

# Table 2: PROFESSIONAL (non-hospital) SERVICES

Effective 1/1/2014

---

## PLEASE NOTE:

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

For rates listed as “DMAP Rate:”

- Maximum allowable rates are in accordance with the Division of Medical Assistance Programs (DMAP) physician fee schedule posted at [www.oregon.gov/OHA/healthplan/pages/feeschedule.aspx](http://www.oregon.gov/OHA/healthplan/pages/feeschedule.aspx).
- Please refer to the fee schedule in effect for the date the service will be requested.
- 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.

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
<b>S9981</b>	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
<b>PIN02</b>	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 <a href="http://www.dhs.state.or.us/policy/child_welfare/manual_1/i-d62.pdf">http://www.dhs.state.or.us/policy/child_welfare/manual_1/i-d62.pdf</a>		1	\$166.12
<b>99172</b>	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	DMAP Rate

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
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 patient and time interpreting these test results and preparing the report	<b>ALERT:</b> 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 code 96101 with modifier 59.	Use for initial or ongoing eligibility to determine intellectual disability or ability to grasp facts and figures.  Use for ongoing case planning, if appropriate	6	\$53.98
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.)  <b>ALERT:</b> 96118 will deny due to NCCI edit when billed same day as 96111 (96111 is restricted to Developmental Disability clients).	Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients.	3	\$53.98
90801	<b>DELETED</b> 1/1/2013, See 90791/90792				
90791 or 90792  Effective 1/1/2013	<b>90791:</b> 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.  <b>90792:</b> Is as described above for 90791 and includes <b>medical services</b> . Use when a medical assessment is required, including other physical examination	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	Use for initial or ongoing eligibility for client with mental health condition.  Use for ongoing case planning, if appropriate.	1	\$222.60

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
<p>(cont.) 90791 or 90792</p> <p>Effective 1/1/2013</p>	<p>elements as indicted and recommendations. <b>Is restricted to use by a physician.</b></p>	<p>should be reported with add-on code 90785 used in conjunction with 90791, 90792.</p> <p>When requesting 90791/90792 for a psychiatric diagnostic interview examination, also request <b>90889</b> (narrative report) in accordance with the recommended outline included in DMAP form 729A, Comprehensive Psychiatric or Psychological Evaluation.</p> <p><b>OR</b></p> <p>ONLY for Child Welfare, OYA and DD services clients, when requesting 90791/90792 for a psychosocial evaluation, also request <b>99080</b> for a Mental Residual Function Capacity Report (DMAP 729F) and/or Rating of Impairment Severity Report (DMAP 729G).</p>	<p><b>OR</b></p> <p>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 distortions, empathy, hostility, compulsivity and impulsivity.</p>		
<p>90785</p> <p>(cont.)</p>	<p>Interactive Complexity (List separately in addition to the code for primary procedure 90791, 90792)</p>	<p>90785 is an add-on code for interactive complexity to be reported in conjunction solely with 90791 or 90792.</p> <p>Refer to CPT guidebook for complete guidelines for use.</p>	<p>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,</p>	1	DMAP Rate

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014



Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
		services clients in combination with 90791/90792 (refer to notes under 90791/90792).			
99455	<p>Work related or medical disability examination by the treating physician that includes:</p> <ul style="list-style-type: none"> <li>• Completion of a medical history commensurate with the patient's condition;</li> <li>• Performance of an examination commensurate with the patient's condition;</li> <li>• Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment;</li> <li>• Development of future medical treatment plan; and</li> <li>• Completion of necessary documentation/ certificates and report.</li> </ul>	<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> <p>If possible, make a doctor's appointment at time of client interview.</p>	1	\$161.94
99456	<p>Work related or medical disability examination by <b>other than</b> the treating physician that includes: criteria bulleted under 99455</p>	<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>	<ul style="list-style-type: none"> <li>• Used to report evaluations performed to establish baseline information prior to disability.</li> <li>• Use 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> </ul>	1	\$161.94
97750	<p>Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each</p>	<p><i>For muscle testing, manual or electrical, or joint range of motion determination, see 95831-95851</i></p>	<p>Use to determine physical functional impairments and/or limitations as a <b>supplement</b> to the medical evaluation.</p>	4	DMAP Rate

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
	15 minutes	Requires direct one-on-one patient contact  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).  <b>ALERT:</b> 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 provider, on the same date of service.	Medical examination must also be obtained (see alert in special instructions) – <b>See ALERT</b>  Use for ongoing case planning, if appropriate.		
<b>95831</b>	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk			2	DMAP Rate
<b>95832</b>	Hand, with or without comparison with normal side			1	DMAP Rate
<b>95833</b>	Total evaluation of body, excluding hands			1	DMAP Rate
<b>95834</b>	Total evaluation of body, including hands			1	DMAP Rate
<b>95851</b>	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)			1	DMAP Rate
<b>95852</b>	Hand, with or without comparison with normal side			1	DMAP Rate
<b>99201</b>	Office or other outpatient visit for the evaluation and management of a <b>new</b> patient, which requires these 3 key components: <ul style="list-style-type: none"> <li>• A <b>problem focused</b> history;</li> </ul>			1	DMAP Rate

