

# Administrative Examination Services Program Rulebook

Division 150



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**OREGON HEALTH AUTHORITY**  
**DIVISION OF MEDICAL ASSISTANCE PROGRAMS**

**Administrative Examination and Billing Services Program**  
**Division 150**

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# Administrative Examination Services Rulebook

## Update Information

July 1, 2011

The Division of Medical Assistance Programs (Division) updated this Rulebook, revising all administrative rules to:

- Change “Department” to “Authority” wherever appropriate,
- Update references for statutory authority and statutes implemented, and
- Make other minor corrections where needed

These revisions are typically referred to as *non-substantive* or *housekeeping* revisions that **do not alter the scope, application or meaning of the rules.**

ORS 183.335 (7): Notwithstanding subsections (1) to (4) of this section, an agency may amend a rule without prior notice or hearing if the amendment is solely for the purpose of

- (a) Changing the name of an agency*
- (b) Correcting spelling*
- (c) Correcting grammatical mistakes in a manner that does not alter the scope, application or meaning of the rule*
- (d) Correcting statutory references*

If you have questions, contact a Provider Services Representative toll-free at 1-800-336-6016 or direct at 503-378-3697.

## Other Provider Resources

DMAP has developed the following additional materials to help you bill accurately and receive timely payment for your services.

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### ■ Supplemental Information

The Administrative Examination and Medical Reports (Admin Exam) Supplemental Information booklet contains important information not found in the rulebook, including:

- ✓ Procedure codes and fee schedule information
- ✓ Guidelines to filling out the OMAP 729
- ✓ Sample authorization forms
- ✓ Billing information for CMS 1500 and UB-92
- ✓ Electronic claims information
- ✓ Other helpful information not found in the rulebook

Be sure to download a copy of the Admin Exam Supplemental Information booklet at:

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

Note: DMAP revises the supplement booklet throughout the year, without notice. Check the Web page regularly for changes to this document.

### ■ Provider Contact Booklet

This booklet lists general information phone numbers, frequent contacts, phone numbers to use to request prior authorization, and mailing addresses.

Download the Provider Contact Booklet at:

[http://www.oregon.gov/DHS/healthplan/data\\_pubs/add\\_ph\\_conts.pdf](http://www.oregon.gov/DHS/healthplan/data_pubs/add_ph_conts.pdf)

### ■ Other Resources

We have posted other helpful information, including provider announcements, at:

[http://www.oregon.gov/DHS/healthplan/tools\\_prov/main.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml)

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<http://www.oregon.gov/DHS/govdelivery.shtml>

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

The Administrative Examination and Report rules are provided to use in conjunction with the General Rules of the Division of Medical Assistance Programs (Division) 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 413.042

Stats. Implemented: ORS 414.065

2-1-07

7-1-10 (Hk only)

7-1-11 (HK)

## **410-150-0020 Definitions**

(1) Administrative Medical Examination -- An evaluation required by the Department of Human Services (Department) 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 413.042

Stats. Implemented: ORS 414.065

2-1-07

7-1-10 (Hk only)

7-1-11 (HK)

## **410-150-0040 Request Requirements**

(1) A copy of a completed DMAP 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 (Department) or Oregon Youth Authority (OYA), or the Division of Medical Assistance (Division) may complete a DMAP 729.

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

(2) There are a series of DMAP 729s that may or may not be requested to be completed. Always follow the instructions on the DMAP 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 413.042

Stats. Implemented: ORS 414.065

2-1-07

7-1-11 (HK)

## **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 413.042

Stats. Implemented: ORS 414.065

2-1-07

7-1-11 (HK)

**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 Division-approved form.

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

(4) Send the examination or copies of the reports to the branch office shown on the DMAP 729.

(5) For Administrative Examination billing, the following are required on the appropriate billing form:

(a) The procedure code specified on the DMAP 729;

(b) The description as it appears on the DMAP 729;

(c) The correct type of service (TOS) per Procedure Code Tables; and

(d) The diagnosis V68.89.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.065

2-1-07

7-1-10 (Hk only)

7-1-11 (HK)

## **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 DMAP 729 or any documents to the CMS-1500. Send the test results to the requesting branch office address shown on the DMAP 729.

(4) Send completed CMS-1500 claim form to the Division of Medical Assistance Programs (Division).

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

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 414.065

2-1-07

7-1-10 (Hk only)

7-1-11 (HK)

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

Table -- 150-0300. (Table rewritten)

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

2-1-07

**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