

**DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES DIVISION
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 200**

**DISABILITY DETERMINATION SERVICES
RATES OF PAYMENT -- MEDICAL**

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RATES OF PAYMENT -- MEDICAL**

411-200-0010 General Policy
(Amended 5/1/2011)

(1) The Department of Human Services (Department) shall reimburse the vendor, consultant, and contractor for the cost of goods and services only if the Department has authorized payment before the provision of goods and services. The Department shall reject all invoices for goods and services without the required prior authorization.

(2) Except as provided in [OAR 411-200-0030](#) and [OAR 411-200-0035](#), the amount that the Department pays the vendor, consultant, and contractor for previously authorized medical or psychological services is:

(a) For vendor: The rates set forth in [OAR 411-200-0030](#).

(b) For consultant:

(A) The lesser of the lowest fee that the consultant charges the general public or other state or federal agencies for the service;
or

(B) The maximum fee prescribed by the Oregon Medical Fee and Relative Value Schedule, [OAR chapter 436, division 009](#).

(c) For contractor: The contracted rate. The contracted rate may not exceed the maximum fee filed and prescribed by the Oregon Medical Fee and Relative Value Schedule, [OAR chapter 436, division 009](#).

Stat. Auth.: [ORS 410.070](#)
Stats. Implemented: [ORS 410.070](#)

411-200-0020 Definitions
(Amended 5/1/2011)

(1) "Brief Narrative" means a document that summarizes claimant treatment to date and current status, responds briefly to three to five specific questions posed by the Department, if any, and is usually one or two pages.

(2) "Comprehensive Narrative" means a document that describes an extended claimant history, addresses six or more specific topics, and is usually three or more pages.

(3) "Consultant" means an individual whose professional credentials per the policy of the Social Security Administration identify the individual either as an acceptable medical source, qualified medical source, or certified translator.

(4) "Contractor" means a consultant who has entered into a contract with the Department to provide identified services for specific fees as detailed in the contract. A contractor who provides services not covered by the contract is paid as a consultant under the payment limitations of these rules.

(5) "Department" means the Department of Human Services.

(6) "DDS" means the Disability Determination Services program within the Department, funded by and subject to the disability rating rules of the Social Security Administration.

(7) "These Rules" mean the rules in OAR chapter 411, division 200.

(8) "Vendor" means an individual or entity (such as hospitals, clinics, private practices) that provide medical evidence of record or other services at the Department's request and may, at the Department's request and with the Department's prior authorization, provide a brief or comprehensive narrative of medical treatment for the Department's review.

Stat. Auth.: [ORS 410.070](#)
Stats. Implemented: [ORS 410.070](#)

411-200-0030 Medical Evidence of Record (MER) and Narrative Charges

(Amended 5/1/2011)

(1) Except as provided by section (4) of this rule, the Department shall pay the lesser of the following fees for existing medical records when requested by the Department:

(a) The lowest fee that the vendor charges the general public or other state or federal agencies for the records; or

(b) When the invoice itemizes the number of pages provided:

(A) For 10 or fewer pages, \$18.00;

(B) For 11-20 pages, \$18.00 for the first 10 pages plus \$0.25 per page for each additional page;

(C) For 21-40 pages, \$20.50 for the first 20 pages plus \$0.10 per page for each additional page; and

(D) For more than 40 pages, a maximum payment of \$22.50.

(c) If the invoice does not itemize the number of pages provided, the Department shall pay a total maximum payment of \$18.00.

(2) Additional payment may not be made to a vendor for second or subsequent requests when the information to be provided was available at the time the original request was processed.

(3) Records provided by a vendor, whether held in multiple locations or by multiple sources, shall be paid as a single record request regardless of whether the records are electronic or paper form, or both.

(4) When the Department receives the requested records within 10 days from the date of the Department's record request, the Department shall pay the vendor an additional \$5.00. Time shall be measured from the date

indicated on the Department's written request until the date that the Department receipts the copies.

(5) The Department shall pay the vendor the amount billed up to a maximum payment of \$35.00 for a brief narrative summarizing the medical treatment when requested by the Department.

(6) The Department shall pay the vendor the amount billed up to a maximum payment of \$75.00 for a comprehensive narrative summarizing the medical treatment when requested by the Department.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 410.070](#)

411-200-0035 Consultative Examination (CE) and Related Charges

(Adopted 5/1/2011)

(1) Except as provided in section (2) of this rule, the Department shall pay the lesser of the following fees for examinations and lab work when requested and pre-authorized by the Department:

(a) The lowest fee charged the general public or other state or federal agencies for the service; or

(b) The maximum fee filed and prescribed by the Oregon Medical Fee and Relative Value Schedule, [OAR chapter 436, division 009](#).

(2) With prior written approval by a DDS manager, the Department may exceed the fee described in section (1) of this rule when financial or human considerations outweigh the difference in cost. Such considerations may include examinations in a remote geographic area or logistical concerns.

(3) The Department shall reimburse a consultant a fee of \$90.00 for the preparation time invested by the consultant prior to a DDS scheduled examination if the claimant does not appear within 15 minutes of the scheduled start time and, as a result, the examination cannot be performed.

(4) The Department shall reimburse a consultant or a contractor a fee of \$90.00 in the event DDS requests a records review for the Office of

Disability and Adjudication Review (ODAR) prior to a DDS scheduled examination.

(5) No additional fees shall be reimbursed for certain scheduled services (e.g., blood work only, x-rays, lab tests, PFT's, treadmills) where no preparation time is required.

(6) The Department shall reimburse a consultant a fee of \$90.00 for other specific scheduled services (e.g., audiograms, Batelle) where preparation is required.

(7) The Department shall use the maximum and interpreter fees in [OAR chapter 436, division 009](#) to reimburse a consultant the round-trip mileage to attend an examination only if the mileage exceeds 60 miles round-trip. The consultant must be a certified translator that provides interpreter services.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 410.070](#)

411-200-0040 Limitations of Payments

(Amended 5/1/2011)

(1) A vendor, consultant, or contractor who has entered into a price agreement or contract with one part of the Department to provide identified services must provide the same services at the same price to the Department if requested.

(2) The vendor must accept the fees prescribed by these rules as payment in full. If a vendor's usual and customary fee for a service exceeds the fee prescribed by these rules, the client or the client's family may not be liable to the vendor for any portion of a vendor's usual and customary fee unless the client or the client's family agrees in writing to assume the additional charges. Without such explicit agreement, the vendor must accept the Department's payment as payment in full.

(3) No fee shall be paid to the consultant or contractor if DDS cancels an appointment more than 24 hours in advance of the appointed time.

(4) A contractor who provides authorized services that are not covered by the contract shall be treated as a consultant for purposes of reimbursement for those services and is subjected to the payment limitations set forth in these rules applicable to consultants.

Stat. Auth.: [ORS 410.070](#)

Stats. Implemented: [ORS 410.070](#)