Behavioral Health Division

Addiction Treatment, Recovery and Prevention Services

OREGON
HEALTH
AUTHORITY

Integrated Co-Occurring Disorders (ICOD) Billing Guide

Billing guidance for coordinated care organizations and participating Integrated Co-Occurring Disorders treatment service providers.

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Introduction

Effective Jan. 1, 2023, Oregon Health Authority (OHA) implemented Oregon Health Plan (OHP) coverage of integrated treatment of co-occurring disorders (ICOD).

- For services rendered to coordinated care organization (CCO) members, CCOs will reimburse eligible providers through a CCO Behavioral Health Directed Payment.
- OHA will reimburse providers for services rendered to fee-for-service (FFS) members.

Both CCO and FFS coverage will provide a uniform payment increase to eligible providers.

About the ICOD Treatment Initiative

OHA's ICOD Treatment Initiative seeks to eliminate barriers to access and provide meaningful and responsive treatment for Oregonians dealing with Co-Occurring Disorders (COD). In addition to the restructuring of OHP fee-for-service and CCO payment methodologies, the initiative is working to:

- Guide and support organizational culture change.
- Support and expand the practice scope and skill set of treatment providers and peer service providers working in ICOD settings.
- Develop and sustain a Statewide Integrated Co-Occurring Disorders Treatment Providers Community of Practice

For these reasons, OHA's approval process for ICOD programs focuses on supporting ongoing participation in the culture of change and expansion of specialty scope of practice and skill sets.

About this guide

This guide is outpatient behavioral health services providers to learn how to:

- Enroll as an Oregon Medicaid provider
- Apply for approval as an ICOD program or ICOD practitioner
- Bill for eligible services provided to OHP members.

Provider enrollment

Provider types

Eligible providers are outpatient behavioral health – both certified SUD and certified Mental Health -- and SUD Residential service providers (MH Residential providers are not currently eligible) who:

- Are enrolled with OHA as an OHP (Oregon Medicaid) provider,
- Have had ICOD eligibility validated by OHA to provide ICOD services, and
- Employ staff qualified to render ICOD services.

OHA updated Oregon Administrative Rule (OAR) [309-019-0145 effective Jan. 1, 2023](). OHA updated [309-018-0160]() with these requirements effective July 1, 2023.

Provider specialties

In MMIS, only the following specialty types indicate approved ICOD providers. Only these providers may bill or render ICOD services.

- **006:** ICOD program
- **324:** CCBHC program. CCBHC's are not considered an ICOD provider unless eligibility is validated by OHA-ICOD separately. CCBHC's provide a co-occurring service and are authorized to utilize the HH modifier when providing mental health and substance use disorder services concurrently.
- **007:** Non-QMHP level practitioner
- **008:** QMHP level or above provider
- **009:** ICOD Problem Gambling Specialist

How to enroll with OHA

To enroll with OHA as an OHP provider, [visit the Provider Enrollment web page](). Click on the Provider Description that describes you (*e.g.,* Behavioral Health Outpatient Program) to find the required forms and documents.

If you have questions about enrolling with OHA:

If you have questions about how to enroll, contact Provider Enrollment at 1-800-336-6016, option 6 or email provider.enrollment@odhsoha.oregon.gov.

How to validate eligibility as an ICOD treatment provider

The payment methodologies employed for ICOD treatment in OARs [309-019-0145]() and [309-018-0160]() require provider organization eligibility validation by OHA. This validation is needed to ensure that provider organizations and practitioners are in alignment with intent and practice of ICOD treatment and recovery services and to ensure proper payment for these specialty services.

Individual practitioners approved by their organization to provide Integrated Co-Occurring Disorders services will need to register with OHA through their organization. Practitioners will need to have independent Medicaid Identification numbers for billing purposes.

OHA's Integrated Co-Occurring Disorders Program Staff will work with OHA's Certification & Licensing Unit to conduct program adherence reviews concurrently with routine site reviews where possible. OHA ICOD program will also conduct fidelity monitoring with validated programs.

Provider organizations

Provider organizations must apply for eligibility validation as an ICOD treatment provider using the application on the ICOD web page at [Oregon.gov/ICOD]().

OHA ICOD staff will work with validated programs to obtain their lists of qualified service provider staff.

Rendering providers (practitioners)

Provider organizations will register their approved practitioners with OHA when they apply for ICOD eligibility validation and update their lists of approved practitioners quarterly with OHA. OHA will supply a form for these updates.

Organizations must submit these reports must no later than 30 days from close of each calendar quarter.

Practitioners must complete required trainings within 12 months of being named an ICOD practitioner by their organization, as required by OAR 309-019-0145 and forthcoming amendment to OAR 309-018-0160.

CCO participation

OHA will provide CCOs lists of local certified organizations and their approved staff through the CCO's designated contract administrator contact.

- CCOs shall create contracts with eligibility validated provider organizations, as described in their contracts with OHA.

