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 DMAP Policy and Planning Section

Authorized Signature

Number: DMAP-PT-12-003

Issue Date: 12/18/2012

Topic: Medical Benefits

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: Worker Guide

Applies to (check all that apply):

- All DHS employees
 County Mental Health Directors
 Area Agencies on Aging
 Aging and People with Disabilities
 Children, Adults and Families
 Other (please specify): DHS and OHA staff and others identified on the APD, CAF, AMH and DMAP transmittal lists
 County DD Program Managers

Policy/Rule Title:	DMAP Worker Guide Update (Admin. Exam section)		
EffectiveDate:	1/1/2013	Expiration:	N/A
Web Address:	http://www.oregon.gov/oha/healthplan/Pages/tools_staff/main.aspx		

Discussion/Interpretation:

Effective Jan. 1, 2013, DMAP updated the Current Procedural Terminology (CPT) and Health Care Common Procedure Coding System (HCPCS) Codes in [Table 2: Professional \(non-hospital\) Services](#) referenced in the Administrative Examinations section of the [DMAP Worker Guide](#). A link to this table is also found on page 38 of the Worker Guide.

Table 2: Professional (non-hospital) Services is updated with the following procedure code changes:

Removed	Added	
90801	90791 - 90792	Table includes detailed description of new codes and options.
99241-99245	99201- 99215	

Implementation/Transition Instructions: Read and follow updates.

Local/Branch Action Required:

Read and follow updates; no additional action needed at this time.

Central Office Action Required: N/A

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this information, contact:

Contact:	Daneka Karma, Policy Analyst (503) 945-6926, or e-mail daneka.karma@state.or.us
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Table 2: PROFESSIONAL (non-hospital) SERVICES
Effective 1/1/2013

For all Common Procedural Terminology (CPT) codes noted below (those that are not alphanumeric), refer to the CPT book for full descriptions and guidelines.

Procedure Codes	Description	Special Instructions/ Requirements	Use for:	Max Units	Rates
S9981	Medical records copying fee, administrative	If not completing DMAP 729D (optional), make sure to include on the DMAP 729 under Description of Service, "Include progress notes, laboratory reports, X-ray reports, and special study reports since [include date requesting records from]. Include recent hospital admission records if available."	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	\$19.30
PIN02	Polygraph testing by licensed polygrapher with narrative report	Polygraphers must be enrolled with the Division (The Division only enrolls polygraphers licensed by the Board on Public Safety Standards and Training (BPSST) Consent forms may be required. Refer to Child Welfare policy I-D.6.2 ¹		1	\$166.12
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. Includes completed report on eye examination (DMAP 729C)	DMAP 729C required This service may not be used in addition to a general ophthalmological service or an Evaluation and Management Service (e.g. CPT codes 99201-99215).	Use for initial or ongoing eligibility for client with eye or vision problem. Use for ongoing case planning, if appropriate	1	² (See subscript below)
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the	ALERT: When 96101 and 96111 are billed same date of service, a National Correct Coding Initiative (NCCI) edit will deny one service as similar services, and not separately reimbursable.	Use for initial or ongoing eligibility to determine intellectual disability or ability to grasp facts and figures. Use for ongoing case	6	\$53.98

	patient and time interpreting these test results and preparing the report	Staff must provide an instruction that if billing 96101 and 96111 same date of service, the provider must code 96101 with modifier 59.	planning, if appropriate		
96118	Neuropsychological testing (eg, 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	If required, can be requested in combination with 90791 or 90792, and 90889, psychiatric diagnostic interview examination. (Cannot be requested in combination with 90791 or 90792, and 99080, psychosocial evaluation.)	Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients.	3	\$53.98
90801	DELETED 1/1/2013, See 90791/90792				
90791 or 90792 Effective 1/1/2013	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. 90792: Is as described above for 90791 and includes medical services . Use when a medical assessment is required, including other physical examination elements as indicated and recommendations. Is restricted to use by a physician.	Reimbursement includes up to 1 hour of medical record review. Refer to 90885 for medical review beyond 1 hour. Cannot be reported on the same day as an evaluation and management service (e.g. a 99201-99215) 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. When requesting 90791/90792 for a psychiatric diagnostic interview examination, also request 90889 (narrative report) in accordance with the recommended outline included in DMAP form 729A, Comprehensive Psychiatric or Psychological Evaluation. OR	Use for initial or ongoing eligibility for client with mental health condition. Use for ongoing case planning, if appropriate. OR ONLY 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	1	\$222.60

