



**Date:** April 5, 2019

**To:** Residential treatment facilities (RTF)  
Residential treatment homes (RTH)  
Secure residential treatment facilities (SRTF)  
Young Adults in Transition (YAT) programs  
Community mental health programs (CMHP)  
Contracted mental health rehabilitation providers

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**Subject:** Changes to billing for rehabilitation services effective July 1, 2019

Effective July 1, 2019, the Oregon Health Authority (OHA) will no longer authorize payment for rehabilitation services provided to Medicaid residents using the bundled per diem codes (H2013, H2016, H2018).

- Instead, all adult mental health residential treatment providers must bill Medicaid services using individual treatment codes for rehabilitation services.
- Refer to the [Behavioral Health Fee-for-Service Fee Schedule](#) for the service-specific codes.

This means OHA will not pay for or approve rehabilitation services under the bundled per diem codes after June 30, 2019. This is true whether the service is provided at the facility or in an outpatient setting. The Independent Qualified Agent (IQA) will also stop authorizing the bundled codes beyond June 30, 2019.

This applies to all rehabilitation services for residents provided by residential facility staff, CMHPs, outpatient providers or any other rehabilitation provider.

### Why is this happening?

Billing the individual treatment codes will help:

- Avoid duplicate billing of services,
- Distinguish direct care staff activities from rehabilitation services,
- Prepare facilities, OHA and CCOs for the eventual transition of residential services to CCOs, and
- Create cost savings that contribute to funding the standardized rates.

### What should you do?

For all existing authorizations of bundled rehabilitation services, please be sure to request continued authorization for dates after June 30, 2019 using the individual treatment codes as soon as possible.

- **For authorizations that end after June 30, 2019**, submit a request to amend the existing authorization to include the individual treatment codes. The IQA will end the bundled service June 30 and continue authorization for the individual treatment codes to its existing end date.
- **For authorizations that end before June 30, 2019**, submit a new authorization request.

Starting July 1, 2019, please bill for all rehabilitation services to Medicaid residents using the individual procedure codes and associated per unit rate listed on the new service authorizations (not the bundled codes).

### Questions?

Please email the Rate Standardization Project team at [MentalHealth.ResidentialTransition@dhsosha.state.or.us](mailto:MentalHealth.ResidentialTransition@dhsosha.state.or.us).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.