



Oregon

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To: OMAP Service Providers

From: Joan Kapowich, Manager
OMAP Program and Policy

Re: Administrative Examination Rules, RB Revision 1

Effective: October 1, 2003

OMAP General Rules have been amended as follows:

410-150-0000: housekeeping changes.

410-150-0080, 410-150-0200: billing instructions have changed.

410-150-0120: introduce codes table change to 96111.

410-150-0300: Copy Services code table has been rewritten.

410-150-0100, 410-150-0140, 410-150-0180, 410-150-0220, 410-150-0260 and 410-150-0280 have been repealed and information on how to complete forms has been placed in a new Administrative Examination Supplemental Information document.

If you have billing questions, contact a Provider Services Representative toll-free at 1-800-336-6016 or direct at 503-378-3697. Please replace these rules in your hard copy of the rulebook. A complete set of the rules and the new supplemental information for each program is available by calling 1-800-527-5772 or by downloading them from OMAP's web site,

<http://www.dhs.state.or.us/policy/healthplan/guides/>

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"Assisting People to Become Independent, Healthy and Safe"
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**DEPARTMENT OF HUMAN SERVICES, DEPARTMENTAL
ADMINISTRATION AND MEDICAL ASSISTANCE PROGRAMS**

DIVISION 150

ADMINISTRATIVE EXAMINATION AND BILLING SERVICES

410-150-0000 Purpose

410-150-0020 Definitions

410-150-0040 Request Requirements

410-150-0060 Additional Testing

**410-150-0080 Billing Instructions for Administrative
Examinations:**

**410-150-0120 Procedure Code Table - Medical and Ancillary
Services Providers**

**TABLE 150-0120 PROCEDURE CODE TABLE—MEDICAL & ANCILLARY SERVICES
PROVIDERS**

410-150-0160 Procedure Code Table - Hospital Providers

TABLE 150-0160 PROCEDURE CODE TABLE - HOSPITAL PROVIDERS

410-150-0200 Billing Instructions - Licensed Polygrapher

410-150-0240 Procedure Code Table -- Licensed Polygrapher

TABLE 0240 LICENSED POLYGRAPHER

410-150-0300 Procedure Code Table -- Copy Services

TABLE 0300 PROCEDURE CODE TABLE – COPY SERVICES

410-150-0000 Purpose

The Administrative Examination and Report rules are provided to use in conjunction with the General Rules of the Office of Medical Assistance Programs (OMAP) to assist providers in completing examinations requested and in preparing claims for administrative evaluations and reports. These rules do not apply to managed care plans.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

October 1, 2003

410-150-0020 Definitions

(1) Administrative Medical Examination -- An evaluation required by the Department of Human Services (DHS) to assist in determining eligibility and for casework planning for various assistance programs. An evaluation must be written and must contain a diagnosis, prognosis, and supporting objective findings. Functional impairments and expected duration of impairment must be included.

(2) Administrative Medical Reports -- Copies of existing records from a specified date. Progress notes, laboratory tests, x-ray reports, special test results and copies of other pertinent records must be included.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00

410-150-0040 Request Requirements

(1) A copy of a completed OMAP 729 Administrative Medical Examination/Report Authorization is the authorization needed to perform an administrative examination, complete a form, or send copies of records.

(a) Only an employee of the Department of Human Services or Oregon Youth Authority (OYA), or OMAP may complete an OMAP 729.

(b) Keep a copy of the OMAP 729 for seven years.

(2) There are a series of OMAP 729s that may or may not be requested to be completed. Always follow the instructions on the OMAP 729.

