

**DEPARTMENT OF HUMAN SERVICES, DEPARTMENTAL  
ADMINISTRATION AND MEDICAL ASSISTANCE PROGRAMS**

**DIVISION 150**

**ADMINISTRATIVE EXAMINATION AND BILLING SERVICES**

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## **410-150-0000 Purpose**

The Administrative Examination and Report Billing Guide is 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

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

## **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 -- Medical and Ancillary Services Providers**

Medical and ancillary services providers must bill on a CMS -1500:

- (1) CMS - 1500 forms are not provided by the Office of Medical Assistance Programs (OMAP). They may be obtained from local forms suppliers.
- (2) More than one procedure code may be billed on the CMS - 1500 for services provided.
- (3) 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.
- (4) Send completed CMS - 1500 claim form to OMAP.

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

## **410-150-0100 How to Complete the HCFA-1500 - Medical and Ancillary Services Providers**

Each CMS - 1500 is a complete billing document. If there is not enough space on the CMS - 1500 to bill all procedures provided, complete a new billing form for the rest of the procedures. Do not "carry over" totals from one CMS - 1500 to another.

- (1) 1a The eight-digit number found on the OMAP 729;
- (2) 2 The name as it appears on the OMAP 729;
- (3) 21 Enter V68.89;
- (4) 24A Must be numeric (09/03/00). Enter the date the examination was done or the date the records were copied;
- (5) 24B Enter 3;
- (6) 24C Enter the correct type of service (TOS) per Procedure Code Table for Medical and Ancillary Service Providers;
- (7) 24D Enter the procedure code as indicated on the OMAP 729;
- (8) 24E Enter 1;
- (9) 24F Enter the total charge for service;
- (10) 24G Enter the number of units or services billed;
- (11) 26 If your patient account number is entered here, OMAP will print the account number on the Remittance Advice;
- (12) 28 Enter the total amount for all charges listed on this CMS - 1500;
- (13) 30 Re-enter the total amount for all charges listed on this CMS - 1500;

(14) 33 Enter your OMAP provider number.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 61-2002, f.  
& cert. ef. 10-1-02; OMAP 22-2003, f. 3-26-03, cert. ef. 4-1-03

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

Table -- 150-0120.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 7-2001, f. 3-30-01, cert. ef. 4-1-01; OMAP 47-2001, f. 9-24-01, cert. ef. 10-1-01; OMAP 15-2002, f. & cert. ef. 4-1-02; OMAP 60-2002, f. & cert. ef. 10-1-02; OMAP 22-2003, f. 3-26-03, cert. ef. 4-1-03

**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<br><br>American Indian/<br>Alaska Native     | S   | 3   |
|                |  | Occupational Therapist<br><br>American Indian/<br>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<br><br>American Indian/<br>Alaska Native                 | 1   | 3   |
|                |  | Optometrist   | F   | 3   |

|       |  |   |   |   |
|-------|--|---|---|---|
| 96100 | <p>Psychological testing with interpretation and report, per hour. See current CPT for details. Limited to 6 hours per day</p>   | <p>MD, DO</p> <p>American Indian/<br/>Alaska Native</p> <p>Psychologist</p> <p>Mental Health Clinic</p> | 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> | <p>MD, DO</p> <p>American Indian/<br/>Alaska Native</p> <p>Psychologist</p> <p>Mental Health Clinic</p> | 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<br><br>American Indian/<br>Alaska Native     | 1 | 3 |
| 99455<br><br>OR<br><br>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><br><br>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  | S | 3 |
|                              |  | Mental Health Clinic                                | S | 3 |
|                              |  | Optometrist   | F | 3 |
|                              |  | MD, DO<br><br>American Indian/<br><br>Alaska Native | 1 | 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<br><br>American Indian/<br>Alaska Native<br><br>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<br><br>American Indian/<br>Alaska Native   | R | 3 |
|       |  | Psychologist<br><br>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<br><br>MD, DO<br><br>American Indian/<br><br>Alaska Native<br><br>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, 96100, 96117. 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: collection and handling only, specimen other than blood.<br><br><i>Only for Child Welfare and OYA clients.</i>                                      | Lab   | R | 3 |
|       |  | 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<br><br>American Indian/<br>Alaska Native<br><br>Psychologist<br><br>Mental Health Clinic | R | 3 |

April 1, 2003

## **410-150-0140 Billing Instructions -- Hospital Providers**

- (1) Hospital services must be billed on a UB-92.
- (2) Do not attach the OMAP 729 or any documents to the UB-92. Send the completed examination or reports to the branch office shown on the Office of Medical Assistance Programs (OMAP) 729.
- (3) Send the completed UB-92 claim form to OMAP.

[ED. NOTE: Copies of the Form(s) referenced in this rule are available from the agency.]

