

Fee-for-service substance use disorder treatment rate increases, effective October 1, 2019

The following rates apply to care and services provided to fee-for-service (“open card”) Oregon Health Plan members on or after October 1, 2019.

When billing OHA, please refer to [the behavioral health fee schedule](#), [General Rules](#), and other appropriate [Oregon Administrative Rules and guidelines](#) to ensure correct billing and documentation.

Code	Modifier	Current rate	New rate effective October 2, 2019
H0001	HF, HG, GT	\$139.70	\$164.85
H0002	HF, HG, GT	\$35.05	\$41.36
H0004	HF, HG	\$22.47	\$26.51
H0005	HF, HG	\$39.66	\$46.80
H0006	HF, HG	\$17.46	\$20.60
H0014	HF	\$58.00	\$66.70
H0015	HF	\$79.32	\$93.60
H0016	HG	\$79.19	\$87.11
H0018	UA	\$160.00	\$220.80
H0018	HB	\$120.00	\$165.60
H0019	UA	\$160.00	\$220.80
H0019	HB	\$120.00	\$165.60
H0020	HG	\$4.54	\$4.99
H0032	HF, HG, UA, GT	\$95.43	\$104.97
H0033	HG	\$8.60	\$9.46
H0038	HB, HF, HG, HQ, GT	\$15.00	\$17.70
H0048	HF, HG	\$11.48	\$12.63
T1006	HF, HG	\$87.56	\$96.32