(3) Examinations are only to be completed by the provider type listed on the various Procedure Code Tables in these rules.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 22-2003, f. 3-26-03, cert. ef. 4-1-03

410-150-0060 Additional Testing

If testing is needed for medical diagnosis, instruct the ancillary service provider to bill using diagnosis code V68.89 and the appropriate CPT or HCPCS procedure codes. For psychiatric/psychological testing, contact the branch office.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00

410-150-0080 Billing Instructions for Administrative Examinations:

- (1) Medical and ancillary services providers must bill on a CMS – 1500.
- (2) Hospital services must be billed on a UB-92.
- (3) Copies of records by a copy service provider must be billed on a CMS -1500.
- (4) Do not attach the OMAP 729 or any documents to the CMS - 1500. Send the examination or copies of the reports to the branch office shown on the OMAP 729.
- (5) For Administrative Examination billing, the following are required on the appropriate billing form:
 - (a) The procedure code specified on the OMAP 729;
 - (b) The description as it appears on the OMAP 729;
 - (c) The correct type of service (TOS) per Procedure Code Tables;
and
 - (d) The diagnosis V68.89.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

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410-150-0120 Procedure Code Table - Medical and Ancillary Services Providers

Table - 150-0120 identifies the codes available for Administrative Examinations and Reports.

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October 1, 2003

Table 150-0120 Procedure Code Table—Medical & Ancillary Services Providers

Table 150-0120

Procedure Code Table—Medical & Ancillary Services Providers

Procedure Code	Procedure Name	Provider	TOS	POS
97750	Physical performance test or measurement (e.g. musculo-skeletal, functional capacity), with written report, each 15 minutes. Limited to 1 hour.	Physical Therapist American Indian/ Alaska Native	S	3
		Occupational Therapist American Indian/ Alaska Native	S	3
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision. Complete Report on Eye Examination (OMAP 729C). See current CPT for details.	MD, DO American Indian/ Alaska Native	1	3
		Optometrist	F	3

96100	Psychological testing with interpretation and report, per hour. See current CPT for details. Limited to 6 hours per day	MD, DO American Indian/ Alaska Native Psychologist Mental Health Clinic	R	3
90801	<p>Psychiatric diagnostic interview, examination. See Current CPT for details. See CPT assist Volume II, Issue 3, March 2001 for details. Narrative report per recommended outline in Comprehensive Psychiatric or Psychological Evaluation (OMAP 729A)</p> <p>OR</p> <p>Use for psychosexual evaluation including assessment of history and degree of offending behavior, cognitive distortions, empathy, hostility, compulsivity and impulsivity. <i>Only for Child Welfare, OYA, and DD Services clients.</i></p>	MD, DO American Indian/ Alaska Native Psychologist Mental Health Clinic	R	3

S9981	Medical records copying fee, administrative. Include progress notes, laboratory reports, X-ray reports, special study reports beginning with the date requested. Include recent hospital admission records, if available	MD, DO American Indian/ Alaska Native	1	3
99455 OR 99456	Work related or medical disability examination by the treating physician. See current CPT for details. <i>May be paid in addition to 99080</i> Work related or medical disability examination by other than the treating physician. See current CPT for details. <i>May be paid in addition to 99080.</i>	Psychologist Mental Health Clinic Optometrist MD, DO American Indian/ Alaska Native	S S F 1	3 3 3 3

99080	Special reports. See current CPT for details. Use for Physical Residual Function Capacity Report (OMAP 729E). Use for Mental Residual Function Capacity Report (OMAP 729F). Use for Rating of Impairment Severity Report (OMAP 729G). Used during examinations or based on existing records.	MD, DO American Indian/ Alaska Native Psychologist	R	3
96117	Neuropsychological testing battery with interpretation and report, per hour. See current CPT for details. To be used in combination with 90801 if required. Limited to 3 hours.	MD, DO American Indian/ Alaska Native	R	3
		Psychologist Mental Health Clinic	S	3
90889	Preparation of report of patient's psychiatric status, history, treatment or progress. See current CPT for details. Use in conjunction with 90801 only.	Psychologist MD, DO American Indian/ Alaska Native Mental Health Clinic	R	3

