## **Medicaid Procedure Codes and Reimbursement Rates** For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
H0031	MH Assessment, non-physician	\$89.00	Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person's mental history and presenting problem(s). The assessment concludes with documentation of a diagnosis and a written treatment plan supported by the assessment and interview data. If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file.
H0032	Mental health service plan development by non-physician	\$89.00	Activities to develop, evaluate, or modify a client's mental health services plan. This would include the statement of treatment or service goals, of clinical interventions designed to achieve those goals, and an evaluation of progress toward those goals. This activity may be repeated periodically and the plan may be modified.
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	\$89.00	Screening or evaluation of the mental health service needs of clients for consideration of admission to inpatient hospital psychiatric programs, partial psychiatric hospital programs, residential treatment, or outpatient treatment services. This service differs from a mental health assessment in that the activity may require not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.
90801	Psychiatric diagnostic interview	\$131.44	The clinician interviews the patient in an initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well disposition. The psychiatrist may spend time communicating with family, friends, coworkers, or other sources as part of this examination and may even perform the diagnostic interview on the patient through other informative sources. Laboratory or other medical studies and their interpretation are also included.
90802	Interactive Psychiatric diagnostic interview	\$131.44	The clinician performs a psychiatric diagnostic examination on the patient using interactive methods of interviewing. This is most often the method used with individuals who are too young or incapable of developing expressive communication skills, or individuals who have lost the ability. This type if diagnostic interview is often done with children. Toys, physical aids, and nonverbal interaction and interpretation skills are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills
96101	Psychological Testing with interpretation and report, per hour	\$89.00	QMHP who is licensed Psychologist or a Psychology Intern supervised by a licensed Psychologist

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
H0004	Behavioral health counseling/therapy, per 15 min	\$22.25	Individual counseling or therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment plan. The intended outcome is the management, reduction or resolution of the identified problems.
90804	Individual therapy, insight oriented, 20-30 min	\$65.72	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.
90805	Individual therapy, insight oriented, with medication management, 20-30 min	\$65.72	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.
90810	Individual therapy, interactive, 20-30 min	\$65.72	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90810 if the patient received psychotherapy only and 90811 if medial evaluation and management services were also furnished.
90811	Individual therapy, interactive, with medication management, 20-30 min	\$65.72	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
			the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90810 if the patient received psychotherapy only and 90811 if medial evaluation and management services were also furnished.
90816	Individual therapy, facility-based, 20-30 min	\$65.72	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90816 if the patient received psychotherapy only and 90817 if medical evaluation and management services were also furnished.
90817	Individual therapy, facility-based, with medication management, 20-30 min	\$65.72	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90816 if the patient received psychotherapy only and 90817 if medical evaluation and management services were also furnished.
90823	Individual therapy, interactive, facility-based, 20-30 min	\$65.72	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90823 if the patient received psychotherapy only and 90824 if medial evaluation and management services were also furnished.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
90824	Individual therapy, interactive, facility-based, with medication management, 20-30 min	\$65.72	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90823 if the patient received psychotherapy only and 90824 if medial evaluation and management services were also furnished.
90806	Individual therapy, insight oriented, 45-50 min	\$98.58	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.
90807	Individual therapy, insight oriented, with medication management, 45-50 min	\$98.58	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.
90812	Individual therapy, interactive, 45-50 min	\$98.58	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Service Criteria

		Payment Amount**	
			skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90812 if the patient received psychotherapy only and 90813 if medial evaluation and management services were also furnished.
90813	Individual therapy, interactive, with medication management, 45-50 min	\$98.58	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90812 if the patient received psychotherapy only and 90813 if medial evaluation and management services were also furnished.
90818	Individual therapy, facility-based, 45-50 min	\$98.58	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45–50 minutes. Report 90818 if the patient received psychotherapy only and 90819 if medical evaluation and management services were also furnished.
90819	Individual therapy, facility-based, with medication management, 45-50 min	\$98.58	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45–50 minutes. Report 90818 if the patient received psychotherapy only and 90819 if medical evaluation and management services were also furnished.
90826	Individual therapy, interactive, facility-based, 45-50 min	\$98.58	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