- CCOs shall include provider reporting of approved service staff changes at regular intervals in their contracts and agreements with approved provider organizations.

- CCOs participate in the statewide directed payment program for Integrated Co-Occurring Disorders services provided by OHA-ICOD eligibility validated programs.

Billing for Covered Services

Diagnoses

For validated ICOD providers, services eligible for ICOD rate enhancements must:

- Consist of OHA/OHP CCO approved diagnostic codes.

- List two or more qualifying diagnostic combinations. Qualified combinations will have the following elements.

- At least one Mental Health Disorder and at least one:

- o Substance Use Disorder
- Gambling Disorder
  - o Intellectual/Developmental Disability

    OR

    - At least one Intellectual/Developmental Disability and at least one:
      - o Gambling Disorder
      - o Substance Use Disorder
      - o Mental Health Disorder

    OR

    - At least one Substance Use Disorder and at least one:
      - Gambling Disorder
      - Mental Health Disorder
      - Intellectual and Development Disability
- Use procedure codes from the approved ICOD procedure codes list (see Appendix A).
- Be rendered by an approved ICOD practitioner as described in OAR 309-019-0145 (outpatient) or OAR 309-018-0160 (residential).

I/DD and neurocognitive disorders

For individuals dealing with intellectual or developmental disabilities (I/DD), only one diagnostic category (either addiction or mental health) is required. I/DD and neurocognitive diagnostic codes are for informational purposes only. ICOD programs are not qualified or required to diagnose or treat I/DD or neurocognitive disorders. Programs **are** required to appropriately adapt treatment for behavioral health disorders for people experiencing I/DD and neurocognitive disorders.

These codes are for informational purposes only. ICOD programs will use these codes to appropriately adapt addiction or mental health treatment for people with an I/DD or neurocognitive disorder diagnosis.

Code	Description
F79	Unspecified Intellectual Disability (Intellectual Developmental Disorders)
F84	Autism Spectrum Disorder
G31.84	Mild Neurocognitive Disorder (Alzheimer's disease, Lewy Body Disease, Traumatic Brain Injury, Parkinson's Disease, Huntington's disease, unspecified)

Gambling Disorder and Problem Gambling

For individuals dealing with gambling disorder or problem gambling. Problem gambling can be addressed in an eligibility validated ICOD program by a ICOD Problem Gambling Specialist when the Gambling Disorder/Problem is assessed as:

- Less severe than other co-occurring disorders

- Assessed at ASAM Level of Care 1.5 or lower.

In instances where Gambling Disorder is more severe than other identified Behavioral Health Disorders or needing an ASAM Level of Care higher than 1.5, individual must be referred to a Problem Gambling approved program for Problem Gambling treatment.

Modifiers

All claims for ICOD services must include either the HH or HO modifier.

- **HH:** Integrated Co-Occurring Disorders Program, services rendered by approved provider/practitioner. Use for services rendered by providers with ICOD specialty code 007 or 009.

- **HO:** Outpatient services rendered by approved provider/practitioner with QMHP level or higher certification in a behavioral health field, qualified by OAR 309-

019-0125. Use for services rendered by providers with ICOD specialty code 008 or 009.

- For ICOD Residential billed as a day rate**:** Use HH modifier to denote ICOD service

- **IMPORTANT NOTE:** When using more than one modifier on a service code, the ICOD modifiers (HH, HO) must be listed last.

Eligibility and enrollment

Please verify OHP eligibility and enrollment prior to rendering service or billing. Go to the OHP Eligibility Verification page to learn more.

Billing and coding

Refer to Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code descriptions and standards for more information.

Providers will need to ensure that their billing aligns with their credential, provider type, service codes and primary diagnosis codes. Integrated Co-Occurring Disorders Practitioners continue to be required to provide and document services within the scope of practice of their credential. The ICOD Specialty Endorsement permits the practitioner to bill for services rendered at enhanced rates due to their expanded practical knowledge as evidenced by the specialty endorsement. This means that provider organizations must submit encounters that are in internal alignment.

To receive Integrated Co-Occurring Disorders enhanced payments for previously submitted claims:

For services provided on or after Jan. 1, 2023, providers can adjust eligible claims as follows:

- For each eligible service on a paid detail line, add a second detail line including either the HH or HO modifier and adjust the claim.

Certified Community Behavioral Health Clinics (CCBHC's)

CCBHCs provide services for co-occurring mental health and substance use disorders. CCBHC's that are not validated as ICOD programs are not delivering services using the OHA ICOD model but are treating co-occurring disorders concurrently. As such, CCBHC's are approved to use the HH modifier, without rate enhancement, to mark co-occurring disorders for data tracking purposes. For CCBHC's using the HH modifier:

- Bill at their Prospective Payment System (PPS) rate, using the HH modifier to indicate when the service provided concurrently treats substance use and mental health disorders as outlined in this guide.

