

**Oregon Health Plan Chemical Dependency
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 01/01/09
DHS Addictions and Mental Health Division**

CPT/ HCPC	POS	Daily Max Unit/ Svc	Frequency Limitations	Upper Payment Limit**	Description
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Outpatient Services					
H0001	03, 12, 57, 99		As Medically Appropriate	\$170.98	Alcohol and/or Drug Assessment
H0002 _T	03, 12, 57, 99		As Medically Appropriate	\$21.37	Behavioral Health screening to determine eligibility for admission to treatment program, per 15 mins.
H0004 _T	03, 12, 57, 99		As Medically Appropriate	\$21.37	Behavioral Health counseling and therapy, per 15mins.
H0005	03, 12, 57, 99		As Medically Appropriate	\$42.77	Alcohol and/or Drug Services; group counseling by a clinician.
H0006_T	03,12, 57,99		As Medically Appropriate	\$21.37	Case management of patients needing services relating to alcohol or drug abuse/dependence, provides assistance and care coordination based on the needs of the individual. The case manager assesses the needs of the patient, assists in the development of recovery plans to benefit the patient, as well as the implementation of the plans. Reviews and evaluates the patient's progress in relation to the plan, per 15 mins.
H0048	03, 12, 57, 99		As Medically Appropriate	\$11.48	Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.
T1006	03, 12, 57, 99		As Medically Appropriate	\$128.24	Alcohol and/or other substance abuse services, family/couple counseling.
T1013	03, 12, 57, 99		As Medically Appropriate	\$7.69	Sign language or oral interpretation services, per 15 mins.
90887 _T	03, 12, 57, 99		As Medically Appropriate	\$42.75	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.

Modifiers are to be used on all codes

HF – Substance Abuse/Outpatient

HG – Opiate/Methadone Addiction Treatment Program

"T"- Indicates service may be provided telephonically

Use "G" as type of service for "AC" Providers.

Place of Service

03 – School, a facility whose primary purpose is education

11 – Office Location

12 – Home Location

55– Residential Substance Abuse Treatment Center

57 - Non-Residential Substance Abuse Treatment Facility (OP)

49 – Independent Clinic: Services provided in OTP

99 – Other Place of Service, other place of service not identified.

** Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public**

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90849	03, 12, 57, 99		As Medically Appropriate	\$42.77	Multiple-family group.
97810	03, 12, 57, 99		As Medically Appropriate	\$14.23	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.
97811	03, 12, 57, 99		As Medically Appropriate	\$7.12	Acupuncture, without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).
97813	03, 12, 57, 99		As Medically Appropriate	\$14.23	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.
97814	03, 12, 57, 99		As Medically Appropriate	\$7.12	Acupuncture, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).

Methadone Services

H0001	49		As Medically Appropriate	\$170.98	Alcohol and/or Drug Assessment.
H0002 _T	49		As Medically Appropriate	\$ 21.37	Behavioral Health screening to determine eligibility for admission to treatment program, per 15 mins.
H0004 _T	49		As Medically Appropriate	\$21.37	Behavioral Health counseling and therapy, per 15 mins.
H0005	49		As Medically Appropriate	\$42.77	Alcohol and/or Drug services: group counseling by a clinician.

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H0016	49	1	1 physical per 12 mos.	\$106.55	Alcohol and/or drug services: medical/somatic (medical intervention in ambulatory setting).
H0020	49	30	Up to 30 doses/mth.	\$5.13	Alcohol and/or drug services: methadone administration and/or service (provision of the drug by a licensed program). Take home doses must comply with OAR 415-020-0053.
H0033	49	1	4 doses/wk.	\$8.60	Oral Medication Administration, Direct Observation.
H0048	49	1	4 UAs/mo.	\$11.48	Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.
J3490	49	16	Maximum 16 units per day (1 unit = 2 mg)	Actual Cost per Dose	Unclassified Drug – Billing must include name of drug, NDC # and dosage units. This code may only be used for Buprenorphine dosing by an “AC” provider type.
T1006	49		As Medically Appropriate	\$128.24	Alcohol and/or substance abuse services; family/couple counseling.
T1502	49	1	7 dispenses/wk.	\$5.18	Administration of Oral Medication, per visit. This code may only be used for Buprenorphine dispensing by an “AC” provider type.)
T1013	49		As Medically Appropriate	\$7.69	Sign language or oral interpretation services per 15 mins. (No Co-pay Required)
90887 _T	49		As Medically Appropriate	\$42.75	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.
90849	49		As Medically Appropriate	\$42.77	Multiple-family group.
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Managed Care - Encounter Only					
H0012	99			\$0.00	Alcohol and/or drug services: sub-acute detoxification (residential addiction program outpatient).
H0038	99			\$0.00	Peer to Peer Delivered Services

Rosemont Only – Morrison Center					
H0015	55	1	Daily Rate Structure – I billing per day/ per client	\$27.21	Alcohol and/or Drug Services: intensive outpatient treatment program, including assessment, counseling, crisis intervention and activity therapies or education.

Breakthrough Only - Morrison Center					
H2035	55	4	16/mo.	\$82.52	Alcohol and/or Other Drug Treatment Program

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