Upper

Description

#### Modifier Definitions:

Code

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper	Service Criteria
		Payment Amount**	
		Amount	
			individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90826 if the patient received psychotherapy only and 90827 if medial evaluation and management services were also furnished.
90827	Individual therapy, interactive, facility-based, with medication management, 45-50 min	\$98.58	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90826 if the patient received psychotherapy only and 90827 if medial evaluation and management services were also furnished.
90808	Individual therapy, insight oriented, 75-80 min	\$164.30	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.
90809	Individual therapy, insight oriented, with medication management, 75-80 min	\$164.30	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
90814	Individual therapy, interactive, 75-80 min	\$164.30	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90814 if the patient received psychotherapy only and 90815 if medial evaluation and management services were also furnished.
90815	Individual therapy, interactive, with medication management, 75-80 min	\$164.30	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90814 if the patient received psychotherapy only and 90815 if medial evaluation and management services were also furnished.
90821	Individual therapy, facility-based, 75-80 min	\$164.30	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75-8 minutes. Report 90821f the patient received psychotherapy only and 90822f medical evaluation and management services were also furnished.
90822	Individual therapy, facility-based, with medication management, 75-80 min	\$164.30	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
			behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75–80 minutes. Report 90821 if the patient received psychotherapy only and 90822 if medical evaluation and management services were also furnished.
90828	Individual therapy, interactive, facility-based, 75-80 min	\$164.30	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90828 if the patient received psychotherapy only and 90829 if medial evaluation and management services were also furnished.
90829	Individual therapy, interactive, facility-based, with medication management, 75-80 min	\$164.30	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90828 if the patient received psychotherapy only and 90829 if medial evaluation and management services were also furnished.
90853	Group therapy	\$44.52	The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient maybe discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are use, such as facilitating improved interpersonal exchanges, group support and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy involving patients other than the

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

	Bite Addictions and Montal Floatin Ethiologi				
Code	Description	Upper	Service Criteria		
		Payment			
		Amount**	· ·		

			patient's families.
90857	Interactive group therapy	\$44.52	The therapist provides interactive group psychotherapy, usually to patients who are too young, or incapable, of engaging with the clinician through expressive language communication skills, or individuals who have lost that ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to help the patient and clinician work through the issues being treated. Reviewing patient records, including medication and lab tests, making observations and assessments and interpreting reactions and interactions within the group, arranging group and individual follow-up services, and record dictation are included.
90846	Family Therapy without patient present	\$133.50	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family without the patient present. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.
90847	Family Therapy with patient present	\$133.50	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family jointly with the patient. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including medication management or any physical exam related to the medication, is included.
90849	Multi-family group therapy	\$44.52	The therapist provides multiple family group psychotherapy by meeting with several patients' families together. This is usually done in cases involving similar issues and often in settings of group homes, drug treatment facilities, or hospital rehabilitation centers. The session may focus on the issues of the patient's hospitalization or substance abuse problems. Attention is also give to the impact the patient's condition has on the family. This code is reported once for each family

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

	Elle / tastottotto stra montan Ellion				
Code	Description	Upper	Service Criteria		
		Payment			
		Amount**			

