



# **DMAP Worker Guide VIII**

## Administrative Examinations and Reports

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# Administrative Medical Examinations and Reports

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## Overview

An **Administrative Examination** is an evaluation required by the Department of Human Services (DHS) to help determine eligibility and case planning for various programs. An examination can only be requested by the client's DHS caseworker.

Examinations for determining eligibility for unemployability and disability are accepted only from providers listed in the Table in OAR 410-150-0120 (click on correct rulebook date).

The evaluation you receive from the medical professional must be written and must contain a diagnosis, prognosis and supporting objective findings. Functional impairments and expected duration should also be included.

An **Administrative Medical Report** is a request for copies of existing records from a specified date. Progress notes, laboratory tests, X-ray reports, special test results and copies of other pertinent records should be included.

All **DMAP Administrative Examination and Report rules** are posted at [www.dhs.state.or.us/policy/healthplan/guides/adminexam/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/adminexam/main.html).

**DMAP will not pay for Admin Exams from nurse practitioners, speech therapists, naturopathic physicians, chiropractors, podiatrists, dentists or hearing aid dealers.**

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## Important ELGR coding

The ELGR screen must show that the client has medical eligibility before DMAP can pay the medical provider for an administrative medical examination or report request. The worker must ensure that the client's eligibility is shown on the ELGR screen. The worker can do this in one of the following ways:

- If the worker has determined the client medically eligible and opens the medical program case, a new ELGR screen will be created or updated during overnight processing, or
- If the worker has not yet determined the client's medical eligibility, the worker must mark the client as "case denied" in the CM system. It is necessary to mark the client as "case denied" because the system will not create or update an ELGR screen for cases that are pended. After the client is shown as "case denied" on the CM system, a new ELGR screen will be created or updated during overnight processing.

The Client Enrollment Services (CES) will add medical eligibility to ELGR based on the Administrative Examination and Report payment request from the provider.

## Client medical documentation

Client medical documentation is needed to:

- Document CAWEM disability.
- Determine inability to maintain or seek employment.
- Determine total disability, incapacity, or unemployability.
- Aid in casework planning by the DHS worker and to determine appropriate client services.
- Exempt a client from JOBS participation because of physical or mental impairment.

**Administrative examinations are NOT used for additional Mental Health testing (except as listed above), information requests from doctors, or other agencies.**

## Selecting the appropriate examination

- Decide if you are ordering the Admin Exam in order to make an initial eligibility determination or if you're doing ongoing case planning. (*i.e.*, You as a worker need the information. DO NOT order an exam because a medical provider asks for it.)
- Look for proper codes to use for "initial" determinations and those used in "ongoing" cases.
- Using the code table, match the type of health problem with the appropriate examination procedure code. Find the proper examination or report and the appropriate type of provider that can be paid for that service.
  - ◇ If the client is currently being treated or has been treated within the last 12 months for the stated complaint, obtain copies of office records, or
  - ◇ If the client has been hospitalized, obtain copies of admission and discharge records.
  - ◇ If the client has not been seen by a medical provider recently, arrange an appropriate appointment (see guideline table).

## Selecting a provider

- Obtain the name of the client's current medical provider.
- If this provider is not the best choice to obtain needed information or if it is a provider type who cannot be paid, choose another provider (*e.g.*, If the client complains of heart problems, send him to a cardiologist).
- Determine if the chosen provider is enrolled with DMAP (Medicaid) by accessing PRVX and PRV1 (see Computer Guide for instructions).
- Order services only from authorized providers using the guideline table.
- Do not use an out-of-state provider unless PRV1 shows an active provider number.

## **Scheduling appointments**

The client schedules a medical appointment and provides the worker with the date and time, or if needed, the worker assists the client.

