

Policy Title:	Procedures for Authorization of Medical Expenses – Policy		
Policy Number:	I-C.4.2.1		Effective Date: 01-07-2003

Approved By: *on file*

Date Approved:

Policy

Procedures

Forms, etc.

References

Contact

Reference(s):

- Child Welfare Policy I-C.4.2, "Special Medical Services Provided by DHS"
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-c42.pdf

Form(s) that apply:

- CF 501A, "Medical Service Authorization and Invoice"
- OMAP 729, "Administrative Medical Examination/Report Authorization"
- <http://dhsforms.hr.state.or.us/Forms/Served/OE0729.pdf>
- OMAP 729A, "Comprehensive Psychiatric or Psychological Evaluation"
- <http://dhsforms.hr.state.or.us/Forms/Served/OE0729A.pdf>
- OMAP 729B, "Intermediate Psychiatric or Psychological Evaluation"
- <http://dhsforms.hr.state.or.us/Forms/Served/OE0729B.pdf>

Policy:

Purpose

The purpose of these procedures is to explain the method and procedures for authorization of medical expenses under the Administrative Exams and Other Medical budgets to licensed medical providers, therapists, psychologists, clinical social workers, and/or contracted consultants.

Procedure

(1) Procedure for Ordering Administrative Exams and Copies of Medical Records:

(a) An OMAP 729 form, along with OMAP 729A or 729B forms as appropriate, must be completed by the requesting local Department office and sent directly to the medical provider before the service will be provided;

(b) A copy of the court order awarding Department custody or an "Authorization for Release of Information" form, DHS 2100, must be attached to requests for medical reports;

(c) Medical providers will only accept requests for Administrative Exams and copies of medical records via the OMAP 729 form. The provider will bill OMAP directly on a HCFA-1500 health insurance claim form or a UB-92 hospital billing form rather than the local Department office, and will send their examination/evaluation report or copies of medical records to the requesting local Department office;

(d) The OMAP 729 form must use the appropriate procedure code description and fee. (See the current OMAP Worker Guide)

(2) "Other Medical" Expenditures. An "Other Medical" expenditure includes any CF 501A payment to a licensed medical provider for a service provided to a child, parent, or other person in the household who is not eligible or potentially eligible for Title XIX or the Oregon Health Plan. (Refer to CAF Policy I-C.4.2.) Always check the XREF and ELGR screens to verify Medicaid coverage through another agency before completing CF 501a.

(a) The "Other Medical" budget may be used according to priorities identified in OAR 413-050-0430 (CAF Policy I-C.4.2);

(b) Procedure codes listed in the OMAP Worker Guide may also be used for payment from "Other Medical" funds. However, the following "Other Medical" procedures can only be processed through the CF 501A, "Medical Service Authorization and Invoice" form, for payment by DHS Central Office:

(A) Individual therapy;

(B) Group therapy;

(C) Consultation;

(D) Parent/child/sibling interaction;

(E) Drug and alcohol assessment.

(c) The branch will determine which procedure code(s) shall be used.

(3) Procedure for Ordering "Other Medical" Examinations:

(a) Expenditures from Child Welfare "Other Medical" budget will continue to be processed using the CF 501A, "Medical Service Authorization and Invoice" form, and paid by DHS Accounting Services.

(b) The medical provider must be enrolled with OMAP as per CAF Policy I-C.4.2. To avoid problems or delay in payments, check the PRV1 provider screen for an active provider number before scheduling a medical service with a provider. Look for the following:

(A) The provider has a number assigned to them on the PRV1 screen. The number should be six digits (Ex: 970314). If the provider does not have an

OMAP assigned number, advise them to request an application from OMAP's Provider Enrollment Unit (phone: 945-6591 or 1-800-422-5047);

(B) The status segment in the lower left hand corner of the PRV1 screen shows an AA code designating active status. Also, on the right side of the screen, the "non-provider" block must be "A". If this is "P" then request the medical provider to contact the OMAP Provider Enrollment Unit. If it does not indicate AA (active status), ask the provider to contact the OMAP Provider Enrollment Unit in order to enroll or re-enroll as an OMAP provider.

(c) Child Welfare will use procedure codes and fee schedules established by OMAP. However, any third party resource (private insurance, Champus, etc.) is to be billed prior to submitting the invoice to the DHS Central Office, Financial Services, for pre audit;

(4) "Other Medical" Procedure Codes:

(a) Therapy. If therapy is to be provided by a physician (psychiatrist), licensed clinical social worker, or psychologist, authorize one of the following:

(A) Individual Therapy

BA 111	--	\$21.86 Per unit (unit = 15 minutes);
	--	\$43.72 Up to 30 minutes (2 units);
	--	\$65.58 Up to 45 minutes (3 units);
	--	\$87.44 Up to 60 minutes or more (4 units).

(B) Group Therapy

BA 115	--	\$ 7.29 Per Unit (unit - 15 minutes);
	--	\$29.16 1 hour (4 units);

(b) Consultation. Field staff's consultation with licensed experts in human behavior offers an alternative to costly individual evaluations for families or children who are experiencing severe behavioral or emotional problems. Frequently, the case record contains information accumulated over time which a consultant, trained to evaluate and interpret such data, can assess to assist the agency in developing or managing a timely and well-focused case plan. If consultation is to be provided by an OMAP enrolled provider, use the following procedure code and hourly rate. Consultations requiring either more than one hour or less than one hour should be calculated by multiplying the rate times the total amount of hours rounded to the nearest quarter hour.