			group present.
90862	Medication Management	\$65.72	MD or Psychiatric Mental Health Nurse Practitioner
H0034	Medication Training and Support, per 15 min	\$15.74	Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
H2010	Comprehensive medication services, per 15 min	\$22.25	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
G0176	Activity Therapy related to the care and treatment of a person's disabling mental health condition, 45 minutes or more	\$16.95	Therapeutic activities designed to improve social functioning, promote community integration and reduce symptomatology in areas important to maintaining or reestablishing residency in community; e.g., home, work, school, peer group. Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.
G0177	Training and educational services related to the care and treatment of a person's disabling mental health condition, 45 minutes or more	\$47.22	Psychosocial skills development and rehabilitation services used to improve social functioning in areas important to maintaining or reestablishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.
H2032	Activity therapy, per 15 min	\$7.87	Therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptomatology in areas important to maintaining or reestablishing residency in the community. Activities may be delivered on an individual or group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment plan.
H2014	Skills training and development, per 15 min	\$2.74	A program of rehabilitation designed to reduce or resolve identified barriers and improve social functioning in areas important to establishing and maintaining clients in the community; e.g., home, peer group, work or school. Activities are delivered to more than one client and are designed to promote skill development in areas such as decision-making, anger management and coping, community awareness and mobility, self-esteem and money management. Skills training reduces symptomatology and promotes community integration and job readiness.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
H2023	Supported employment, per 15 min	\$15.74	Services to promote rehabilitation and return to productive employment. Programs use a team approach to engage and retain clients in treatment and provide the supports necessary to ensure success at the workplace.
H0036	Community psychiatric supportive treatment, face to face, per 15 min	\$7.87	Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. Programs shall include a mixture of individual, group, and activity therapy components and shall include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.
H2033	Multi-systemic therapy for juveniles, per 15 min	\$22.25	Intensive, time-limited, home-based services delivered by appropriately licensed MST programs, consisting of individualized, comprehensive, integrated system interventions and empirically validated treatment approaches targeting multiple systems involved with a client, including peer, family, school, neighborhood, indigenous support network, and formal agency systems. MST is designed to promote behavior change in youth that have evidenced serious juvenile justice system involvement.
H0039	Assertive community treatment, face to face, per 15 min	\$22.25	A multidisciplinary, team based approach, providing proactive, focused, sustained care and treatment targeted at a defined group of consumers. Services are aimed at maintaining the individual's contact with services, reducing the extent of hospital admissions and seeking improvement with social functioning and quality of life. Services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment. (QMHP)
H0039 HN	Assertive community treatment, face to face, per 15 min	\$15.72	A multidisciplinary, team based approach, providing proactive, focused, sustained care and treatment targeted at a defined group of consumers. Services are aimed at maintaining the individual's contact with services, reducing the extent of hospital admissions and seeking improvement with social functioning and quality of life. Services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment. (QMHA)
H2013	Psychiatric health facility service, per diem	\$260.52/ \$432.58	Services provided in an intensively staffed 24-hour non-hospital facility under a physician approved treatment plan for which treatment includes an appropriate mix and intensity of

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

### Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Service Criteria

services. In this case, interpreter services cannot be billed in addition to the therapeutic service.

		Payment Amount**	
		Amount	
		(Provider specific rate)	assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level.
T1016	Case management, per 15 min	\$22.25	Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability. (QMHP)
T1016 HN	Case management, per 15 min	\$15.74	Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability. (QMHA)
90882	Environmental intervention with agencies, employers, or institutions	\$89.00	The clinician uses this code to report work done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition.
90887	Interpretation or explanation of results to family or other persons	\$89.00	The clinician interprets the results of a patient's psychiatric an medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.
T1013	Sign language/oral interpreter service, per 15 min	\$7.65	Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively.
			Reimbursement for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy, or group therapy, etc. Whenever feasible, individuals should receive services from staff, who are able to provide sign and/or oral interpretive

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

Upper

Description

#### Modifier Definitions:

Code

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

# Oregon Health Plan Mental Health Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper	Service Criteria
		Payment	
		Amount**	

## PSYCHIATRIC DAY TREATMENT SERVICES FOR CHILDREN & ADOLESCENTS

H0037	Community Psychiatric Supportive Treatment Program, per diem.	Provider specific rate	Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children with a primary Axis 1 DSM diagnosis and their families. The program must provide a range of professional expertise and individualized treatment services, including psychiatric services, family treatment and other therapeutic activities integrated with an accredited education program. Services must provide at least four hours/day in preschool-fifth grade and five hours/day in sixth - twelfth grade programs for a minimum of 230 days per year.
H2012	Behavioral Health Day Treatment, per hour	Provider specific rate	Children's psychiatric day treatment services as defined in H0037, except provided on an hourly basis when an enrolled client's absence or transition precludes client's receipt of the minimum number of per diem hours required for H0037. Services must be included in the client's treatment plan, documented in the client's clinical record, and provided by a Qualified Mental Health Professional or Qualified Mental Health Associate.