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## **Completion of DMAP 729 forms**

- The DMAP 729 forms are a series of seven forms (links appear at the end of this guide) used to order medical procedures. Not all DHS agencies use every form in the 729 series.
  - Instructions to complete the DMAP 729 are on the back of each form.
  - Send appropriate DMAP 729s and a release of information to the provider.
  - No prior authorization is needed on ELGP. The DMAP 729 is the authorization.
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## **Ordering DMAP covered ancillary services**

An ancillary service is ordered by the provider for the purpose of completing the administrative examination report. Ancillary services can be:

- X-rays
- Laboratory tests
- MRIs
- CAT scans; or
- Other special tests needed by the medical provider to document clinical diagnosis.

Ancillary providers should bill the appropriate CPT code and use the diagnosis code V68.89.

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## **Processing the provider's report**

- Determine if the report is what you requested.
- If the report is inadequate, request more information from the provider, but do NOT authorize additional payment or order a new Admin Exam.
- Providers must send CMS 1500 or UB-04 billing forms directly to DMAP for payment to the address on the bottom of the DMAP 729.

### Guidelines for the DMAP 729 Series

- Determine the appropriate examination or report to order.
- No prior authorization is needed for administrative medical exams and reports.

<p><b>Hospital Revenue Code 229</b></p>	<ul style="list-style-type: none"> <li>• Medical records copying fee, administrative. Includes copies of Admitting History/ Physical, Admission Summary, Consultations, Operative and Other Reports, and Discharge Instruction Sheet and Discharge Summary for (date)_____ admission as checked on DMAP 729D.</li> <li>• Use for initial or ongoing eligibility for client with a hospital stay within the last 60 days.</li> <li>• Use for ongoing case planning, if appropriate</li> </ul>
<p><b>Hospital Revenue Code 309</b></p>	<ul style="list-style-type: none"> <li>• Drug screen qualitative; multiple drug classes chromatographic method, each procedure or drug screen qualitative; single drug class method (e.g., immuno-assay, enzyme assay), each drug class. Use only for Child Welfare and OYA clients and parents.</li> <li>• To be used when the chosen provider is an outpatient hospital laboratory.</li> </ul>
<p><b>Hospital Revenue Code 309</b></p>	<ul style="list-style-type: none"> <li>• Drug confirmation, each procedure. Only for Child Welfare and OYA clients.</li> <li>• Use if screen testing is positive.</li> <li>• Use when the chosen provider is an outpatient hospital laboratory.</li> </ul>
<p><b>Hospital Revenue Code 309</b></p>	<ul style="list-style-type: none"> <li>• Alcohol and/or other drug testing, collection and handling, only specimen other than blood. Use only for Child Welfare and OYA clients.</li> <li>• Use for drug screening collection for Child Welfare and OYA clients only.</li> <li>• Use when the chosen provider is an outpatient hospital laboratory.</li> </ul>
<p><b>Hospital Revenue Code 424</b></p>	<ul style="list-style-type: none"> <li>• Physical performance test or measurement (e.g., musculo-skeletal, functional capacity), with written report, each 15 min.</li> <li>• Use to determine physical functional impairments and/or limitations as a supplement to the medical evaluation.</li> <li>• Use for ongoing case planning, if appropriate</li> <li>• Medical Examination must also be obtained. Do not use DMAP 729E with this evaluation.</li> </ul>
<p><b>Hospital Revenue Code 434</b></p>	<ul style="list-style-type: none"> <li>• Physical performance test or measurement (e.g., musculo-skeletal, functional capacity), with written report, each 15 minutes.</li> <li>• Use to determine physical functional impairments and/or limitations as a supplement to the medical evaluation.</li> <li>• Use for ongoing case planning, if appropriate.</li> <li>• Medical Examination must also be obtained. Do not use DMAP 729E with this evaluation.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Note:</b> Procedure codes on this page are for <b>hospitals only</b>. Hospitals bill DMAP on the UB-04 form</li> </ul>	