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

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

## **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<br>or<br>80101 | Drug screen, qualitative; multiple drug classes, chromatographic method, each procedure. <i>Only for Child Welfare and OYA clients.</i><br><br>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<br>96111<br>96100 | Psychological testing with interpretation and report, per hour. (See description of service on OMAP 729.)   | Outpatient hospital |
| 919 | 90801<br>H1011          | Evaluation by a psychologist or psychiatrist employed by a hospital (see description of service on OMAP 729).   | Outpatient hospital |

April 1, 2003

## **410-150-0180 How to Complete the UB-92 -- Hospital Providers**

- (1) 1 -- Enter provider name, mailing address, and zip code;
- (2) 4 -- Enter 131;
- (3) 6 -- Use MMDDYY (month, day, and year) numeric format (09/03/00). "From" date is the date the examination was done or the date the records were copied. "Through" date is the same date;
- (4) 12 -- Enter the name as it appears on the Office of Medical Assistance Programs (OMAP) 729;
- (5) 14 -- Use MMDDYY format. This information is not required but may help OMAP process the claim;
- (6) 42 -- Enter the Revenue Code as indicated on the OMAP 729;
- (7) 42-23 -- Enter 001;
- (8) 44 -- Enter the procedure code to match the revenue code per Procedure Code Table for Hospital Providers, if required;
- (9) 46 -- Enter total units of service;
- (10) 47 -- Enter the usual charge or the amount indicated on the OMAP 729;
- (11) 47-23 -- Enter the total charges of all lines in Form Locator 47;
- (12) 60 -- Insured's ID (Prime No.) as found on the OMAP 729;
- (13) 67 -- Enter V68.89;
- (14) 82 -- Enter the six-digit OMAP provider number or the UPIN of the attending physician.

[ED. NOTE: Forms referenced in this rule are available from the agency.]

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 61-2002, f. & cert. ef. 10-1-02

## **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) CMS-1500 forms are not provided by the Office of Medical Assistance Programs (OMAP). They may be obtained from local forms suppliers.
- (4) 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.
- (5) Send completed CMS-1500 claim form to OMAP.

[ED. NOTE: Forms referenced are available from the agency.]

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

**410-150-0220 How to Complete the CMS--1500 -- Licensed Polygrapher**

- (1) 1a -- The eight digit number found on the Office of Medical Assistance Programs (OMAP) 729;
- (2) 2 -- The name as it appears on the OMAP 729;
- (3) 21 -- Enter V68.89;
- (4) 24A -- Enter the date the examination was done. Must be numeric (09/03/00);
- (5) 24B -- Enter 3;
- (6) 24C -- Enter S
- (7) 24D -- Enter the procedure code as indicated on the OMAP 729;
- (8) 24E -- Enter 1;
- (9) 24F -- Enter the total charge for the service;
- (10) 24G -- Enter the number of units or services billed;
- (11) 26 -- Not required -- If the patient account number is entered here, OMAP will print the account number on the Remittance Advice;
- (12) 28 -- Enter the total amount for all charges listed on this CMS-1500;
- (13) 30 -- Re-enter the total amount for all charges listed on this CMS-1500;
- (14) 33 -- Enter your OMAP six-digit provider number.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 61-2002, f. & cert. ef. 10-1-02; OMAP 22-2003, f. 3-26-03, cert. ef. 4-1-03

## **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   |

## **410-150-0260 Billing Instructions -- Copy Services**

(1) Copies of records by a copy service provider must be billed on a CMS-1500.

(2) CMS-1500 forms are not provided by the Office of Medical Assistance Programs (OMAP). They may be obtained from local forms suppliers.

(3) Do not attach the OMAP 729 or any documents to the CMS-1500. Send the copies of reports to the branch office shown on the OMAP 729.

(4) Send completed claim form to OMAP.

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

## **410-150-0280 How to Complete the CMS-1500 - Copy Services**

- (1) 1a The eight-digit number found on the OMAP 729.
- (2) 2 The name as it appears on the OMAP 729.
- (3) 21 Enter V68.89
- (4) 24A Must be numeric (09/03/00). Enter the date the examination was done.
- (5) 24B Enter 3.
- (6) 24C Enter S.
- (7) 24D Enter procedure codes S9981 and/or S9982 on separate lines.
- (8) 24E Enter 1.
- (9) 24F Enter the total charge for the service.
- (10) 24G Enter the number of services billed.
- (11) 26 If your patient account number is entered here, OMAP will print the account number on the Remittance Advice.
- (12) 28 Enter the total amount for all charges listed on this CMS-1500.
- (13) 30 Re-enter the total amount for all charges listed on this CMS-1500.
- (14) 33 Enter your OMAP provider number.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 60-2002, f. & cert. ef. 10-1-02; OMAP 61-2002, f. & cert. ef. 10-1-02; OMAP 22-2003, f. 3-26-03, cert. ef. 4-1-03

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

Table -- 150-0300. (Table rewritten)

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: OMAP 27-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 15-2002, f.  
& cert. ef. 4-1-02

**Table 0300 Procedure Code Table – Copy Services**

| Procedure Code | Procedure Name   | TOS | POS | Amount to be Billed  |
|----------------|--|-----|-----|--|
| ADM14          | Copying of requested existing medical records by a copying service | S   | 3   | Up to \$18 for 10 or fewer pages, and<br><br>25 cents per page for pages 11-20, and<br><br>10 cents per page for pages 21 and more.<br><br>Max. total payment of \$22.50 |

April 1, 2003