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Public notice

Request for comment – OHA proposes to amend the Medicaid State Plan to reflect an increase to fee-for-service substance use disorder (SUD) treatment rates, effective October 1, 2019.

Date: September 27, 2019 – **Updated 9/30/2019 with October 1, 2019 rate information**

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Thursday, October 24, 2019

The Oregon Health Authority (OHA) will draft a State Plan Amendment (SPA) to update Oregon's [Medicaid State Plan](#) to reflect a 20-percent net increase in the fee-for-service rates for some SUD treatment codes.

Background:

OHA's recommended budget for the 2019-2021 biennium allocates \$13.0 million in state funds for behavioral health services. This investment:

- Assumes a \$36.3 million federal fund expenditure limitation for behavioral health services, and
- Intends to provide a net 20-percent increase in fee-for-service rates for both Medicaid and non-Medicaid SUD treatment services.

OHA is completing analysis of SUD treatment codes to determine the specific SUD billing codes that will reflect the increase. Once the analysis is complete, OHA will notify providers about the specific codes and rates. Depending on the analysis and the availability of funds, the rate increase may also increase rates for non-residential mental health services.

[See pages 3 and 4 for the new rates](#), which include increases for mental health service codes.

How to comment:

OHA welcomes public input, particularly from SUD treatment providers. Please send written comments by 5 p.m. Thursday, October 24, 2019, to jesse.anderson@dhsosha.state.or.us (fax 503-947-1119).

After considering all comments received, OHA will submit the State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

13.d. Rehabilitative Mental Health Services

Payment methods for Rehabilitative Mental Health Services are a state-wide fee schedule effective for services provided on or after 10/1/1984/2011. The fee schedule is posted on the agency web at: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx> http://www.oregon.gov/OHA/amh/tools_providers.shtml. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative mental health services.

The provider types, as outlined in section 13.d, pages 6-d.6 to 6-d.9, can bill, depending on the services provided, in 15 minute units, daily or monthly frequency, accordingly to the CPT/HCPCS billing code utilized.

Interpretive services are billed by the mental health providers and reimbursed an add-on payment as part of the delivery of a Medicaid service. Providers authorized must be qualified interpreters and not immediate family members. Interpretive services (T1013) are included in the fee scheduled referenced above.

13.d. Rehabilitative Services: Substance Use Disorder (SUD)

Payment methods for Rehabilitative SUD Services are a state-wide fee schedule effective for services provided on or after 10/1/1984/2011. The fee schedule is posted on the agency web at: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx> http://www.oregon.gov/OHA/amh/tools_providers.shtml. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Rehabilitative SUD Services.

Interpretive services are provided as an optional medical service under the rehabilitative SUD Services. Interpretive services are billed by the SUD Services providers and reimbursed an add-on payment as part of the delivery of a Medicaid service. Providers authorized must be qualified interpreters and not immediate family members. Interpretive services (T1013) are included in the fee scheduled referenced above.

TN No. 19-0007

Approval Date:

Effective Date: 10/1/19

Supersedes TN No. 13-02

Substance Use Disorder - Fee For Service Rates

Effective Date: 10/1/2019

CPT Code	Service Description	Unit	Current Rate	Rate Increase	New Rate	\$ Increase	Modifier
H0001	Alcohol and/or Drug Assessment	PER SERVICE	139.70	18%	164.85	25.15	
H0002	Behavioral Health screening to determine eligibility for admission to treatment program(s)	PER SERVICE	35.05	18%	41.36	6.31	
H0004	Behavioral health counseling and therapy, per 15 minutes	15 MINUTES	22.47	18%	26.51	4.04	
H0005	Alcohol and/or drug services; group counseling by a clinician	PER SERVICE	39.66	18%	46.80	7.14	
H0006	Alcohol and/or drug services; Case Management	15 MINUTES	17.46	18%	20.60	3.14	
H0014	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse (Ambulatory ASAM Level II-D).	PER DIEM	58.00	15%	66.70	8.70	
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).	PER SERVICE	79.32	18%	93.60	14.28	
H0016	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	PER SERVICE	79.19	10%	87.11	7.92	
H0018	Adolescent A&D residential treatment without room and board. (short term 30 days or less)	PER DIEM	160.00	38%	220.80	60.80	UA
H0018	Adult A&D residential treatment without room and board. (short term 30 days or less)	PER DIEM	120.00	38%	165.60	45.60	HB
H0019	Adolescent A&D residential treatment without room and board. (long term longer than 30 days)	PER DIEM	160.00	38%	220.80	60.80	UA
H0019	Adult A&D residential treatment without room and board. (long term longer than 30 days)	PER DIEM	120.00	38%	165.60	45.60	HB
H0020	Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program)	PER SERVICE	4.54	10%	4.99	0.45	
H0032	Mental health service plan development by non-physician.	PER SERVICE	95.43	10%	104.97	9.54	
H0033	Oral Medication Administration, direct observation.	PER SERVICE	8.60	10%	9.46	0.86	
H0038	Self-help/peer services, per 15 min	15 MINUTES	15.00	18%	17.70	2.70	
H0048	Alcohol and/or drug testing; Collection and handling only, specimens other than blood	PER SERVICE	11.48	10%	12.63	1.15	
T1006	Alcohol and/or substance abuse services; Family/couple counseling	PER SERVICE	87.56	10%	96.32	8.76	