<p><b>Hospital Revenue Code 500</b></p>	<ul style="list-style-type: none"> <li>• Work-related or medical disability examination by the treating physician. See current CPT for details.</li> <li style="text-align: center;">- OR -</li> <li>• Work-related or medical disability examination by other than the treating physician. See current CPT for details.</li> <li>• Use to determine initial or ongoing eligibility for client with medical problem.</li> <li>• Use for ongoing case planning, if appropriate.</li> <li>• Use when the chosen provider is employed by a hospital.</li> <li>• 99080 Completion of Physical Residual Function Capacity Report form DMAP 729E can be billed at the same time.</li> </ul>
<p><b>Hospital Revenue Code 918</b></p>	<ul style="list-style-type: none"> <li>• Description determined by testing requested by worker (see 96100)</li> <li>• Use for initial or ongoing eligibility for client with mental health problems.</li> <li>• Use for ongoing case planning, if appropriate.</li> <li>• Use for any mental health testing with narrative report per description of service and performed by psychologist or psychiatrist employed by the hospital</li> </ul>
<p><b>Hospital Revenue Code 919</b></p>	<ul style="list-style-type: none"> <li>• Description determined by examination requested by worker (see 90801 or H1011).</li> <li>• Use for initial or ongoing eligibility for client with mental health problems.</li> <li>• Use for ongoing case planning, if appropriate.</li> <li>• Use for comprehensive evaluation with narrative report per description of service and performed by psychologist or psychiatrist employed by the hospital.</li> </ul>
<p><b>Note:</b> Procedure codes on this page are for <b>hospitals only</b>. Hospitals bill DMAP on the UB-04 form.</p>	

<p><b>Procedure Code: 97750</b></p> <p><b>Provider Types:</b> <b>Physical Therapists,</b> <b>Occupational Therapists,</b> <b>(PT, OT, PB, IH)</b></p>	<ul style="list-style-type: none"><li>• Physical performance test or measurement (e.g., musculo-skeletal, functional capacity), with written report, each 15 minutes. Limited to 1 hour.</li><li>• Use to determine physical functional impairments and/or limitations as a supplement to the medical evaluation.</li><li>• Use for ongoing case planning, if appropriate.</li><li>• Medical examination must also be obtained.</li><li>• If no facility to perform PCE is available, then see 99080.</li><li>• Do not use DMAP 729E with this evaluation</li></ul>
<p><b>Procedure Code: 99172</b></p> <p><b>Provider Types:</b> <b>Medical Doctors,</b> <b>Ophthalmologists,</b> <b>Optometrists</b> <b>(PB, OD, MD, IH)</b></p>	<ul style="list-style-type: none"><li>• Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision, with completion of the report on eye examination (DMAP 729C). See current CPT for details.</li><li>• Use for initial or ongoing eligibility for client with eye or vision problem.</li><li>• Use for ongoing case planning, if appropriate.</li></ul>
<p><b>Procedure Code: 96101</b></p> <p><b>Provider Types:</b> <b>Medical Doctors,</b> <b>Psychiatrists,</b> <b>Psychologists</b> <b>(PY, PB, MC, IH, MD w/ specialty in PS, PN, CH)</b></p>	<ul style="list-style-type: none"><li>• Psychological testing with interpretation and report, per hour. See current CPT for details. Limited to 6 hours per day.</li><li>• Use for initial or ongoing eligibility to determine mental retardation or ability to grasp facts and figures.</li><li>• Use for ongoing case planning, if appropriate.</li></ul>
<p><b>Procedure Code: 90801</b></p> <p><b>Provider Types:</b> <b>Medical Doctors,</b> <b>Psychiatrists,</b> <b>Psychologists</b> <b>(PY, PB, MC, PB, MD w/specialty in PS, PN, CH)</b></p>	<ul style="list-style-type: none"><li>• Psychiatric diagnostic interview, examination. See current CPT and CPT Assist Volume II, Issue 3, March 2001 for details. Narrative report (90889) per recommended outline in Comprehensive Psychiatric or Psychological Evaluation (DMAP 729A).</li></ul> <p style="text-align: center;"><b>- OR -</b></p> <ul style="list-style-type: none"><li>• Use for psychosexual evaluation including assessment of history and degree of offending behavior, cognitive distortions, empathy, hostility, compulsivity and impulsivity. Only for Child Welfare, OYA, and DD Services clients.</li><li>• Use for initial or ongoing eligibility for client with mental health problem.</li><li>• Use for ongoing case planning, if appropriate.</li><li>• 99080 Completion of Mental Residual Function Capacity Report (DMAP 729F) and/or Rating of Impairment Severity Report (DMAP 729G) can be billed at the same time</li></ul>