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
	<ul style="list-style-type: none"> <li>• A <b>problem focused</b> examination;</li> <li>• <b>Straightforward</b> medical decision making</li> </ul> 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. Usually the presenting problem(s) are <b>self limited or minor</b> . Physicians typically spend <b>10</b> minutes face-to-face with the patient and/or family.				
99202	Differs from 99201 by the following: (1) An <b>expanded</b> problem focused history and examination; (2) Presenting problem(s) are of <b>low to moderate severity</b> , and (3) Physicians typically spend <b>20</b> minutes face-to-face with the patient and/or family.			1	D M A P R a t e
99203	Differs from 99201-99202 by the following: (1) A <b>detailed</b> history and examination; (2) Medical decision making of <b>low complexity</b> , (3) Presenting problem(s) are of <b>moderate severity</b> , and (4) Physicians typically spend <b>30</b> minutes face-to-face with the patient and/or family.			1	D M A P R a t e
99204	Differs from 99201-99203 by the following: (1) A <b>comprehensive</b> history and examination; (2) Medical decision making of			1	D M A P R a t e

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
	<p><b>moderate complexity</b>            (3) Presenting problem(s) are of <b>moderate to high severity</b>, and            (4) Physicians typically spend <b>45</b> minutes face-to-face with the patient and/or family.</p>				
99205	<p>Differs from 99201-99204 by the following:            (1) A <b>comprehensive</b> history and examination;            (2) Medical decision making of <b>high complexity</b>            (3) Presenting problem(s) are of <b>moderate to high severity</b>, and            (4) Physicians typically spend <b>60</b> minutes face-to-face with the patient and/or family.</p>			1	D M A P R a t e
99211	<p>Office or other outpatient visit for the evaluation and management of an <b>established</b> 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.</p>			1	D M A P R a t e
99212	<p>Office or other outpatient visit for the evaluation and management of a <b>established</b> patient, which requires at least 2 of these 3 key components:</p>			1	D M A P R a t e

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
	<ul style="list-style-type: none"> <li>• A <b>problem focused</b> history;</li> <li>• A <b>problem focused</b> examination;</li> <li>• <b>Straightforward</b> medical decision making</li> </ul> <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. Usually the presenting problem(s) are <b>self limited or minor</b>. Physicians typically spend <b>10</b> minutes face-to-face with the patient and/or family.</p>				
99213	<p>Differs from 99212 by the following:</p> <ol style="list-style-type: none"> <li>(1) An <b>expanded</b> problem focused history and examination;</li> <li>(2) Medical decision making of <b>low complexity</b>,</li> <li>(3) Presenting problem(s) are of <b>low to moderate severity</b>, and</li> <li>(4) Physicians typically spend <b>15</b> minutes face-to-face with the patient and/or family.</li> </ol>			1	D M A P R a t e
99214	<p>Differs from 99212-99213 by the following:</p> <ol style="list-style-type: none"> <li>(1) An <b>detailed</b> history and examination;</li> <li>(2) Medical decision making of</li> </ol>			1	D M A P R a t e

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
	<b>moderate complexity</b> , (3) Presenting problem(s) are of <b>moderate to high severity</b> , and (4) Physicians typically spend <b>25</b> minutes face-to-face with the patient and/or family.				
<b>99215</b>	Differs from 99212-99214 by the following: (1) An <b>comprehensive</b> history and examination; (2) Medical decision making of <b>high complexity</b> , (3) Presenting problem(s) are of <b>moderate to high severity</b> , and (4) Physicians typically spend <b>40</b> minutes face-to-face with the patient and/or family.			1	DMAP Rate
<b>99241 -99245</b>	<b>DELETED 1/1/2013, See 99201-99215</b>				
<b>54240</b>	Penile plethysmography	<b>Restricted for sole use by Child Welfare, Oregon Youth Authority (OYA) and Developmental Disability (DD) services clients only.</b> Consent forms may be required.  Refer to Child Welfare policy I-D.6.2 <a href="http://www.dhs.state.or.us/policy/child_welfare/manual_1/i-d62.pdf">http://www.dhs.state.or.us/policy/child_welfare/manual_1/i-d62.pdf</a>	Use to request assessment of deviant arousal patterns/measure sexual response pattern	1	\$221.49
<b>96111</b>	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments (with interpretation and report)	<b>Use of 96111 is restricted for Developmental Disability (DD) clients.</b> Current test results for both 96101 (cognitive) and 96111 (adaptive) are needed for diagnosis of intellectual	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	1	\$104.05

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
		<p>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><b>ALERT:</b></p> <ul style="list-style-type: none"> <li>• 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 code 96101 with modifier 59.</li> <li>• 90791 and 90792 will deny due to NCCI edit when billed same day as 96111</li> <li>• 96118 will deny due to NCCI edit when billed same day as 96111.</li> </ul>	palsy or other neurological condition that may be characterized by a concurrent adaptive behavior deficit.		
<b>H1011</b>	Family assessment by licensed behavioral professional for state defined purposes	<p><b>Restricted for sole use by Child Welfare and Oregon Youth Authority (OYA) services clients only.</b></p> <p>Can be requested in combination with 96101 if required/needed.</p>	Use to evaluate parenting abilities for Adoption and Safe Families Act (ASFA) determinations and other Child Welfare and OYA Programs.	1	\$268.07
<b>G0431</b>	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter	<p><b>Includes ETG and/or Methadone, when ordered</b></p> <p><b>Only use this code when billing through Administrative Medical</b></p>	Use to evaluate parenting abilities for Adoption and Safe Families Act (ASFA) determinations and other Child Welfare and OYA Programs.	1	DMAP Rate
<b>80102</b>	Drug confirmation, each procedure		Use if screen testing is	8	DMAP

Table 2: Professional (Non-Hospital) Services Effective 1/1/2014

Procedure Codes	Description	Special Instructions/Requirements	Use for:	Max. Units	Rates
			positive.		Rate
H0048	Alcohol & other drug testing: collection and handling only, specimens other than blood.			1	\$16.08
80100-80101	<b>Effective 12/1/2013</b> , these codes are closed to Administrative Examinations, and are only open to Other Medical.				