

# Culturally and Linguistically Specific Services (CLSS) Billing Guide

Guidance for direct service providers

October 2025

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## Introduction

Effective Feb. 1, 2023, Oregon Health Authority (OHA) implemented enhanced payments for nonresidential behavioral health Culturally and Linguistically Specific Services (CLSS) provided to members of the Oregon Health Plan (OHP).

- For eligible behavioral health services rendered to fee-for-service (FFS) members on or after July 1, 2022, OHA will reimburse eligible providers for services using a uniform payment increase.
- For eligible behavioral health services rendered to coordinated care organization (CCO) members, CCOs will reimburse eligible contracted providers through a CCO Behavioral Health Directed Payment.

As of July 1, 2025, Oregon Health Authority (OHA) expanded the enhanced directed payments for residential substance use disorder (SUD), and Traditional Health Workers (THWs) providing Culturally and Linguistically Specific (CLS) Services to Oregon Health Plan (OHP) members.

- For eligible outpatient behavioral health, residential SUD, and THW services rendered to fee-for-service (FFS) members on or after July 1, 2025, OHA will reimburse eligible providers for services using a uniform directed payment increase.
- Effective Jan. 1, 2025, the requirement for CCOs to make enhanced payments to eligible contracted providers was expanded to include THWs delivering CLS Services.

## About this guide

This guide is for outpatient behavioral health, residential SUD and traditional health worker service providers delivering culturally and linguistically specific services to learn how to:

- Enroll as an Oregon Medicaid provider
- Apply and become eligible to receive enhanced direct payments for providing culturally and linguistically specific services.
- Bill for eligible culturally and linguistically specific services provided to OHP members.

## Provider Enrollment

### To enroll with OHA as an OHP (Medicaid) provider:

[Visit the Provider Enrollment page.](#) Select the Provider Description that describes you (e.g., Behavioral Health Outpatient Program, Substance Use Disorder Program, or Traditional Health Worker Program) to find the required forms and documents.

### For behavioral health providers:

Please refer to Oregon Administrative Rules (OARs) 309-065-0000 to 309-065-0040 for outpatient behavioral health and residential SUD-specific requirements.

To provide outpatient SUD services you must obtain a Certificate of Approval from OHA as outlined in OAR 309-008-0100.

### For Traditional Health Workers:

OHA will only enroll Traditional Health Workers certified by the Equity and Inclusion Division's Traditional Health Worker (THW) Program.

Please refer to OAR 950-060-0000 for THW requirements related to Certification, THW Registry Enrollment, Certification Curriculum Standards, Training and Standards of Professional Conduct. See OARs 410-174-0000 to 410-174-0030 for THW-specific provider requirements for Medicaid.

### THW certification and registration

To become a certified provider, visit the THW Program's website..

Once registered with the Traditional Health Worker Program, obtain a unique NPI by applying at The National Plan and Provider Enumeration System website. The taxonomy code should match the THW provider type.

### OHA enrollment forms

Doulas planning to bill OHA as independent providers must complete forms OHA 3972 and OHA 3975.

Other THW providers should complete form OHP 3113. Enter provider type 13, and the specialty code for your THW provider type. Include your NPI and a copy of your OHA certification. To learn more, [visit the OHP provider enrollment page](#).

### Questions about enrolling with OHA:

If you have questions about how to enroll, contact Provider Enrollment at 1-800-422-5047 or email [provider.enrollment@odhsoha.oregon.gov](mailto:provider.enrollment@odhsoha.oregon.gov).

## Culturally and Linguistically Specific Services Eligibility

All organizations, programs, and individual providers must be approved to receive enhanced directed payments for culturally and linguistically specific services by applying through OHA's CLS online application. Eligibility must be confirmed before billing for the enhanced rate, even if a CCO will be billed for services.

### CLS Services Organization, Program, and Individual Providers

Please indicate whether applying as an organization, program, or individual provider when completing OHA's online application.

- "CLS Services Organization" means an organization that provides culturally and linguistically specific services to its clients.
- "CLS Services Program" means a program that provides culturally and linguistically specific services to its clients that exists within a larger organization.
- "CLS Services Individual Provider" means an individual that provides culturally and linguistically specific services to their clients.

## **Enhanced payments for Bilingual and Sign Language Services**

Individual providers can apply to receive enhanced payments for delivering behavioral health services in a language other than English or in sign language. When completing the application, be sure to indicate if you are applying as an individual bilingual service provider or an individual sign language provider.

## **CCO participation**

OHA makes available to CCOs a list of providers eligible for the CLS services enhanced rates. If CCOs have contracted providers on this list, CCOs must reimburse those providers at the enhanced rate or higher.

Non-contracted providers such as providers serving CCO members through single-case agreements are not eligible for enhanced payments.

Under federal regulations, only contracted CCO providers are eligible for enhanced payments. A contracted provider may also be referred as an in-network provider or a participating provider. These terms are used interchangeably.

