



Health Systems Division
Medicaid Programs

Patient's name		Insured ID (<i>Prime Number</i>)	
SSN		Date of birth	
Agency Use Only – Complete fully before routing			
Program	Branch	Case number	Case name

Comprehensive Administrative Examination Psychological Evaluation or Polygraph

Provider: _____ Request date: _____
Address: _____ Provider number
(NPI or Medicaid): _____
City: _____ State: _____ ZIP: _____ Request type: New
 Revised

ODHS/OHA STAFF Responsibility: Complete all fields and submit form to provider and OHA at: OHA.FFSOHPClaims@odhsoha.oregon.gov

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

- Are active contracted OHA Provider type 53 (Psychologist) / Specialty type 435 (Admin Exam) providers or type 54 (Polygrapher); and
- Meet the provider qualifications of the requesting ODHS/OHA/OYA program.

Provider Responsibility: Return completed reports to the office listed below within 15 days of last of episode of care. Retain report(s) and form for 7 years.

Reports must contain:

- Diagnosis, prognosis, and supporting objective findings;
- Functional impairments (changes in physical/mental functioning from illness, injury, medication or surgery);
- Expected duration of condition and impairment.

Authorizing Program/Office:

Office name:	Staff name
Office address:	Staff OR or P#
City: _____ State: _____ ZIP: _____	Email: _____
	Phone: _____ Fax: _____

Administrative Examinations Fee-for-Service (FFS) Authorization Detail; Coordinated Care Organizations (CCO) are not covered.