99244	--	\$117.81 Per hour for an office consultation
-------	----	--

(c) Parent/Child Interaction. An assessment based on direct observation by a mental health professional of the ability of a parent(s) to interact with their child(ren) as well as the ability of the child(ren) to relate to their parent(s).

PC001	--	\$ 53.50 One parent/one child;
PC002	--	\$ 78.00 One parent/two children;
PC003	--	\$107.00 One parent/three children;
PC004	--	\$ 78.00 Two parents/one child.

PC006 – \$ 24.50 Each additional child.

For families with more than three children, use code PC006 for each additional child. Examples: one parent with six children, use code PC003 (\$107) plus code PC006 three times (\$73.50) for a total payment of \$180.50. For two parents with three children, use code PC004 (\$78) plus code PC006 two times (\$49) for a total payment of \$127.

(d) Sibling Interaction. An assessment based on direct observation by a mental health professional of the ability of two or more siblings to interact with each other.

PC005 -- \$ 53.50 Two children;

(e) Drug and Alcohol Assessment. Drug and alcohol assessments by licensed providers may be authorized for payment when community resources are not available to the client. If a drug and alcohol assessment is to be provided by an OMAP enrolled provider, authorize the following:

BA 310 -- \$162.16 Drug and Alcohol Assessment.

(5) Miscellaneous Programs:

(a) Procedures for urinalysis (UA) collection and screening for children and adults eligible for the Oregon Health Plan. The local office medical worker shall send a request (use OMAP 729 form) to the medical provider authorizing urinalysis collection and screening. The provider will bill OMAP directly for the services.

(b) Procedures for urinalysis (UA) collection and screening for children or adults not eligible for the Oregon Health Plan.

(A) The local Department office shall send a request (use CF 501a form) to the medical provider authorizing urinalysis collection and screening. The provider will bill the branch for the services. The branch will forward the CF 501a to the Central Office Disbursements for payment.

(c) If accessing UA services through Legacy MetroLab, use the Legacy MetroLab Collection Site Registration Form (CSRF).

(A) Indicate on the form whether the client is Medicaid eligible (use XREF and ELGR screens to verify eligibility before completing the form).

(B) The collection site will bill Legacy for the collection and Legacy will bill OMAP for all services provided. The local Department Office will not receive a bill, only the results of the UA screening.

(d) "CARES" Exams. Emanuel Hospital has a program offering sex abuse and physical abuse exams of children for protective service purposes. The program is referred to as the CARES unit. Other areas of the state have similar programs (not necessarily in hospital settings) and are part of a statewide system of child abuse assessment and advocacy centers providing sex abuse and physical abuse exams.

(A) Payment Process. Local Department office staff should verify medical eligibility before requesting exams from assessment and advocacy centers.

(i) If the child is Oregon Health Plan (OHP) eligible and is enrolled in a managed care plan ("HMO"), the managed care plan is responsible for payment and should be billed directly by the assessment and advocacy center;

(ii) If the child is Oregon Health Plan (OHP) eligible but is not enrolled in a managed care plan ("HMO"), payment for services will be made on a fee-for-service basis. The Office of Medical Assistance Programs (OMAP) is responsible for payment and should be billed directly by the assessment and advocacy center;

(iii) If the child is not currently enrolled in the Oregon Health Plan, contact OMAP's Client Maintenance Unit at 503-378-4369 or email a completed AFS-148 form to CMU. Applications must be submitted by the child's parent and/or legal guardian or from the local Department office when the parent refuses and the Department has custody of the child, regardless if the child is in substitute care;

(iv) Children who are not eligible for the Oregon Health Plan. There may be some instances when the child is not eligible for crime victim assistance funds. If the branch needs the exam for case planning purposes they should send an OMAP 729 form (may be sent after the exam was completed) to the assessment and-advocacy center to authorize payment from Administrative Medical funds, which is paid through OMAP.

(B) Mental Health Services Out-of-State. Children placed out-of-state and receiving an OMAP Medical Care Identification from Oregon are eligible to receive mental health services in their state of residence only when prior authorization has been granted by Mental Health Services. Services must not be provided prior to receiving authorization as Mental Health Services does not enroll or authorize services retroactively and the local Department office will be responsible for payment. Upon approval of the request, the following will occur:

(i) The Mental Health Services will send the necessary forms to the out-of-state mental health provider to enroll as an Oregon provider;

(ii) The provider will be notified of his/her provider number and the billing procedures and receive authorization to begin services.

(6) Procedures for Payment to Non-OMAP Enrolled Medical Providers or Consultants. All payments from the "Other Medical" budget for services to Non-OMAP enrolled medical providers or consultants must be prior-authorized by the SDA manager or designee. A brief written proposal, a CF 11, "Contract Request Form," shall be submitted to the SDA manager or designee before any contract or agreement for payment of services is entered into with the provider.

(a) Upon approval of the service, the CF 11 will be forwarded to the Department contracts officer;

(b) The "Criteria for Personal and Professional Services Contracting" DHS Policy will be followed. Contracts for services shall only be written prospectively. Services must not be provided prior to the effective date of the contract, as contracts will not be written retroactively for authorization and payment of services already provided;

(c) Payment to Non-OMAP enrolled medical providers or contracted consultants will be made using form CF 294. The "Other Medical" cost code must be entered on the CF 294 for payment to come from the "Other Medical" budget. An OMAP provider number is not required when payment is made using the CF294.

Contact(s):

- **Name:** CAF Reception; **Phone:** 503-945-5600