



Health Systems Division  
Medicaid Programs

<b>A Release of Information is enclosed for:</b>			
Patient's name		Insured ID (Prime Number)	
SSN		Date of birth	
<b>Agency Use Only – Complete fully before routing</b>			
Program	Branch	Case Number	Case Name

### Administrative Medical Examination/Report Authorization (Medical Records Request)

Provider Name  
Provider Address  
City, State ZIP

Date of request:  
Provider number:

**DHS/OHA/OYA STAFF: Please complete all fields. For specific instructions, point at the field you need help with.**

This form is used by the local Department of Human Services (DHS), Oregon Health Authority (OHA) or Oregon Youth Authority (OYA) branch to request consultative evaluations, reports and/or records from providers who:

- Are enrolled as an Oregon Health Plan (OHP) provider with a current Admin Exam provider contract;
- Have met the provider qualifications of the requesting DHS/OHA/OYA program; and
- Have a current contract with the requesting DHS/OHA/OYA office to complete Admin Exam requests.

For current authorized fees, please refer to the Administrative Exams section of the *MAP Worker Guide*. Additionally, Developmental Disabilities staff should refer to the *Developmental Disabilities Worker Guide*.

**PROVIDER: Please help us by completing the following report(s) for the patient listed above.**

All 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. **Please retain a copy of this form and the completed report(s) for 7 years.**

- |  |  |
|--|--|
| <input type="checkbox"/> Comprehensive Psychiatric or Psychological Evaluation — OHP 729A    | <input type="checkbox"/> Other written report: |
| <input type="checkbox"/> Report on Eye Examination — OHP 729C                                |  |
| <input type="checkbox"/> Medical Record Checklist — OHP 729D                                 |  |
| <input type="checkbox"/> Mental Residual Function Capacity Report — OHP 729F                 |  |
| <input type="checkbox"/> Physical Residual Function Capacity Report — OHP 729E               |  |
| <input type="checkbox"/> Rating of Impairment Severity Report — OHP 729G                     |  |
| <input type="checkbox"/> Copies of medical records for dates of service From Date to To Date |  |

**Please return completed reports and a copy of this form within 15 days to the office listed below.**

When possible, please submit HIPAA-compliant electronic records via secure email to the email address listed below.

DHS/OHA/OYA office name and address	Worker name	Worker ID
	Email address	
	Phone number	Fax number

**You may bill OHP using the codes(s) listed below.** The fee authorized for each code is also listed.

Procedure code	Description of service	Authorized fee	Procedure code	Description of service	Authorized fee
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

**When billing OHP:**

- **Use diagnosis code Z02.89.** Relay this code to Medicaid-enrolled ancillary providers if additional Division-covered outpatient *diagnostic* services (e.g., lab, X-ray, special studies) are needed.
- **Use the Provider Web Portal** at <https://www.or-medicaid.gov>, or current, commercially available paper forms.
- **For paper claims:** Mail the CMS-1500 or UB-04 claim form to OHP, PO Box 14955, Salem OR 97309.