

Cathy Cooper
Authorized Signature

Number: SPD-AR-09-036
Issue Date: 9/16/2009

Topic: Developmental Disabilities

Due Date: 9/16/2009

Subject: New Admin Exam Process

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Eligibility Specialists, Services Coordinators, Brokerage Directors |

Action Required:

An Administrative Examination (Admin Exam) is an evaluation used by the Department of Human Services (DHS) to help determine eligibility, assist with case planning for various programs, or for commitment purposes. The Administrative Examination can only be requested and authorized by the client's DHS caseworker (or DD Services Coordinator/Eligibility Specialist).

For clients who may need an Administrative Examination and **who have** an active Oregon Health Plan (OHP) card, the DD Services Coordinator or Eligibility Specialist will need to verify that the existing prime number is coded to pay for the Admin Exam.

For clients who may need an Administrative Examination and who do not have an active Oregon Health Plan (OHP) card or any other financial resources to private pay for an Admin Exam, the DD Services Coordinator or Eligibility Specialist may request that a prime number be assigned specifically for the purpose of having an Admin Exam completed.

In order to request a prime number specifically for the purpose of having an Admin Exam completed or to verify that an existing prime number is coded to pay for the Admin Exam, the Services Coordinator or the Eligibility Specialist must email the CDDP's designated SPD Diagnosis and Evaluation Coordinator (Chelas Kronenberg

or Kathy Richards) before the exam takes place. The following information must be provided when requesting a prime number for this purpose:

- Full legal name
- Date of birth
- Social Security number
- Residential address (not PO box)
- Phone number
- Race
- Gender
- Date of service (evaluation)

If the individual is under 18 years of age on the date you are requesting the prime number, you must also provide:

- At least one parent's full legal name
- Date of birth
- Social Security number
- Residential address (not PO Box) – if different than the child's (applicant's)

You must consult with SPD for the following situations, **prior to** arranging an Admin Exam if:

- ❖ you are not able to provide the parental information (i.e. child is in custody of DHS child welfare, child has been emancipated, parent whereabouts are unknown, etc.)
- ❖ the individual or the parent does not have a Social Security number.

Attached is a link to the current DMAP Worker Guide

http://www.oregon.gov/DHS/healthplan/data_pubs/wguide/2008/viii_wg_0508.pdf You must use current codes when ordering Admin Exams. Instructions for completing the DMAP Admin Exam authorization form (729) are included on the back of the 729 form. See the attached example – details in red are required and must be filled in when authorizing an Admin Exam.



**Administrative Medical Examination/
Report Authorization**

11. Provider Name and Address

Psychologists name and address

1. Patient=s Name Client's legal name		2. Insured=s ID (Prime No) OHP # or assigned by D&E	
3. SSN Must have		4. Date of Birth Must include	
Agency Use Only			
5. Program n/a	6. Branch n/a	7. Case Number n/a	8. Wkr ID n/a
9. Case Name n/a			Filing Sect 5
A Release of Information is Enclosed			
10. Provider Number		Provider's DMAP #	

This individual and the Department ask your help in determining his/her medical condition. He/she is seeking assistance because of the following complaints: 12. n/a

13. Procedure Code	14. Description of Service	15. Amount to be Billed
<p><u>Most common codes for DD eligibility determination:</u> 96101 – intellectual testing (IQ testing) 96111 – developmental testing (adaptive assessment) 90801 – Developmental Assessment (includes interviews, gathering of info, record review)</p> <p><u>Other possible codes – not usually used:</u> 90889 – ONLY USE if you are NOT scheduling IQ or adaptive testing. Must request in conjunction with 90801 ONLY 96118 – Neuropsychological testing- paid in combination with 90801 and 90889 if required 99244 – consult for new or established patients</p>		

All medical reports must be written and must contain a diagnosis, prognosis, and supporting objective findings. Functional impairments (changes in physical/mental functioning as a result of illness, injury, medication or surgery) and expected duration should also be included. The reports will only be accepted from Medicaid enrolled licensed medical and osteopathic doctors, optometrists, licensed clinical psychologists, licensed clinical social workers, physical therapists or occupational therapists as requested by the local branch..

- 16. Attached forms to be completed and returned:**
- Comprehensive Psychiatric or Psychological Evaluation - See attached form DMAP 729A
 - Report on Eye Examination - Complete attached form DMAP 729C
 - Medical Record Checklist - See attached form DMAP 729D
 - Mental Residual Function Capacity Report - Complete attached form DMAP 729F
 - Physical Residual Function Capacity Report - Complete attached form DMAP 729E
 - Rating of Impairment Severity Report - Complete attached form DMAP 729G

17. Branch Name and Address Your address goes here (don't fill in any part of #16)	18. Worker=s Name Your name	
	19. Date Requested Date you scheduled test	20. Telephone You contact number

Caseworker Instructions for Completion of DMAP 729

This has been updated specifically for DD service coordinators
All blanks must be completed

1. Patient=s Name Name of client to be seen by medical provider
2. Insured=s ID/Prime Number Eight alpha/numeric character field
3. SSN Client=s Social Security Number
4. Date of Birth Patient=s Date of Birth
5. Program **Not needed for DD clients**
6. Branch **Not needed for DD clients**
7. Case Number **Not needed for DD clients**
8. Worker ID **Not needed for DD clients**
9. Case Name **Not needed for DD clients**
10. Provider Number Medical provider number assigned by DMAP
11. Address Box Name and address of medical provider
12. Patient=s Complaint Area **.Not needed for DD clients**
13. Procedure Code Procedure code of selected exam or report
14. Description of Service Description for selected examination or report from guidelines
15. Amount to be Billed **Okay to leave blank- DMAP will pay current rates**
16. Needed Reports Boxes **Not needed for DD clients**
17. Branch Name and Address **DD office and address**
18. Worker=s Name Legible name of worker requesting examination or report
19. Date Requested Date 729 sent to medical provider
20. Telephone Legible telephone number of worker requesting report

Billing Information: In order to expedite services to this patient and payment to you, please return the report within 15 days to the branch office listed above. Use the ICD-9-CM diagnosis code V68.89. Send the CMS-1500 billing form to DMAP, PO Box 14165, Salem OR 97309. Hospitals send UB 92 to DMAP, PO Box 14956, Salem OR 97309. Copying services send CMS-1500 to DMAP, PO Box 14165, Salem OR 97309. **Relay the V68.89 diagnosis code to the Medicaid enrolled ancillary providers if additional DMAP -covered outpatient diagnostic services (e.g. lab, X-ray, special studies) are needed**

Reason for Action: DMAP has a new process for assigning and coding cases specific for Admin Exams.

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s):	Chelas Kronenberg & Kathy Richards		
Phone:	Chelas 503-945-6799 Kathy 503-947-4241	Fax:	503-373-7274
E-mail:	Chelas.a.kronenberg@state.or.us Kathryn.a.richards@state.or.us		