<p><b>Procedure Code 99080</b></p> <p><b>Provider Types:</b> <b>Medical Doctors,</b> <b>Psychiatrists,</b> <b>Psychologists</b> <b>(PY, PB, IH, MC, MD)</b></p>	<ul style="list-style-type: none"> <li>• Special reports. See current CPT for details: (1) Physical Residual Function Capacity Report, use DMAP 729E.</li> <li>(2) Mental Residual Function Capacity Report, use DMAP 729F.</li> <li>(3) Rating of Impairment Severity Report, use DMAP 729G.</li> <li>• Use during examinations or based on existing records.</li> <li>• Use to determine initial or ongoing eligibility for GA or disability.</li> <li>• Not paid in addition to 90801, 90889.</li> <li>• Special reports can only be used in conjunction with 99455 or 99456.</li> </ul>
<p><b>Procedure Code S9981</b></p> <p><b>Provider Types:</b> <b>(PB, MD, CR, CP, SC,</b> <b>PY, MC)</b></p>	<ul style="list-style-type: none"> <li>• Medical records copying fee, administrative. Include progress notes, laboratory reports, X-ray reports, and special study reports since (date)_____. Include recent hospital admission records if available.</li> <li>• Use for initial or ongoing eligibility when client has been in the hospital or has had a history and physical in the last 60 days.</li> <li>• Use of DMAP 729D is optional.</li> </ul>
<p><b>Procedure Code 99455</b></p> <p><b>Provider Types:</b> <b>Medical Doctors,</b> <b>Osteopaths,</b> <b>Psychologists,</b> <b>Ophthalmologists,</b> <b>Optometrists</b> <b>(MD, PB, IH)</b></p>	<ul style="list-style-type: none"> <li>• Work-related or medical disability examination by the treating physician. See current CPT for details. May be paid in addition to 99080.</li> <li>• Use to determine initial or ongoing eligibility for client with medical problem.</li> <li>• Use for ongoing case planning, if appropriate.</li> <li>• Use for referral to specialist for consultation</li> <li>• If possible, make a doctor's appointment at .time of interview with client.</li> <li>• 99080 completion of Physical Residual Function Capacity Report (DMAP 729E) can be billed at the same time.</li> </ul>
<p><b>Procedure Code 99456</b></p> <p><b>Provider Types:</b> <b>Medical Doctors,</b> <b>Osteopaths,</b> <b>Psychologists,</b> <b>Ophthalmologists,</b> <b>Optometrists (MD, PB,</b> <b>IH)</b></p>	<ul style="list-style-type: none"> <li>• Work-related or medical disability examination by other than the treating physician. See current CPT for details. May be paid in addition to 99080.</li> <li>• Use to determine initial or ongoing eligibility for client with medical problem.</li> <li>• Use for referral to specialist for consultation.</li> <li>• If possible, make a doctor's appointment at time of interview with client.</li> <li>• 99080 completion of Physical Residual Function Capacity Report form (DMAP 729E) can be billed at the same time</li> </ul>