#### OREGON HEALTH PLAN / MANAGED CARE / ENCOUNTER ONLY

	ONEGON HEALTH I EAN / MANAGED CARE / ENGOGNIER ONE I				
H0002	Behavioral health screening to determine eligibility for admission to treatment program	***	Determination of a person's immediate treatment needs to establish a provisional diagnosis for the purpose of facilitating access to an appropriate provider for full assessment and treatment.		
H0033	Oral Medication Administration, direct observation	***	QMHA/QMHP observing clients taking of Mental Health medication to ensure adequate medication compliance to deter or prevent deterioration of client's condition.		
H2011	Crisis intervention services, per 15 min	***	Unplanned face-to-face acute non-hospital intervention by a QMHP that is needed immediately in response to actual or perceived threat of harm to self or others, or risk of substantial and		

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### Modifier Definitions:

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

HK – Specialized mental health programs for high-risk populations HN – Bachelors degree level TN – Rural/outside providers' customary service area

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

	Di le / adiotiche di la Worttai i loditi i Divicion					
Code	Description	Upper	Service Criteria			
		Payment				
		Amount**	,			

			immediate deterioration of mental or emotional functioning.
S9484	Crisis Intervention Mental Health Services, per hour	***	Unplanned face-to-face acute non-hospital intervention by a QMHP that is needed immediately in response to actual or perceived threat of harm to self or others, or risk of substantial and immediate deterioration of mental or emotional functioning.
H2021	Community based wraparound services, per 15 min	***	Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and resources and are provided to a client and family members in order to promote, maintain or restore successful community living. Services are delivered as the result of a collaborative planning process and are provided in a manner or place different from the traditional manner or place of service delivery.
H2022	Community based wraparound services, per diem	***	Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and resources and are provided to a client and family members in order to promote, maintain or restore successful community living. Services are delivered as the result of a collaborative planning process and are provided in a manner or place different from the traditional manner or place of service delivery.
H2027	Psychoeducational service, per 15 min	***	Activities to provide information and education to clients, families, and significant others regarding mental disorders and their treatment. This activity acknowledges the importance of involving significant others who may be essential in assisting a client to maintain treatment and to recover.
H0038	Self-help/peer services, per 15 min	***	Services provided by peers (mental health consumers) include a wide range of supports, services, and advocacy that contribute to a client's ability to engage in ongoing treatment. These services may include but are not limited to: self-help support groups, drop-in centers, outreach services, education and advocacy. Persons performing this activity have experience in treatment and recovery.
H0045	Respite care services, not in the home, per diem	***	Services provided in a properly licensed 24-hour facility by non-medical professionals within their scopes of licensure or certification. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment, supervision, structure and support, and case coordination.
S5151	Unskilled respite care, not hospice,		Services provided in a properly licensed 24-hour facility by non-medical professionals within their

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
	per diem	***	scopes of licensure or certification. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment, supervision, structure and support, and case coordination.
S9125	Respite care services, in the home, per diem	***	Services provided in home to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.
T1005	Respite care services, up to 15 min	***	Services provided in home or community to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.
S9480	Intensive outpatient psychiatric services, per diem	***	Services provided to clients in a dual diagnosis enhanced residential treatment setting. These services include a mental health assessment, psychiatric evaluation and medication management, coordination of services with community mental health including discharge planning, individualized treatment and skill development focused on managing mental health symptoms.
H0035	Mental Health Partial Hospitalization, less than 24 hours	***	Distinct, organized ambulatory treatment, which is prescribed, supervised and reviewed by a physician and provided in a properly licensed facility by qualified mental health professionals within their scope of licensure or certification. Services must be reasonable and necessary for diagnosis and active treatment of a condition and must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include diagnostic services; individual and group therapy; occupational therapy; individualized activity therapies that are not primarily recreational or diversionary; administration of medications; administration or biologicals that are not self-administered; family counseling for treatment of the client's condition; and patient education and training.
H0017	Behavioral health, residential (hospital		Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

#### Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

	T 5		5 Addictions and Mental Health Division
Code	Description	Upper Payment Amount**	Service Criteria
	residential treatment program), without room and board, per diem	***	treatment facility with an organized program of theoretically based individual, group and family therapies, psychosocial skills development, medication management, psychiatric services and consultation to remediate significant impairments in functioning that are the result of a principal mental or emotional disorder.
H0018	Behavioral health, short term residential (non-hospital residential treatment program), without room and board, per diem	***	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility for assessment, evaluation and stabilization of a child in a secure setting under the direction of a board certified child psychiatrist for up to 90 days.
H0019	Behavioral health, long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	***	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residentia treatment facility. The program must provide a range of professional expertise and treatment services that ensures appropriate and active treatment of a current DSM Axis I diagnosis. Services must be expected to improve or maintain the child's functional level.
H0037	Community psychiatric supportive treatment program, per diem	***	Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children with a primary Axis 1 DSM diagnosis and their families. The program must provide a range of professional expertise and individualized treatment services,

including psychiatric services, family treatment and other therapeutic activities integrated with an accredited education program. Services must provide at least four hours/day in preschool - fifth grade and five hours/day in sixth - twelfth grade programs for a minimum of 230 days per year.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### Modifier Definitions:

