

# Commercial Driver's License (CDL) Employee Exam Voucher

An employee enrolled in a PEBB medical plan whose state job duties require a Commercial Driver's License be maintained will have the cost paid in full for the CDL's required physical exam (usual, customary, and reasonable cost). This voucher covers the physical exam only. Your medical plan will not cover the cost of testing for controlled substances.

**NOTE:** Federal law requires all commercial drivers whose current medical certificate expires on or after May 21, 2014, at expiration of that certificate must be examined by a medical professional listed on the National Registry of Certified Medical Examiners. To avoid added costs, please make sure your medical examiner is in-network with your medical plan.

- Only in-network medical examiners that have completed training and successfully passed a test on Federal Motor Carrier Safety Administration's (FMCSA) physical qualification standards are listed on the National Registry.
- Before scheduling your exam, make sure you can see your in-network medical examiner's name on the National Registry. If you are unable to find your examiner, he or she is not certified, and you must select another practitioner.
- You can search for a qualified medical examiner on the following National Registry website:  
<https://nationalregistry.fmcsa.dot.gov/home>

To avoid added costs, please make sure your medical examiner is in-network with your medical plan.

## Employee

1. Search for an in-network, Certified Medical Examiner and make an appointment.
2. Complete Section 1.
3. Review Section 2 with your agency, and take the **agency signed** voucher to your appointment.
4. When the examiner sends the billing claim to your medical plan for payment, the examiner must attach a copy of this voucher to that claim.
5. If required by the examiner to pay costs at time of service:
  - If you are asked to pay at your appointment, find and complete your medical plan's Claim Reimbursement Form. Submit that form, with a copy of this voucher to your medical plan.

## Agency

1. Complete and sign Section 2.
2. Give the signed voucher to the employee.

## Provider

1. Use the following Codes: CPT Code 99455: DX Code V70.3: ICD-10 code Z02.4
2. Attach this voucher to the claim billing and submit it to the employee's PEBB medical plan provider.
3. If employee pays at time of service, return this voucher to the employee for submittal along with their medical plan's Claim Reimbursement Form.

## Medical Plan Contact Information

Moda Health	Providence Health Plan	Kaiser Permanente
1-866-923-0409	1-800-423-9470	1-800-813-2000
<a href="http://www.modahealth.com/pebb">www.modahealth.com/pebb</a>	<a href="https://tinyurl.com/ProvidenceHealthPlan">https://tinyurl.com/ProvidenceHealthPlan</a>	<a href="http://my.kp.org/pebb">my.kp.org/pebb</a>

Submit this completed form to your agency/university payroll office, and then to the provider.

Always keep copies of benefit forms for your records.

Any alteration of this form may result in it being ineffective.

This voucher expires 90 days from the date of agency verification signature.

## Section 1: Employee Information

PEBB Benefit# (P#####), OR#, University ID or Lottery ID

Agency (i.e. Oregon Healthy Authority)

Last Name

First Name

MI

Check if new address

Contact Address

Apt#

City

State

Zip

Phone Number

Gender

M  F  Other

## Section 2: Agency Verification (To be completed by an agency representative.)

The employee listed above must have a CDL to perform the duties of employment. A periodic physical examination by a qualified medical examiner is required to keep a CDL.

Agency Representative — Printed Name

Phone Number

Signature

Date