



Date: April 18, 2014

To: County and Community Mental Health Programs
Residential and outpatient providers licensed or certified by
the Addictions and Mental Health Division (AMH)

From: Trevor Douglass, Manager
Medicaid Policy and Planning Unit, DMAP

Subject: Fee-for-service reprocessing of HK claims planned for April 25, 2014

On April 25, 2014, the Division of Medical Assistance Programs (DMAP) plans to reprocess claims billed using the HK modifier that were paid on or after July 1, 2013.

This activity will not change any payments already made to you. We are writing to let you know why this activity is happening and how this will read on your paper remittance advice (RA) from DMAP.

Why is this happening?

Effective July 1, 2013, DMAP, not AMH, pays for HK claims. To show the correct funding in our records, we now need to reprocess HK claims paid after July 1, 2013.

What should you do?

Please monitor authorizations and provider payment accounts for errors or omissions.

What you will see on the paper remittance advice

The Claim Adjustments section will list the affected claims by original Internal Claim Number (ICN).

- Each ICN will have an adjustment ICN (beginning with “52”) to indicate reprocessing activity.
- The “Detail EOBs” will list Explanation of Benefits (EOB) code *EOB 0082 - Disregard this adjustment which was processed to correct our records only, no action is required on your part.*

What you will see on the electronic remittance advice (ERA) or Provider Web Portal

In both the ERA and Provider Web Portal, the reason for the reprocessing will be *Adjustment Reason Code 223 - Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created.*

Questions?

If you have any questions about this announcement, please contact us at amh.retrieve@state.or.us.

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