<p><b>Procedure Code: 96118</b></p> <p><b>Provider Types:</b> <b>Psychologists</b> <b>(MD, PY, PB, MC, IH)</b></p>	<ul style="list-style-type: none"> <li>• Neuropsychological testing battery (e.g., Halstead-Reitan Neuropsychological battery, Wechsler memory scales and Wisconsin card scoring test) per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing report.</li> <li>• Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients through neuropsychological testing.</li> <li>• Paid in combination with 90801, 90889 if required.</li> </ul>
<p><b>Procedure Code: 96111</b></p> <p><b>Provider Types:</b> <b>PY</b></p>	<ul style="list-style-type: none"> <li>• Development testing, extended with interpretation and report, per hour, up to 5 hours. See current CPT for details.</li> <li>• Use for eligibility or ongoing case planning to determine if an individual is a person with mental retardation.</li> <li>• Use this code only for DD clients.</li> <li>• May be combined with 96100 (cognitive testing) only if needed to determine mental retardation, and only when approved by the worker's supervisor or program policies.</li> <li>• Current results of both tests (96100 cognitive testing &amp; 96111 adaptive testing) are needed for diagnosis of mental retardation. One or the other may have been completed by school, psychiatric hospital, or other provider of residential services. Request records.</li> </ul>
<p><b>Procedure Code: 90889</b></p> <p><b>Provider Types:</b> <b>PY, MD, MC, IH, CR, CP</b></p>	<ul style="list-style-type: none"> <li>• Preparation of report of patient's psychiatric status, history, treatment or progress. See current CPT for details.</li> <li>• Use for eligibility determination or ongoing case planning.</li> <li>• Must request in conjunction with 90801 only.</li> </ul>
<p><b>Procedure Code: PIN02</b></p> <p><b>Provider Types:</b> <b>PP, MM</b></p>	<ul style="list-style-type: none"> <li>• Polygraph testing by licensed polygrapher with narrative report.</li> <li>• Polygraphers must be enrolled with DMAP and licensed by the Bureau of Police Standards and Training.</li> <li>• Signed consent forms may be required. Refer to Child Welfare Policy I-D.6.2.</li> </ul>
<p><b>Procedure Code: 54240</b></p> <p><b>Provider Types:</b> <b>PY, PB, MD, MC, CR, CP</b></p>	<ul style="list-style-type: none"> <li>• Penile Plethysmography.</li> <li>• Signed consent forms may be required. Refer to Child Welfare Policy I-D.6.2.</li> <li>• Only for Child Welfare, OYA, and DD Services clients.</li> </ul>
<p><b>Procedure Code: 80100</b></p> <p><b>Provider Types:</b> <b>PB, NP, ND, MD, IL, IH, CR, AS</b></p>	<ul style="list-style-type: none"> <li>• Drug screen qualitative, multiple drug classes, chromatographic method, each procedure.</li> <li>• Use for drug screening only for Child Welfare or OYA clients.</li> <li>• Paid in combination with H0048 if required.</li> </ul>

