



January 3, 2014

**To:** Dental providers  
**From:** Don Ross, Manager  
Medicaid Policy and Planning Section, DMAP

**Subject:** Fee-for-service reprocessing of some dental claims scheduled for January 10, 2014

The weekend of January 10, 2014, the Division of Medical Assistance Programs (DMAP) plans to reprocess a small number of claims billed from **April 1, 2013**, to **December 12, 2013**, for dental services to Medicaid clients.

We are writing to you 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?

The April 1, 2013 Prioritized List of Health Services was updated to indicate that D2391 (Resin - One Surface, Posterior) is covered for all teeth, but we did not update our payment system to reflect this change.

As a result, our system denied claims billed for D2391 when performed on teeth 1, 2, 15, 16, 17, 18, 31 or 32 as a non-covered service.

On December 13, we updated our system to correct this error. We now need to reprocess these claims so that we can pay you for this covered service.

### What should you do?

No action is required on your part.

### 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 8136 – DHS initiated adjustments due to processing error.*

### 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 0084 – Prior processing information appears incorrect.*

## Questions?

Please contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).

Thank you for your continued support of the Oregon Health Plan and the services you provide to Oregon's most vulnerable people.

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