

<b>Patient's name</b>	<b>Insured ID (Prime Number)</b>
<b>SSN</b>	<b>Date of birth</b>

**729 H - Administrative Medical Examination/ Report Authorization (Medical Records Request)**

**Provider name\*:**

Date of request:  
 Provider number (NPI or Medicaid):  
 Type or request:  New  Revised

**ODHS/OHA STAFF: Please complete all fields.**

This form is used by the local Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) to request medical exams and reports 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 program; and
- Have a current contract with the requesting DHS/OHA office to complete Medical Exam requests.

For current authorized fees and forms, please refer to: [Administrative Exam - Medical Code Fee Schedule](#)

Email completed form to OHA Claims department: [OHA.FFSOHPCLAIMS@dhsaha.state.or.us](mailto:OHA.FFSOHPCLAIMS@dhsaha.state.or.us)

Agency\*: Choose agency

**Provider:**

All reports 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.

**Return completed reports to the office listed below within 15 days of completion, of episode of care. Retain report(s) and completed form for 7 years.**

<b>DHS/OHA/OYA office name and address*</b>	<b>Worker name*</b>	<b>Worker ID</b>
	<b>Email address*</b>	
	<b>Phone number*</b>	<b>Fax number*</b>

**Administrative Examinations are Fee-for-Service (FFS) only. Coordinated Care Organizations (CCO)s are not covered. You may bill OHP using the codes(s) listed below.** The fee authorized for each code is also listed.

S9981 Copies of medical records for dates of service

to

You may bill OHP using the codes(s) listed below.

Procedure code	Description of service	Quantity

**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.