

TEMPORARY ADMINISTRATIVE RULES

A Statement of Need and Justification accompanies this form.

FILED

8-26-15 5:05 PM

ARCHIVES DIVISION
SECRETARY OF STATEI certify that the attached copies are true, full and correct copies of the TEMPORARY Rule(s) adopted on Upon filing, by the

Oregon Health Authority, Division of Medical Assistance Programs

410

Agency and Division

Administrative Rules Chapter Number

Sandy Cafourek

(503) 945-6430

Rules Coordinator

Telephone

500 Summer St. NE, Salem, OR 97301

Address

To become effective 10/01/2015 through 03/28/2016.**RULE CAPTION**

Update Reference to Current ADA Dental Claim Form

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:**AMEND:**

410-123-1240

SUSPEND:**Statutory Authority:**

ORS 413.042 & 414.065

Other Authority:**Statutes Implemented:**

ORS 414.065

RULE SUMMARY

The Authority is amending OAR 410-123-1240 to require providers billing dental services on paper to use the 2012 version of the American Dental Association's claim form. The 2012 version is the most current version.

Sandy Cafourek

dmap.rules@state.or.us

Rules Coordinator Name

Email Address

DMAP 47-2015(T)

Secretary of State
STATEMENT OF NEED AND JUSTIFICATION
A Certificate and Order for Filing Temporary Administrative Rules
accompanies this form.

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Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The amendment of OAR 410-123-1240

Statutory Authority:

ORS 413.042 & 414.065

Other Authority:

Statutes Implemented:

ORS 414.065

Need for the Temporary Rule(s):

The amendment of OAR 410-123-1240 is needed to require providers billing dental services on paper to use the 2012 version of the American Dental Association's claim form. The 2012 version is the most current version.

Documents Relied Upon, and where they are available:

American Dental Association © 2012, available from the American Dental Association

Justification of Temporary Rule(s):

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and clients enrolled in Oregon's Medicaid program. Amendment is necessary to identify the current version of the dental claim form that is appropriate for billing. The form is already in common use, and this amendment allows this to continue.

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Printed Name

Email Address

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Programs

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In the Matter of

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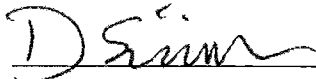
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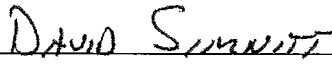
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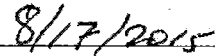
Justification of Temporary Rules



Authorized Signer



Printed Name



Date

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

410-123-1240

The Dental Claim Invoice

- (1) Providers: Refer to the Dental Services Provider Guide for information regarding claims submissions and billing information.
- (2) Providers billing dental services on paper must use the 2012 version of the American Dental Association (ADA) claim form.
- (3) Submission of electronic claims directly or through an agent must comply with the Electronic Data Interchange (EDI) rules. OAR 943-120-0100 et seq.
- (4) Specific information regarding Health Insurance Portability and Accountability Act (HIPAA) requirements can be found on the Division Web site.
- (5) Providers will not include any client co-payments on the claim when billing for dental services.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

