Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
54240	Penile plethysmography. Use to request assessment of deviant arousal patterns/measure sexual response pattern	**Restricted for sole use by Child Welfare, Oregon Youth Authority (OYA) and Developmental Disability (DD) services clients only.** Consent forms may be required. Refer to Child Welfare policy I-D.6.2.	1	$320.63	Can bill same day with modifier 59: 99211 - 99215
80307	Drug tests, presumptive, any number of drug classes, by instrumented chemistry analyzers.	Paid in combination with H0048 - Max one unit. * Multi-drug screen; * Mutli-drug screen and ETG * Multi-drug screen and Methadone * Multi-drug screen ETG and Methadone	1	$62.97	
90785 **	Interactive Complexity (List separately in addition to the code for primary procedure 90791, 90792). 90785 is an add-on code for interactive complexity to be reported in conjunction solely with 90791 or 90792.	Can be used when specific communication factors are present that complicate the delivery of a psychiatric procedure (90791, 90792). Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical patients are those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care.	3	$14.47	NCCI edits cannot bill same DOS 96130 - 96133, 96138 - 96139, 96136 - 96137
90791 **	Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.	**For Child Welfare, OYA and DD services clients:** May be used to request a psychosocial, psychosexual evaluation including assessment of history and degree of offending behavior, cognitive distortions, empathy, hostility, compulsivity and impulsivity. When requesting a psychosocial evaluation, also request 99080 for a Mental Residual Function Capacity Report (OHP 729F) and/or Rating of Impairment Severity Report (OHP 729G). Cannot be reported on the same day as an evaluation and management service (e.g. a 99202-99215) performed by the same individual. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction with 90791, 90792.	1	$345.25	NCCI edits cannot bill same DOS 90885, 90889, 96116, 99202 - 99215, 99244, 99455, 90792 Can bill same day with modifier 59: 96112, 96113,

Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
90792 **	Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. Includes medical services.	Use when a medical assessment is required, including other physical examination elements as indicted and recommendations. In addition to the limitations and requirements listed for 90791, 90792 **is restricted to use by a physician.** **For Child Welfare, OYA and DD services clients:** May be used to request a psychosocial evaluation including assessment of history and degree of offending behavior, cognitive distortions, empathy, hostility, compulsivity and impulsivity. When requesting a psychosocial evaluation, also request 99080 for a Mental Residual Function Capacity Report (OHP 729F) and/or Rating of Impairment Severity Report (OHP 729G). See limitations and requirements listed for 90791.	1	$345.25	NCCI edits cannot bill same DOS 90885, 90889,96116, 99202 - 99215, 99244, 99455, 90791 Can bill same day with modfier 59: 96112, 96113,
90885 **	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.	Use for clients with a presumed severe psychiatric disorder. Psychiatric disorders are mental disorders including various affective, behavioral, cognitive and perceptual abnormalities. Not to be used for clients with a sole primary physical health condition.	6	$51.16	NCCI edits cannot bill same DOS 90791, 90792,
90889 **	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers. Restricted for use in combination when 90791 or 90792 are used independent of any other evaluation.	Use for requesting a written report of 90791 or 90792 when requested for completing a psychiatric diagnostic interview examination (see notes under 90791/90792). The written report must be in accordance with the recommended outline included in OHP 729A, Comprehensive Psychiatric or Psychological Evaluation Do not use if 96112 - 96113, 96116, 96121, 96130 - 96133 are authorized, report prep is included in those codes. Use for eligibility determination or ongoing case planning.	1	$77.60	NCCI edits cannot bill same DOS 90791, 90792,
96112 **	Developmental testing; includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments (with interpretation and report); first hour	**For Developmental Disability (DD) clients only.** Use for eligibility or ongoing case planning to determine if an individual is a person with a development disability which is attributed to an intellectual disability, autism, cerebral palsy or other neurological condition that may be characterized by a concurrent adaptive behavior deficit. May be completed by school, psychiatric hospital, or other provider of residential services (request records). Report included, may not bill 90889.	1	$165.78	NCCI edits cannot bill same DOS 96132, 96133, 96136, 96137, 90889, 96138, 96139 Can bill same day with modfier 59: 90791, 90792, 96116, 96121, 96130, 96131, 99202 - 99205, 99211 - 99215,

Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
96113 **	Developmental testing; includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments (with interpretation and report); each additional 30 minutes	See requirements for 96112 (for any time exceeding 1 hour)	6	$82.89	NCCI edits cannot bill same DOS 96132, 96133, 96136, 96137, 90889, 96138, 96139 Can bill same day with modifier 59: 90791, 90792, 96121, 96130, 96131, 99202 -99205, 99211 - 99215,
96116 **	Neurobehavioral status examination with interpretation and report, 1st hour	Use for initial or ongoing eligibility. Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgement eg. [aquired knowledge, attention, language, memory, planning and problem solving, and visual spacial abilities]) by physician or other psychologist, both face-to-face time with the patient and time interpreting test results and preparing report. Cannot bill with 96132 - 96139 for same episode of care. Report inlcuded, cannot bill 90889.	1	$322.24	NCCI edits cannot bill same DOS 90791, 90792, 90889 Can bill same day with modifier 59: 96112, 99202 - 99205, 99211 - 99215, 99455,
96121 **	Neurobehavioral status examination with interpretation and report, additional hour	Used with 96116 when Neurobehavioral status examination including interpretation and reporting exceeds first hour. Cannot bill with 96132 - 96139 for same episode of care. Report inlcuded, cannot bill 90889.	3	$84.43	NCCI edits cannot bill same DOS 90889 Can bill same day with modifier 59: 96112, 96113,
96130 **	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Use for initial or ongoing eligibility to determine intellectual disability or ability to grasp facts and figures. Use for ongoing case planning, if appropriate. To bill for more than one hour, use 96131. Report included, cannot bill 90889.	1	$141.14	NCCI edits cannot bill same DOS 90785, Can bill same day with modifier 59: 96112, 96113, 99202 - 99205, 99211 - 99215, 99455,
96131 **	Psychological testing and evaluation services, each additional hour	See above requirements for 96130 and limitations. Report included, cannot bill 90889.	7	$141.14	NCCI edits cannot bill same DOS 90785, 90889 Can bill same day with modifier 59: 96112, 96113,
96132 **	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report; first hour	Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients. If required, can be requested with 90791or 90792. Use 96133 for each additional hour. Cannot be billed with 96116 - 96121 in the same episode of care. Report included, cannot bill 90889.	1	$160.78	NCCI edits cannot bill same DOS 90785, 96112, 96113, 90889 Can bill same day with modifier 59: 99202 - 99205, 99211 - 99215, 99455,

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Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
96133 **	Neuropsychological testing, each additional hour	See above requirements for 96132	7	$160.78	NCCI edits cannot bill same DOS 90785, 96112, 96113, 90889
96136 **	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients. Use 96137 for each additional 30 minutes. Cannot be billed with 96116 - 96121 in the same episode of care.	1	$70.40	NCCI edits cannot bill same DOS 90785, 96112, 96113, Can bill same day with modifier 59: 99202 - 99205, 99211 - 99215, 99455, 96138, 96139
96137 **	Psychological or neuropsychological test administration and scoring, each additional 30 minutes	See above requirements for 96136	11	$70.40	NCCI edits cannot bill same DOS 90785, 96112, 96113, Can bill same day with modifier 59: 99202 - 99205, 99211 - 99215, 99455, 96138, 96139
96138	Administration of psychological or neuropsychological test by technician, first 30 minutes	Technician administers two or more psychological or neuropsychological tests. Psychological tests in written, oral, computer or combined formats measures personality, emotions, intellectual functioning and psychopathlogy, while neuropsychological testing consists of a series of test in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities. Interpretation and reporting to be completed by licensed psychologist.	1	$30.74	NCCI edits cannot bill same DOS 90785, 96112, 96113 Can bill same day with modifier 59: 96136 - 96137, 99202 - 99205, 99211 - 99215
96139	Administration of psychological or neuropsychological test by technician, each additional 30 minutes	See above requirements above.	11	$27.31	NCCI edits cannot bill same DOS 90785, 96112, 96113 Can bill same day with modifier 59: 96136 - 96137, 99202 - 99205, 99211 - 99215
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes. Requires direct one-on-one patient contact.	Use to determine physical functional impairments and/or limitations as a supplement to the medical evaluation. Medical examination must also be obtained. Use for ongoing case planning, if appropriate. If no facility to perform a Physical Capacity Evaluation (PCE), do not use. Refer to 99080 for a Physical Residual Function Capacity Report (OHP 729E).	8	$27.31	NCCI edits cannot bill same DOS 99455, 99456, 95851, 95852,