Mental Health Fee For Service Rates

Effective Date: 10/1/2019

CPT Code	Service Description	Unit	Current Rate	Rate Increase	New Rate	\$ Increase	Modifier
90785	Interactive complexity code	PER SERVICE	10.00	4%	10.40	0.40	
90791	Psychiatric diagnostic evaluation	PER SERVICE	95.43	4%	99.25	3.82	
90792	Psychiatric diagnostic evaluation with medical services	PER SERVICE	140.94	4%	146.58	5.64	
90832	Psychotherapy, 30 minutes with patient and/or family member	30 MINUTES	66.53	4%	69.19	2.66	HK
90832	Psychotherapy, 30 minutes with patient and/or family member	30 MINUTES	70.47	4%	73.29	2.82	
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service	30 MINUTES	66.53	4%	69.19	2.66	
90834	Psychotherapy, 45 minutes with patient and/or family member	45 MINUTES	99.73	4%	103.72	3.99	HK
90834	Psychotherapy, 45 minutes with patient and/or family member	45 MINUTES	98.11	4%	102.03	3.92	
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	45 MINUTES	99.73	4%	103.72	3.99	HK
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	45 MINUTES	98.11	4%	102.03	3.92	
90837	Psychotherapy, 60 minutes with patient and/or family member.	60 MINUTES	144.41	4%	150.19	5.78	
90837	Psychotherapy, 60 minutes with patient and/or family member.	60 MINUTES	166.31	4%	172.96	6.65	HK
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	60 MINUTES	144.41	4%	150.19	5.78	
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	60 MINUTES	166.31	4%	172.96	6.65	HK
90839	Psychotherapy for crisis, first 60 minutes	60 MINUTES	155.01	4%	161.21	6.20	
90840	Psychotherapy for crisis (each additional 30 minutes) - list separately in addition to primary service CPT code.	30 MINUTES	70.47	4%	73.29	2.82	
90846	Family Psychotherapy (without the patient present)	PER SERVICE	92.69	4%	96.40	3.71	
90846	Family Therapy (without patient present)	PER SERVICE	135.20	4%	140.61	5.41	HK
90847	Family Psychotherapy (with the patient present)	PER SERVICE	115.49	4%	120.11	4.62	
90847	Family Psychotherapy (with the patient present)	PER SERVICE	135.20	4%	140.61	5.41	HK
90849	Multiple-family group psychotherapy	PER SERVICE	37.38	4%	38.88	1.50	
90849	Multiple-family group psychotherapy	PER SERVICE	45.09	4%	46.89	1.80	HK
90853	Group psychotherapy	PER SERVICE	35.13	4%	36.54	1.41	
90853	Group psychotherapy	PER SERVICE	45.09	4%	46.89	1.80	HK

Mental Health Fee For Service Rates

Effective Date: 10/1/2019

CPT Code	Service Description	Unit	Current Rate	Rate Increase	New Rate	\$ Increase	Modifier
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	PER SERVICE	62.94	4%	65.46	2.52	
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	PER SERVICE	90.14	4%	93.75	3.61	HK
90887	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	PER SERVICE	65.96	4%	68.60	2.64	
90887	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	PER SERVICE	90.14	4%	93.75	3.61	
96130	Psychological testing evaluation by qualified health care professional, first 60 minutes	60 MINUTES	91.19	4%	94.84	3.65	
96131	Psychological testing evaluation by qualified health care professional, additional 60 minutes	60 MINUTES	91.19	4%	94.84	3.65	
96132	Neuropsychological testing, interpretation, and report by psychologist or physician, first 60 minutes	60 MINUTES	88.44	4%	91.98	3.54	
96133	Neuropsychological testing, interpretation, and report by psychologist or physician, additional 60 minutes	60 MINUTES	88.44	4%	91.98	3.54	
96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	30 MINUTES	45.60	4%	47.42	1.82	
96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	30 MINUTES	45.60	4%	47.42	1.82	
96150	Health and Behavior assessment each 15 minutes	15 MINUTES	18.55	4%	19.29	0.74	
96151	Health and behavior re-assessment each 15 minutes.	15 MINUTES	18.02	4%	18.74	0.72	
96152	Health and behavior intervention, individual each 15 minutes.	15 MINUTES	17.21	4%	17.90	0.69	
96153	Health and behavior intervention, group each 15 minutes.	15 MINUTES	4.03	4%	4.19	0.16	
96154	Health and behavior intervention, family and patient each 15 minutes.	15 MINUTES	16.94	4%	17.62	0.68	
97151	Behavior identification assessment and plan of care, each 15 minutes	15 MINUTES	12.50	4%	13.00	0.50	
97153	Behavior treatment by protocol administered by technician, each 15 minutes	15 MINUTES	11.00	4%	11.44	0.44	
97154	Group behavior treatment by protocol administered by technician, each 15 minutes, per recipient	15 MINUTES	10.00	4%	10.40	0.40	

