGs will also have new codes (see below). The weights remain the same.

Current Oregon-unique code	New code starting 10/1/2015	Description
268	317	Rehab with diagnosis of Central Nervous System Disorder
269	318	Rehab with diagnosis of quadriplegia
270	319	Other rehabilitation visit
272	320	Neonates < 1,000 grams
273	321	Neonates 1,000-1,400 grams
274	322	Neonates 1,500-1,999 grams
275	323	Neonates < 2,000 grams with RDS
276	324	Neonates > 2,000 grams, premature with major problems
277	325	Neonates with low birth weight diagnosis, age > 28 days at admit

Why is this happening?

These changes align with Medicare claim processing and ICD-10 requirements.

What should you do?

Please include the Attending Physician's NPI on all claims, and only use ICD-10 codes for dates of discharge on and after October 1, 2015.

To verify Attending Physician NPIs, please use the NPI Registry at <https://npiregistry.cms.hhs.gov/>.

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016. We are available Monday through Friday, anytime between 8 a.m. to 5 p.m. (including lunch hours).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.