96111	Developmental testing, extended with interpretation and report, per hour. See current CPT for details. <i>Only for DD Services clients.</i> Not paid in addition to 90889, 96117. May be combined with 96100 only if needed to determine mental retardation, and combined testing request approved by worker's supervisor or program policies. Limited to 5 hours.	Psychologist	S	3
54240	Penile Plethysmography. <i>Only for Child Welfare, OYA, and DD Services clients.</i>	MD, DO	R	3
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure. <i>Only for Child Welfare and OYA clients.</i>	Lab	R	3
OR				
80101	Drug screen, qualitative; single drug class method, each drug class. <i>Only for Child Welfare and OYA clients.</i> See current CPT for details.	Independent lab	R	A
80102	Drug confirmation, each procedure. <i>Only for Child Welfare and OYA clients.</i>	Lab	R	3
		Independent lab	R	A
H0048	Alcohol and/or drug testing:	Lab	R	3

	collection and handling only, specimen other than blood. <i>Only for Child Welfare and OYA clients.</i>	Independent lab	R	A
H1011	Family assessment by licensed behavioral health professional for state defined purposes. Use in combination with 96100 if needed. <i>Only for Child Welfare and OYA clients.</i>	MD, DO American Indian/ Alaska Native Psychologist Mental Health Clinic	R	3

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410-150-0160 Procedure Code Table - Hospital Providers

Table - 150-0160

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

April 1, 2003

Table 150-0160 Procedure Code Table - Hospital Providers

Revenue Code	Procedure Code	Procedure Name	Provider
229	N/A	Medical records copying fee, administrative	Hospital
309	80100 or 80101	Drug screen, qualitative; multiple drug classes, chromatographic method, each procedure. <i>Only for Child Welfare and OYA clients.</i> Drug screen, qualitative; single drug class method, each drug class. <i>Only for Child Welfare and OYA clients.</i>	Outpatient hospital
309	80102	Drug confirmation, each procedure. <i>Only for Child Welfare and OYA clients.</i>	Outpatient hospital
309	H0048	Alcohol and/or other drug testing; collection and handling only, specimens other than blood. <i>Only for Child Welfare and OYA clients.</i>	Outpatient hospital

424	97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes.	Outpatient hospital
434	97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes.	Outpatient hospital
500	N/A	Work-related or medical disability examination by a treating physician, or other than treating physician. <i>May be paid in addition to 99080.</i> See current CPT for details.	Outpatient hospital
918	96117 96111 96100	Psychological testing with interpretation and report, per hour. (See description of service on OMAP 729.)	Outpatient hospital
919	90801 H1011	Evaluation by a psychologist or psychiatrist employed by a hospital (see description of service on OMAP 729).	Outpatient hospital

April 1, 2003

410-150-0200 Billing Instructions - Licensed Polygrapher

(1) Billing for licensed polygrapher services must be in writing on a CMS-1500.

(2) A polygraph does not qualify as a health care service and is therefore not subject to Health Insurance Portability and Accountability Act (HIPAA) regulations.

(3) Do not attach the OMAP 729 or any documents to the CMS-1500. Send the test results to the requesting branch office address shown on the OMAP 729.

(4) Send completed CMS - 1500 claim form to OMAP.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

October 1, 2003

410-150-0240 Procedure Code Table -- Licensed Polygrapher

Table -- 0240

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00

Table 0240 Licensed Polygrapher

Procedure Code	Procedure Name	TOS	POS
PIN02	Polygraph testing by licensed polygrapher with narrative report	S	3

410-150-0300 Procedure Code Table -- Copy Services

Table -- 150-0300. (Table rewritten)

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

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Table 0300 Procedure Code Table – Copy Services

Procedure Code	Procedure Name	TOS	POS
S9981	Medical records, copying fee, administrative. Include progress notes, laboratory reports, X-rays reports, special study reports beginning with the date requested. Include recent hospital admission records, if available.	S, 1	3
S9982	Medical records, copying fee, per page. Include progress notes, laboratory reports, X-rays reports, special study reports beginning with the date requested. Include recent hospital admission records, if available.	S	3

October 1, 2003