Mental Health Fee For Service Rates

Effective Date: 10/1/2019

CPT Code	Service Description	Unit	Current Rate	Rate Increase	New Rate	\$ Increase	Modifier
97155	Behavior treatment with protocol modification administered by physician or other qualified health care professional, each 15 minutes	15 MINUTES	12.50	4%	13.00	0.50	
97156	Family behavior treatment guidance administered by qualified health care professional, each 15 minutes, single family	15 MINUTES	13.00	4%	13.52	0.52	
97157	Family behavior treatment guidance administered by qualified health care professional, 15 minutes, per family	15 MINUTES	6.50	4%	6.76	0.26	
99211	Established patient office or other outpatient visit, typically 5 minutes	5 MINUTES	13.50	4%	14.04	0.54	
99366	Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	30 MINUTES	25.66	4%	26.69	1.03	
99368	Medical team conference with nonphysician health care professionals, 30 minutes or more	30 MINUTES	22.08	4%	22.96	0.88	
J1631	Haloperidol decanoate injection	PER SERVICE	18.67	4%	19.42	0.75	
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)	45 MINUTES OR MORE	17.17	4%	17.86	0.69	HK
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)	45 MINUTES OR MORE	18.11	4%	18.83	0.72	
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	45 MINUTES OR MORE	18.11	4%	18.83	0.72	
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	45 MINUTES OR MORE	17.17	4%	17.86	0.69	HK
H0004	Behavioral health counseling and therapy, per 15 minutes	15 MINUTES	23.86	11%	26.51	2.65	
H0004	Behavioral health counseling and therapy, per 15 minutes	15 MINUTES	22.47	18%	26.51	4.04	HK
H0031	Mental health assessment, by non-physician.	PER SERVICE	95.43	4%	99.25	3.82	
H0031	Mental health assessment, by non-physician	PER SERVICE	90.14	4%	93.75	3.61	HK
H0032	Mental health service plan development by non-physician.	PER SERVICE	95.43	10%	104.97	9.54	
H0034	Medication training and support, per 15 minutes.	15 MINUTES	16.88	4%	17.56	0.68	
H0034	Medication Training/Support, per 15 min	15 MINUTES	22.47	4%	23.37	0.90	HK

Mental Health Fee For Service Rates

Effective Date: 10/1/2019

CPT Code	Service Description	Unit	Current Rate	Rate Increase	New Rate	\$ Increase	Modifier
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes.	15 MINUTES	8.44	4%	8.78	0.34	
H0036	Community psychiatric supportive treatment, face to face, per 15 min	15 MINUTES	7.97	4%	8.29	0.32	HK
H0038	Self-help/peer services, per 15 min	15 MINUTES	15.00	18%	17.70	2.70	
H0039	Assertive community treatment, face-to-face, per 15 minutes.	15 MINUTES	26.20	4%	27.25	1.05	
H0046	Home Based and Behavioral Habilitation 60 minutes. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan.	60 MINUTES	27.50	4%	28.60	1.10	
H2000	Child and Adolescent Needs Survey (CANS)	PER SERVICE	95.00	4%	98.80	3.80	
H2000	Mental health assessment, by non-physician with CANS.	PER SERVICE	140.00	4%	145.60	5.60	TG
H2010	Comprehensive medication services, per 15 min	15 MINUTES	23.75	4%	24.70	0.95	HK
H2010	Comprehensive medication services, per 15 min	15 MINUTES	23.86	4%	24.81	0.95	
H2014	Skills training and development, per 15 min	15 MINUTES	16.88	4%	17.56	0.68	
H2018	Psychosocial Rehabilitation Services, per diem	PER DIEM	93.47	4%	97.21	3.74	
H2018	Psychosocial Rehabilitation Services, per diem.	PER DIEM	125.00	4%	130.00	5.00	HK
H2023	Supported Education, per 15 min	15 MINUTES	16.88	4%	17.56	0.68	
H2032	Activity therapy, per 15 min	15 MINUTES	8.44	4%	8.78	0.34	
H2033	Multi-systemic therapy for juveniles, per 15 min	15 MINUTES	23.86	4%	24.81	0.95	
J2794	Injection, Risperidone, long acting, 0.5 mg	PER SERVICE	5.98	4%	6.22	0.24	
T1016	Case management, per 15 min	15 MINUTES	21.69	4%	22.56	0.87	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	PER SERVICE	95.43	4%	99.25	3.82	
T1023	Level of Care / Level of Service Assessment for Residential Treatment	PER SERVICE	89.00	4%	92.56	3.56	HK
T2010	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	PER SERVICE	176.86	4%	183.93	7.07	
T2011	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	PER SERVICE	619.00	4%	643.76	24.76	