		ONLY for Child Welfare, OYA and DD services clients, when requesting 90791/90792 for a psychosocial evaluation, also request 99080 for a Mental Residual Function Capacity Report (DMAP 729F) and/or Rating of Impairment Severity Report (DMAP 729G).	distortions, empathy, hostility, compulsivity and impulsivity.		
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. Refer to CPT guidebook for complete guidelines for use.	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.	1	² (See subscript below)
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, each 30 minutes	When requested with 90791 or 90792, this code can be used for time spent reviewing client medical records beyond the 1 hour included in 90801, and not to exceed 3 hours.	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	6	\$35.62

			physical health condition.		
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	<p>Restricted for use in combination with 90791 or 90792.</p> <p>The written report must be in accordance with the recommended outline included in DMAP form 729A, Comprehensive Psychiatric or Psychological Evaluation</p>	<p>Use for requesting a written report of 90791 or 90792 when requested for completing a psychiatric diagnostic interview examination (see notes under 90791/90792)</p> <p>Use for eligibility determination or ongoing case planning.</p>	1	\$53.61
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.	<p>Do not request 99080 in addition to 90889.</p> <p>Special reports include:</p> <p>(1) Physical Residual Function Capacity Report (DMAP 729E),</p> <p>(2) Mental Residual Function Capacity Report (DMAP 729F), and</p> <p>(3) Rating of Impairment Severity Report (DMAP 729G).</p> <p>Special reports can only be used in conjunction with 99455 and 99456, with one exception:</p> <p>Staff may request DMAP 729F and 729G for Child Welfare, OYA and DD services clients in combination with 90791/90792 (refer to notes under 90791/90792).</p>	<p>Use for requesting special reports.</p> <p>Use to determine initial or ongoing eligibility for General Assistance (GA) or disability.</p> <p>Used during exams or based on existing records.</p>	2	\$33.45
99455	<p>Work related or medical disability examination by the treating physician that includes:</p> <ul style="list-style-type: none"> • Completion of a medical history commensurate with the patient's condition; • Performance of an examination commensurate with the patient's condition; • Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; 	<p>99080 can be requested same date, same provider in combination with 99455</p> <p>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.</p>	<p>Use to report evaluations performed to establish baseline information prior to disability.</p> <p>Use to determine initial or ongoing eligibility for client with medical problem.</p> <p>Use for ongoing case planning, if appropriate.</p> <p>Use for referral to specialist for consultation.</p>	1	\$161.94

	<ul style="list-style-type: none"> Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. 		If possible, make a doctor's appointment at time of client interview.		
99456	Work related or medical disability examination by other than the treating physician that includes: criteria bulleted under 99455	<p>99080 can be requested same date, same provider in combination with 99456</p> <p>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.</p>	<p>Used to report evaluations performed to establish baseline information prior to disability.</p> <p>Use determine initial or ongoing eligibility for client with medical problem</p> <p>Use for ongoing case planning, if appropriate</p> <p>Use for referral to specialist for consultation</p> <p>If possible, make a doctor's appointment at time of interview with client.</p>	1	\$161.94
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	<p><i>For muscle testing, manual or electrical, or joint range of motion determination, see 95831-95851</i></p> <p>Requires direct one-on-one patient contact</p> <p>If not facility to perform a Physical Capacity Evaluation (PCE), do not use 97770. Refer to 99080 for a Physical Residual Function Capacity Report (DMAP 729E).</p> <p>ALERT: National Correct Coding Initiative (NCCI) edit will deny 97750 as a component procedure to 99455/99456, and not separately reimbursable when 97750 and 99455/99456 are billed by the same</p>	<p>Use to determine physical functional impairments and/or limitations as a supplement to the medical evaluation.</p> <p>Medical examination must also be obtained (see alert in special instructions) – See ALERT</p> <p>Use for ongoing case planning, if appropriate.</p>	4	² (See subscript below)

		provider, on the same date of service.			
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk			2	² (See subscript below)
95832	Hand, with or without comparison with normal side			1	² (See subscript below)
95833	Total evaluation of body, excluding hands			1	² (See subscript below)
95834	Total evaluation of body, including hands			1	² (See subscript below)
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)			1	² (See subscript below)
95852	Hand, with or without comparison with normal side			1	² (See subscript below)
99201	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making <p>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.</p> <p>Usually the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p>			1	² (See subscript below)

99202	Differs from 99201 by the following: (1) An expanded problem focused history and examination; (2) Presenting problem(s) are of low to moderate severity , and (3) Physicians typically spend 20 minutes face-to-face with the patient and/or family.			1	2 (See subscript below)
99203	Differs from 99201-99202 by the following: (1) An detailed history and examination; (2) Medical decision making of low complexity , (3) Presenting problem(s) are of moderate severity , and (4) Physicians typically spend 30 minutes face-to-face with the patient and/or family.			1	2 (See subscript below)
99204	Differs from 99201-99203 by the following: (1) A comprehensive 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 45 minutes face-to-face with the patient and/or family.			1	2 (See subscript below)
99205	Differs from 99201-99204 by the following: (1) A 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 60 minutes face-to-face with the patient and/or family.			1	2 (See subscript below)
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	2 (See subscript below)
99212	Office or other outpatient visit for the			1	2