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Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. Special reports include OHP 729E, OHP 729F, OHP 729G.	Use to determine initial or ongoing eligibility for General Assistance (GA) or disability. Used during exams or based on existing records. Do not request in addition to 90889. Special reports can only be used in conjunction with 99455 and 99456, with one exception: Staff may request OHP 729F and 729G for Child Welfare, OYA, Self Sufficency Program and DD services clients in combination with 90791/90792 (refer to notes under 90791/90792). Self Sufficency may bill this code in conjunction with DHS 4213.	1	$49.61	NCCI edits cannot bill same DOS 90889 Can bill same day with modifier 59: 99455, 99456,
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.	Requires completed report on eye examination (OHP 729C). This service may not be used in addition to a general ophthalmological service or an Evaluation and Management Service (e.g., codes 99202-99215).	1	$91.83	NCCI edits cannot bill same DOS 99455, 99456, 99202 - 99205, 99211 - 99215, 99244
99202	Office or other outpatient visit for the evaluation and management of a new patient. Includes counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies consistent with the nature of the problem(s) and the patient's and/or family's needs.	Requires an expanded problem focused history and examination. Differs from 99201 in that the presenting problem(s) are of low to moderate severity, and physicians typically spend 20 minutes face-to-face with the patient and/or family.	1	$60.47	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96138, 96130, 96132, 96136, 96116
99203	Office or other outpatient visit for the evaluation and management of a new patient. Includes counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies consistent with the nature of the problem(s) and the patient's and/or family's needs.	Requires 1) Detailed history and examination; 2) Medical decision making of low complexity. Differs from 99201-99202 in that the presenting problem(s) are of moderate severity, and physicians typically spend 30 minutes face-to-face with the patient and/or family.	1	$94.13	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116
99204	Office or other outpatient visit for the evaluation and management of a new patient. Includes counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies consistent with the nature of the problem(s) and the patient's and/or family's needs.	Requires: 1) A comprehensive history and examination; 2) Medical decision making of moderate complexity. Differs from 99201-99203 in that presenting problem(s) are of moderate to high severity, and physicians typically spend 45 minutes face-to-face with the patient and/or family.	1	$141.95	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116
99205	Office or other outpatient visit for the evaluation and management of a new patient. Includes counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies consistent with the nature of the problem(s) and the patient's and/or family's needs.	Requires: 1) A comprehensive history and examination; 2) Medical decision making of high complexity. Differs from 99201-99204 in that presenting problem(s) are of moderate to high severity, and physicians typically spend 60 minutes face-to-face with the patient and/or family.	1	$189.20	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116

Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.	Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	1	$19.76	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116
99212	Office or other outpatient visit for the evaluation and management of a established patient. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Requires at least 2 of these 3 key components: 1) A problem focused history; 2) A problem focused examination; 3) Straightforward medical decision making. Usually the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	2	$47.81	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116
99213	Office or other outpatient visit for the evaluation and management of a established patient. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Differs from 99212 by the following: 1) An expanded problem focused history and examination; 2) Medical decision making of low complexity, 3) Presenting problem(s) are of low to moderate severity, and 4) Physicians typically spend 15 minutes face-to-face with the patient and/or family.	2	$76.54	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116
99214	Office or other outpatient visit for the evaluation and management of a established patient. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Differs from 99212-99213 by the following: 1) An detailed history and examination; 2) Medical decision making of moderate complexity, 3) Presenting problem(s) are of moderate to high severity, and 4) Physicians typically spend 25 minutes face-to-face with the patient and/or family.	2	$108.91	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116
99215	Office or other outpatient visit for the evaluation and management of a established patient. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	Differs from 99212-99214 by the following: 1) An comprehensive history and examination; 2) Medical decision making of high complexity, 3) Presenting problem(s) are of moderate to high severity, and 4) Physicians typically spend 40 minutes face-to-face with the patient and/or family.	1	$154.40	NCCI edits cannot bill same DOS 90791, 90792 Can bill same day with modifier 59: 99202 - 99205, 92211 - 92215, 96130, 96132, 96136. 96138, 96116
99455	Work-related or medical disability examination by the treating physician that includes: •Medical history and examination commensurate with the patient's condition; •A diagnosis, assessment of capabilities and stability, and calculation of impairment; •Development of future medical treatment plan; and •Necessary documentation/certificates and report.	Use to report evaluations performed to establish baseline information prior to disability; determine initial or ongoing eligibility for client with medical problem; for ongoing case planning, if appropriate; for referral to specialist for consultation. If possible, make a doctor's appointment at time of client interview. 99080 can be requested same date, same provider in combination with 99455 If other evaluation and management services and/or procedures are performed on the same date, the appropriate E/M (e.g. 99xxx) or procedure code(s) should be reported in addition to this code.	1	$161.94	NCCI edits cannot bill same DOS 90791, 90792

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Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drug. Includes ETG and/or Methadone, when ordered; and 1-7 drug class(es), including metabolite(s) if performed.	**Only use this code when billing through Administrative Medical.** Use to evaluate parenting abilities for Adoption and Safe Families Act (ASFA) determinations and other Child Welfare and OYA Programs.	1	$115.95	
H0048	Alcohol & other drug testing: collection and handling only, specimens other than blood.	Paid in combination with G0480 or 80307 if required. *Drug screen urin analysis collection and completion of chain of custody. *Alcohol and/or other drug testing; collection and handling, only specimen other than blood. *Use for drug screening collection.	1	$23.27	
H1011	Family assessment by licensed behavioral professional for state defined purposes. Evaluation of parental strengths/ detriments, and court preparation for termination of parental rights.	**For use by Child Welfare and Oregon Youth Authority (OYA) services clients only.** Use to evaluate parenting abilities for Adoption and Safe Families Act (ASFA) determinations and other Child Welfare and OYA Programs. Only performed on legal guardian or biological or adoptive parent(s).	1	$388.06	
PIN02	Polygraph testing by licensed polygrapher with narrative report	The Division only enrolls polygraphers licensed by the Board on Public Safety Standards and Training (BPSST). Consent forms may be required.	1	$347.42	
S9981	Medical records copying fee, administrative	Use for initial and ongoing eligibility when client has been (1) in the hospital or (2) has had a history and physical in the last 60 days.	1	$27.94	
99244	Office Consultation	Patient office consultation, 60 minutes	1	$129.12	NCCI edits cannot bill same DOS 90791, 90792, 99172, Can bill same day with modifier 59: 96116

	Restricted for sole use by Adults and People with Disabilities (APD) and Developmental Disability (DD) services clients only. Medical Codes to be used for Eligibility and Benefits only			
	Xrays			
76140	Consultation on X-ray imaging	3	Manual	
71046	X-ray of chest, 2 views, front and side	2	$ 26.76	
72040	X-ray of spine of neck, 2 or 3 views	3	$ 32.22	
72070	X-ray exam thorac spine 2 views	1	$ 26.77	
72100	X-ray of lower and sacral spine, 2 views	2	$ 32.49	

Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
72170	X-ray of pelvis, 1 or 2 views		2	$ 22.69	NCCI edits can bill same DOS with modifier 59: 73502,
73030	X-ray of shoulder, minimum of 2 views		4	$ 28.96	
73060	X-ray of upper arm, minimum of 2 views		2	$ 25.96	
73110	X-ray of wrist, minimum of 3 views		3	$ 34.69	
73130	X-ray of hand, minimum of 3 views		3	$ 31.14	
73552	X-ray of femur, 2 views		2	$ 28.96	
73560	X-ray of knee, 1 or 2 views		4	$ 27.87	
73630	X-ray of foot, minimum of 3 views		3	$ 27.60	
73610	X-ray of ankle, minimum of 3 views		3	$ 30.05	
73502	X-ray of hip, unilateral		2	$ 39.58	
73090	X-ray of forearm, 2 views		2	$ 23.51	
73070	X-ray of elbow, 2 views		2	$ 23.78	
73590	X-ray of lower leg, 2 views		3	$ 25.42	

	Labs				
36415	Routine venipuncture Insertion of needle into vein for collection of blood sample		2	$ 7.47	
86038	Antinuclear antibodies		1	$ 9.67	
86430	Rheumatoid factor analysis		2	$ 4.91	
83880	Assay of natriuretic peptide (heart and blood vessel protein) level		1	$ 31.41	
82247	Bilirubin level, total		2	$ 4.02	NCCI edits can bill same DOS with modifier 59: 80053, 80076
84134	Assay of prealbumin (protein) level		1	$ 11.67	
82040	Assay of serum albumin (protein) level		1	$ 3.96	NCCI edits can bill same DOS with modifier 59: 80069, 80053, 80076
84550	Assay of blood/uric acid		1	$ 3.62	
85610	Prothrombin time, Blood test, clotting time		4	$ 3.43	
85014	Hematocrit, Red blood cell concentration measurement		2	$ 1.90	
80185	Assay of phenytoin total		2	$ 10.60	
80156	Assay carbamazepine total		2	$ 11.66	
80076	Hepatic function panel, Liver function blood test panel		1	$ 6.54	NCCI edits cannot bill same DOS 80053, Can bill same day with modifier 59: 80069
80053	Blood test, comprehensive group of blood chemicals		1	$ 8.45	NCCI edits cannot bill same DOS 80076, 80069, Can bill same day with modifier 59: 82247, 80047, 82040, 82565

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Code	Description	Instructions/Requirements	Max. Units	Rate	Limitations
80069	Kidney function blood test panel		1	$ 6.94	NCCI edits cannot bill same DOS 80047, 80053, Can bill same day with modifier 59: 80076, 82040, 82565
80047	Metabolic panel ionized ca, Blood test, basic group of blood chemicals (Calcium, ionized)		2	$ 10.98	NCCI edits cannot bill same DOS 80069, Can bill same day with modifier 59: 82565, 80053
80050	General health panel		1	$ 36.75	
82565	Assay of creatinine		2	$ 4.10	NCCI edits can bill same DOS with modifier 59: 80047, 80069, 80053

	Miscellanous Testing			
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	3	$21.13	
95852	Hand, with or without comparison with normal side	1	$17.33	
94060	Evaluation of wheezing, Measurement and graphic recording of the amount and speed of breathed air, before and following medication administration	1	$ 35.22	
94729	Carbon monoxide diffusing capacity (eg, single breath, steady state)	1	$ 51.59	
92083	Measurement of field of vision during daylight conditions, extended examination	1	$ 51.76	
99456	10A General (Work-related or medical disability examination by other than the treating physician)	1	$ 161.94	
99456	11M Gross MSE (Work-related or medical disability examination by other than the treating physician)	1	$ 161.94	

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