

Memorandum

Date: June 18, 2025

To: Oregon Health Plan (OHP) providers

From: Nathan Roberts, Health and Professional Services Policy manager

Subject: Fee-for-service coverage of directly observed therapy, effective Oct. 1, 2024

Effective Oct. 1, 2024, the Oregon Health Plan (OHP) covers directly observed therapy (DOT) for the treatment of tuberculosis (TB) for fee-for-service (“open card”) members.

- In-person DOT (in a clinical or community setting) is \$82 per encounter.
- DOT via video/telehealth communications systems (vDOT) is \$20 per encounter.

OHP covers DOT provided and billed under the auspices of an advance practice provider for up to two encounters in per day using procedure code H0033.

- All claims using the code must include a valid TB-related diagnosis from Line 50 (Pulmonary Tuberculosis) on the Prioritized List of Health Services.
- For vDOT, add the appropriate telehealth modifier (95 or GT).

Why is this happening?

DOT is a best practice to ensure patients complete the drug regimen required to cure TB. In Oregon, DOT is the standard of care for every individual with active TB.

What should you do?

[Please refer to OHA's new fact sheet](#) to learn more about DOT and fee-for-service billing and documentation requirements.

Questions?

If you have any questions about this announcement, contact Jason Daniels at jason.h.daniels@oha.oregon.gov.

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