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

# Oregon Health Plan Mental Health Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

	Prioritational and montani Prioritani					
Code	Description	Upper	Service Criteria			
		Payment				
		Amount**				

## NON-OHP MEDICAID EXTENDED CARE SERVICES

Use of the following codes requires authorization by AMH Extended Care Management Unit (ECMU)

<sup>\*\*</sup>Providers must use Type of Service "U" for extended care services only\*\*

H0031 HK	MH Assessment, non-physician	\$88.29	Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person's mental history and presenting problem(s). The assessment concludes with documentation of a diagnosis and a written treatment plan supported by the assessment and interview data. If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file.
H0004 HK	Behavioral Health counseling/therapy, 15 min	\$22.01	Individual counseling or therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment plan. The intended outcome is the management, reduction or resolution of the identified problems.
90804 HK	Individual therapy, insight oriented, 20-30 min	\$65.16	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.
90805 HK	Individual therapy, insight oriented, with medication management, 20-30 min	\$65.16	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### Modifier Definitions:

<sup>\*\*</sup>Non "HK" codes may not be billed on the same day\*\*

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
			the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.
90810 HK	Individual therapy, interactive, 20-30 min	\$65.16	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90810 if the patient received psychotherapy only and 90811 if medial evaluation and management services were also furnished.
90811 HK	Individual therapy, interactive, with medication management, 20-30 min	\$65.16	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90810 if the patient received psychotherapy only and 90811 if medial evaluation and management services were also furnished.
90806 HK	Individual therapy, insight oriented, 45-50 min	\$97.68	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
90807 HK	Individual therapy, insight oriented with medication management, 45-50 min	\$97.68	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.
90812 HK	Individual therapy, interactive, 45-50 min	\$97.68	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90812 if the patient received psychotherapy only and 90813 if medial evaluation and management services were also furnished.
90813 HK	Individual therapy, interactive, with medication management, 45-50 min	\$97.68	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90812 if the patient received psychotherapy only and 90813 if medial evaluation and management services were also furnished.
90808 HK	Individual therapy, insight oriented, 75-80 min	\$162.89	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper	Service Criteria
		Payment	
		Amount**	
			understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80
			minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.
90809 HK	Individual therapy, insight oriented,	\$162.89	The therapist provides individual psychotherapy in an office or outpatient facility using supportive
	with medication management,		interactions, suggestions, persuasion, reality discussions, re-education, behavior modification
	75-80 min		techniques, reassurance, and the occasional aid of medication. These interactions are done with
			the goal of gaining further insight and affecting behavior change or support through
			understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80
			minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.
90814 HK	Individual therapy, interactive,	\$162.89	The therapist provides interactive psychiatric services in an office or outpatient facility for
900141110	75-80 min	ψ102.09	therapeutic purposes. The interactive method is most often used with individuals who are too
	70 00 111111		young, or incapable, of developing expressive communications skills, or individuals who have lost
			the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-
			verbal play and interaction, including the use of interpreter skills, are employed to gain
			communication with a patient not capable of engaging with the clinician by using adult language
			skills. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes.
			Report 90814 if the patient received psychotherapy only and 90815 if medial evaluation and
			management services were also furnished.
90815 HK	Individual therapy, interactive, with	\$162.89	The therapist provides interactive psychiatric services in an office or outpatient facility for
	medication management,		therapeutic purposes. The interactive method is most often used with individuals who are too
	75-80 min		young, or incapable, of developing expressive communications skills, or individuals who have lost
			the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain
			communication with a patient not capable of engaging with the clinician by using adult language
			skills. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes.
			Report 90814 if the patient received psychotherapy only and 90815 if medial evaluation and
			management services were also furnished.
90862 HK	Medication Management	\$65.16	MD or Psychiatric Mental Health Nurse Practitioner.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Service Criteria