## **Billing for Covered Services**

Refer to the Professional Billing Instructions for detailed instructions on submitting fee-for-service (FFS or open card) claims to OHA.

## **Covered services**

Except for residential services, all medically necessary and medically appropriate behavioral health services eligible for the enhanced payment if they are:

- Culturally and linguistically specific (CLS) services delivered by staff within an OHA-approved CLSS Organization or Program.
- CLS services delivered by an OHA-approved CLSS Individual Provider that **does not bill** through another entity (e.g., a CLSS Organization or Program);
- Delivered directly in a language other than English by an approved CLSS Bilingual Service Provider; or
- Delivered directly in sign language by an approved CLSS Sign Language Provider.

Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Indian Health Centers (IHCs) can only add the modifier when billing for services on OHA's [list of procedures excluded from Prospective Payment System encounter reimbursement](#).

For FQHCs, enhanced payment is only available/allowed for services reimbursed at fee schedule pricing. FQHCs are not, however, eligible for the CLS services enhanced payment for services reimbursed at a clinic-specific encounter rate and outside of OHP's fee schedule.

Certified Community Behavioral Health Centers (CCBHCs) can only add the modifiers when billing for services that are not on OHA's [list of procedure codes for CCBHC Demonstration services](#).

For eligible behavioral health services:

- Refer to the current [Behavioral Health Fee Schedule](#).
- For Administrative Examination providers refer to the [Administrative Examinations Fee Schedule](#).

Not eligible for enhanced payment:

- Interpretation is not a service in the Behavioral Health Fee Schedule or Administrative Examinations Fee Schedule, so it is not eligible for enhanced payment.

For eligible THW services:

[Use the OHP Tools for Providers page](#) to search for the specific billing guide for each THW provider type:

- Community Health Worker
- Birth Doula
- Peer-Delivered Services

## Member benefit eligibility and plan enrollment

Please verify OHP eligibility and plan coverage prior to rendering and billing for covered services. Go to the [OHP Eligibility Verification page](#) to learn more.

Providers with single-case agreements or non-contracted providers are encouraged to work with their CCOs to see if enhanced payments are available; however, CLS enhanced payments are not required or in the scope of CCO behavioral health directed payments.

## Billing and coding for CLS services

To receive the enhanced payment, each eligible service on the claim must be billed in two separate detail lines.

The first detail line is billed following current billing practice for the service, including any required modifiers, and reimburses at the OHA FFS rate. The second detail line is a duplicate of the first and must also include either the modifier U9 or TN.

- **U9:** For non-rural providers will reimburse at 22 percent of OHA's FFS rate.
- **TN:** For rural providers (as confirmed by OHA during the application process) will reimburse at 27 percent of OHA's FFS rate.

**Note:** CCOs may have different billing requirements than FFS. Consult with each specific CCO about their billing requirements.

To receive CLS services enhanced payments for administrative examination claims:

Some CLS service providers may also be administrative examination providers. These providers perform exams at the request of Oregon Department of Human Services (ODHS), OHA or Oregon Youth Authority (OYA). If ODHS, OHA or OYA asks a CLS provider to perform an administrative exam for a CCO member, the provider should bill OHA (not the member’s CCO) for payment.

Refer to the [Administrative Examination policy and provider guidelines](#) to learn more about billing for administrative exams.

For Administrative Examinations, providers must include two modifiers on certain lines for payment. The Administrative Exam fee schedule lists what codes must use additional modifiers (59 and U9). Claim would bill on two separate detail lines. Verify which codes require an additional modifier to pay correctly.

## Billing examples for THW services

### Example 1: Non-Rural Community Health Worker

**Lines 1 and 2** include the dates of services and billing code.

- Line 1 includes the OHA FFS rate for the billed service.
- Line 2 includes modifier U9 for enhanced payment at the non-rural rate (22 percent of OHA’s FFS rate for the billed service).

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER						
1	01	01	25	01	01	25			G0177			28.80			NPI	
2	01	01	25	01	01	25			G0177	U9					NPI	

### Example 2: Rural Birth Doula

**Lines 1 and 2** include the dates of services and billing code.

- Line 1 includes the OHA FFS rate for the billed service.
- Line 2 includes modifier TN for enhanced payment at the rural rate (27 percent of OHA’s FFS rate for the billed service).



24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F.		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER				\$ CHARGES					
1	01	01	25	01	01	25			T1033					1500	00			NPI	
2	01	01	25	01	01	25			T1033	TN								NPI	

### **If you have billing questions or concerns:**

For services to fee-for-service (open card) 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.

For services to CCO members, [contact the member's CCO](#).

### **For policy and program questions:**

Please email [Medicaid.Programs@odhsoha.oregon.gov](mailto:Medicaid.Programs@odhsoha.oregon.gov).