- Rendering providers do not need to be approved for 007-009; however, must be qualified for the procedure code being billed.

If you have billing questions or concerns:

For services to CCO members, contact the member's CCO.

For services to fee-for-service members, please review this guide, notices received from OHA, and the OHP Billing Tips page. If you still have questions or concerns, call the Provider Services Unit at 1-800-336-6016, option 5.

Appendix: Approved ICOD Procedure Codes

Please refer to [published fee schedules](#) for updates to approved procedure codes for services to FFS members. For approved codes for services to CCO members, consult the member's CCO.

Eligible services may only be provided by validated eligible OHA- ICOD organizations rendered by OHA-approved ICOD practitioners. Services must address two or more qualifying diagnoses as identified in assessments, service plans and service notes.

Mental health outpatient services

Code	Description
90785	Interactive complexity code
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service
90837	Psychotherapy, 60 minutes with patient and/or family member.
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis (each additional 30 minutes) (List separately in addition to primary service code)
90846	Family Psychotherapy (without the patient present)
90847	Family Psychotherapy (with the patient present)
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
90867	Transcranial magnetic stimulation treatment, initial session
90868	Transcranial magnetic stimulation treatment, subsequent sessions
90869	Transcranial magnetic stimulation treatment, redetermination sessions

Code	Description
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient
96130	Psychological testing evaluation by qualified health care professional, first 60 minutes
96131	Psychological testing evaluation by qualified health care professional, additional 60 minutes
96132	Neuropsychological testing, interpretation, and report by psychologist or physician, first 60 minutes
96133	Neuropsychological testing, interpretation, and report by psychologist or physician, additional 60 minutes
96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes
96156	Health behavior assessment, or re-assessment (ie, health focused clinical interview, behavioral observations, clinical decision making)
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes

Code	Description
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional, 5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional, 11-20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional, 21-30 minutes of medical discussion
99211	Established patient office or other outpatient visit, typically 5 minutes
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
H0004	Behavioral health counseling and therapy, per 15 minutes
H0031	Brief mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0034	Medication training and support, per 15 minutes
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H2010	Comprehensive medication services, per 15 min
H2011	Crisis Intervention Services, per 15 min
H2011 (HE)	Mobile Crisis Intervention Services (MCIS) Team Response, per 15 min
H2014	Skills training and development, per 15 min
H2032	Activity therapy, per 15 min
H2033	Multisystemic therapy for juveniles, per 15 minutes

Code	Description
T1016	Case management, per 15 min
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

Peer support

Code	Description
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 mins or more)
H0023	Alcohol and/or drug outreach, behavioral health outreach service (planned approach to reach a targeted population)
H0038	Self-help/peer services, per 15 min
H2011	Crisis Intervention Services, per 15 min
H2014	Skills training and development, per 15 min
T1016	Case management, per 15 min

Substance use & Gambling disorder treatment

Code	Description
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis (each additional 30 minutes) (List separately in addition to primary service code)
90849	Multiple-family group psychotherapy
90887	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional, 5-10 minutes of medical discussion

Code	Description
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional, 11-20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional, 21-30 minutes of medical discussion
G9012	Other specified case management service not elsewhere classified
H0001	Alcohol and/or Drug or Problem Gambling Assessment
H0002	Behavioral Health (Substance Use, gambling) screening to determine eligibility for admission to treatment program(s)
H0004	Behavioral health (SUD and Gambling Disorder) counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services/Gambling Disorder services; group counseling by a clinician
H0006	Alcohol and/or drug services; Case Management
H0010	Alcohol/Drug services; sub-acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)
H0011	Alcohol/Drug services; acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)
H0015	Alcohol and/or drug services; Intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan).
H0022	Alcohol and/or drug intervention service (planned facilitation)
H0023	Gambling, Alcohol and/or drug outreach, Behavioral health outreach service (planned approach to reach a targeted population)
H0031	Brief mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0037	Community psychiatric supportive treatment program, per diem
H0038	Self-help/peer services, per 15 min
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
H2010	Comprehensive medication services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2014	Skills training and development, per 15 minutes

Code	Description
H2032	Activity therapy, per 15 minutes
T1006	Gambling, Alcohol and/or substance abuse services; Family/couple counseling
T1016	Case management, each 15 minutes
Residential Treatment Codes (Residential ICOD Treatment Services can ONLY be delivered by Licensed SUD providers that have had ICOD eligibility validated and appear on the ICOD provider list posted on www.oregon.gov/icd.) **:**	
H0018	Alcohol and/or drug services, behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
H0019	Alcohol and/or drug services, Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

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Everyone has a right to know about and use Oregon Health Authority programs and services. Some examples of free help we can provide include sign language and spoken language interpreters, written materials in other languages, Braille, large print, audio and other formats. If you need help or have questions, please contact us HERE.

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