	<p>evaluation and management of a established patient, which requires at least 2 of these 3 key components:</p> <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; • Straightforward medical decision making <p>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.</p> <p>Usually the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p>				(See subscript below)
99213	<p>Differs from 99212 by the following:</p> <p>(1) An expanded problem focused history and examination;</p> <p>(2) Medical decision making of low complexity,</p> <p>(3) Presenting problem(s) are of low to moderate severity, and</p> <p>(4) Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p>			1	² (See subscript below)
99214	<p>Differs from 99212-99213 by the following:</p> <p>(1) An detailed history and examination;</p> <p>(2) Medical decision making of moderate complexity,</p> <p>(3) Presenting problem(s) are of moderate to high severity, and</p> <p>(4) Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>			1	² (See subscript below)
99215	<p>Differs from 99212-99214 by the following:</p> <p>(1) An comprehensive history and examination;</p> <p>(2) Medical decision making of high complexity,</p> <p>(3) Presenting problem(s) are of moderate to high severity, and</p> <p>(4) Physicians typically spend 40 minutes</p>			1	² (See subscript below)

	face-to-face with the patient and/or family.				
99241 - 99245	DELETED 1/1/2013, See 99201-99215				
54240	Penile plethysmography	<p>Restricted for sole use by Child Welfare, Oregon Youth Authority (OYA) and Developmental Disability (DD) services clients only. Consent forms may be required.</p> <p>Refer to Child Welfare policy I-D.6.2¹</p>	Use to request assessment of deviant arousal patterns/measure sexual response pattern	1	\$221.49
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments (with interpretation and report)	<p>Use of 96111 is restricted for Developmental Disability (DD) clients.</p> <p>Current test results for both 96101 (cognitive) and 96111 (adaptive) are needed for diagnosis of intellectual disability. One or the other may have been completed by school, psychiatric hospital, or other provider of residential services. Request records.</p> <p>Therefore, 96101 may be requested by same provider, same date of service solely when a intellectual disability determination is needed, and only when approved by the worker's supervisor or program policies.</p> <p>ALERT:</p> <ul style="list-style-type: none"> • When 96101 and 96111 are billed same date of service, a National Correct Coding Initiative (NCCI) edit will deny one service as similar services, and not separately reimbursable. Staff must provide an instruction that if billing 96101 and 96111 same date of service, the provider must 	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.	1 ³	\$104.05

		code 96101 with modifier 59. <ul style="list-style-type: none"> 90791 and 90792 will deny due to NCCI edit when billed same day as 96111. 			
H1011	Family assessment by licensed behavioral professional for state defined purposes	Restricted for sole use by Child Welfare and Oregon Youth Authority (OYA) services clients only. Can be requested in combination with 96101 if required/needed.	Use to evaluate parenting abilities for Adoption and Safe Families Act (ASFA) determinations and other Child Welfare and OYA Programs.	1	\$268.07
80100*	Drug screen qualitative; multiple drug classes, chromatographic method, each procedure	Use of alcohol and/or other drug testing codes is restricted to Child Welfare and Oregon Youth Authority (OYA) clients and their parents. H0048 may be requested in combination with 80100 or 80101 if required	Use to test a blood or urine sample to detect the presence of drugs or alcohol in the subject's bloodstream.	*For codes 80100, 80101, 80102 and H0048 : Services are restricted for use by Child Welfare, and rates of reimbursement are included in the contract between contractor (laboratory) and the State Procurement Office (SPO). Questions regarding drug screening and confirmation services should be directed to Child Welfare	
80101*	Drug screen qualitative; single drug class method (e.g. immunoassay, enzyme assay), each drug class				
80102*	Drug confirmation, each procedure		Use if screen testing is positive.		
H0048*	Alcohol & other drug testing: collection and handling only, specimens other than blood.				

¹Policy I-D.6.2, http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-d62.pdf

²Maximum allowable rates are in accordance with the Division of Medical Assistance Programs (Division) physician fee schedule. Please refer to the fee schedule in effect for the date the service will be requested, at: http://www.oregon.gov/OHA/healthplan/data_pubs/feeschedule/main.shtml#fee_schedule

To note, there may be two rates for a 99xxx Evaluation and Management CPT code; the higher rate coded with a "P." The maximum allowable under the Administrative Examination Services Program will be the lower of the two rates.

³Corrected, effective 6/1/2012, to comply with 2005 coding change. In 2005, the CPT code descriptor of 96111 was revised to reflect the deletion of the "per hour" designation. Thus, starting January 1, 2005, physicians will report the service without regard to time.