<p><b>Procedure Code: 80101</b></p> <p><b>Provider Types:</b> PB, NP, ND, MD, IL, IH, CR, AS</p>	<ul style="list-style-type: none"> <li>• Drug screen qualitative, single drug class method, each drug class.</li> <li>• Use only for Child Welfare and OYA clients.</li> <li>• Paid in combination with H0048 if required.</li> </ul>
<p><b>Procedure Code: 80102</b></p> <p><b>Provider Types:</b> PB, NP, ND, MD, IL, IH, CR, AS</p>	<ul style="list-style-type: none"> <li>• Drug confirmation, each procedure.</li> <li>• Use if screen testing is positive.</li> <li>• Use only for Child Welfare or OYA clients.</li> </ul>
<p><b>Procedure Code: H0048</b></p> <p><b>Provider Types:</b> PB, NP, ND, MD, IL, IH, CR, AS, AC</p>	<ul style="list-style-type: none"> <li>• Alcohol and/or other drug testing; collection and handling, only specimen other than blood. Only for Child Welfare or OYA clients.</li> <li>• Paid in combination with 80100 and/or 80101 if required.</li> </ul>
<p><b>Procedure Code: H1011</b></p> <p><b>Provider Types:</b> Medical Doctors, Psychiatrists, Psychologists (PY, PB, IH, MC, MD w/ specialty in PS, PH, CH)</p>	<ul style="list-style-type: none"> <li>• Family assessment by licensed behavioral health professional for state defined purposes.</li> <li>• Use in combination with 96100 if needed.</li> <li>• Use only for Child Welfare and OYA clients.</li> <li>• Use to evaluate parenting abilities for ASFA determinations and other Child Welfare and OYA programs.</li> <li>• Paid in combination with 96100, if needed.</li> </ul>
<p><b>Procedure Code: 99201</b></p> <p><b>All Provider Types</b></p>	<ul style="list-style-type: none"> <li>• Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history, a problem focused examination and straightforward medical decision making</li> </ul>
<p><b>Procedure Code: 99202</b></p> <p><b>All Provider Types</b></p>	<ul style="list-style-type: none"> <li>• Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</li> <li>• An expanded problem focused history, an expanded problem focused examination and straightforward medical decision making</li> </ul>
<p><b>Procedure Code: 99203</b></p> <p><b>All Provider Types</b></p>	<ul style="list-style-type: none"> <li>• Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</li> <li>• A detailed history, a detailed examination and medical decision making of low complexity</li> </ul>
<p><b>Procedure Code: 99204</b></p> <p><b>All Provider Types</b></p>	<ul style="list-style-type: none"> <li>• Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</li> <li>• A comprehensive history, a comprehensive examination, and medical decision making of moderate complexity.</li> </ul>

<b>Procedure Code: 99205</b> <b>All Provider Types</b>	<ul style="list-style-type: none"><li>• Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</li><li>• A comprehensive history, a comprehensive examination, and medical decision making of high complexity.</li></ul>
<b>Procedure Code: 99241</b> <b>All Provider Types</b>	<ul style="list-style-type: none"><li>• Office consultation for the new or established patient, which requires these three key components: a problem focused history, a problem focused examination and straightforward medical decision making.</li></ul>
<b>Procedure Code: 99242</b> <b>All Provider Types</b>	<ul style="list-style-type: none"><li>• Office consultation for the new or established patient, which requires these three key components: an expanded problem focused history, an expanded problem focused examination and straightforward medical decision making.</li></ul>
<b>Procedure Code: 99243</b> <b>All Provider Types</b>	<ul style="list-style-type: none"><li>• Office consultation for the new or established patient, which requires these three key components: a detailed history, a detailed examination and a medical decision making of low complexity</li></ul>
<b>Procedure Code: 99244</b> <b>All Provider Types</b>	<ul style="list-style-type: none"><li>• Office consultation for the new or established patient, which requires these three key components: a comprehensive history, a comprehensive examination and a medical decision making of moderate complexity</li></ul>
<b>Procedure Code: 99245</b> <b>All Provider Types</b>	<ul style="list-style-type: none"><li>• Office consultation for the new or established patient, which requires these three key components: a comprehensive history, a comprehensive examination and a medical decision making of high complexity.</li></ul>

### DMAP 729 series form links

The 729 series of forms are found on the DHS forms server,

[http://dhsforms.hr.state.or.us/forms/databases/FMPRO?-db=FormTbl.fp5&-lay=Main&-format=Findforms\\_FMP.htm&-findany](http://dhsforms.hr.state.or.us/forms/databases/FMPRO?-db=FormTbl.fp5&-lay=Main&-format=Findforms_FMP.htm&-findany).

- Administrative Medical Examination/Report Authorization [DMAP 729](#)
- Comprehensive Psychiatric or Psychological Evaluation [DMAP 729A](#)
- Report on Eye Examination [DMAP 729C](#)
- Medical Records Checklist [DMAP 729D](#)
- Physical Residual Function Capacity Report [DMAP 729E](#)
- Mental Residual Function Capacity Report [DMAP 729F](#)
- Rating of Impairment Severity Report [DMAP 729G](#)

This page completes the section when making double-sided copies.