		Payment Amount**		
H0034 HK	Medication Training/Support, per 15 min	\$22.01	Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.	
H2010 HK	Comprehensive medication services, per 15 min	\$23.26	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.	
90853 HK	Group therapy	\$44.16	The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient maybe discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are use, such as facilitating improve interpersonal exchanges, group support and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy involving patients other than the patient's families.	
90857 HK	Interactive group therapy	\$44.16	The therapist provides interactive group psychotherapy, usually to patients who are too young, or incapable, of engaging with the clinician through expressive language communication skills, or individuals who have lost that ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to help the patient and clinician work through the issues being treated. Reviewing patient records, including medication and lab tests, making observations and assessments and interpreting reactions and interactions within the group, arranging group and individual follow-up services, and record dictation are included.	
90846 HK	Family Therapy without patient present	\$88.29	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family without the patient present. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.	
90847 HK	Family Therapy with patient present	\$132.42	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family jointly with the patient. The family is part of the patient evaluation and treatment	

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

Upper

Description

#### **Modifier Definitions:**

Code

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment Amount**	Service Criteria
			process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including medication management or any physical exam related to the medication, is included.
G0176 HK	Activity Therapy related to the care and treatment of a person's disabling mental health condition, 45 minutes or more	\$16.82	Therapeutic activities designed to improve social functioning, promote community integration and reduce symptomatology in areas important to maintaining or reestablishing residency in community; e.g., home, work, school, peer group. Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.
G0177 HK	Training and educational services related to the care and treatment of a person's disabling mental health condition, 45 minutes or more	\$46.80	Psychosocial skills development and rehabilitation services used to improve social functioning in areas important to maintaining or reestablishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.
H0036 HK	Community psychiatric supportive treatment, face to face, per 15 min	\$7.81	Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. Programs shall include a mixture of individual, group, and activity therapy components and shall include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.
H2018 HK	Psychosocial Rehabilitation Services, per diem	\$97.72	Structured rehabilitative services and 24/7 crisis services delivered to individuals residing in specified residential treatment facilities. Service needs are identified in the assessment, prescribed in the individual treatment plan and include an appropriate mix and intensity of assessment, medication management, individual, group and activity therapy components. Services are oriented toward reducing symptoms, promoting community integration and transitioning the individual to a more integrated setting.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper Payment	Service Criteria
		Amount**	
H2013 HK	Psychiatric health facility service, per diem	\$343.03	Services provided in an intensively staffed 24-hour non-hospital facility under a physician approved treatment plan to a client who is 18 years old, be currently approved for long term psychiatric care and referred by ECMU for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level. (PAITS program)
90882 HK	Environmental intervention with agencies, employers, or institutions	\$88.29	The clinician uses this code to report work done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition.
90887 HK	Interpretation or explanation of results to family or other persons	\$88.29	The clinician interprets the results of a patient's psychiatric and medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.
T1013 HK	Sign language/oral interpreter service, per 15 min	\$7.99	Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively.
			Reimbursement for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy, or group therapy, etc. Whenever feasible, individuals should receive services from staff, who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

# Oregon Health Plan Mental Health Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

	Enter Additions and Montal Francis				
Code	Description	Upper	Service Criteria		
		Payment			
		Amount**			

#### NON-OHP MEDICAID SERVICES

Use of the following codes requires authorization by AMH

H0017 TN	Behavioral health, residential (hospital residential treatment program), without room and board, per diem	\$123.54	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility. An organized program of theoretically based individual, group and family therapies, Psychosocial skills, development, medication management, psychiatric services and consultation provided within a structured residential setting to remediate significant impairments in functioning that are the result of a principal mental or emotional disorder.
H0018 TN	Behavioral health, short term residential (non-hospital residential treatment program) without room and board, per diem	\$123.54	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facilities for assessment, evaluation and stabilization of a child in a secure setting under the direction of a board certified child psychiatrist for up to 90 days.
H0019 TN	Behavioral health, long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem	\$123.54	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facilities. The program must provide a range of professional expertise and treatment services that ensures appropriate and active treatment of a current DSM Axis I diagnosis. Services must be expected to improve or maintain the child's functional level.
S5146	Foster Care, therapeutic, child, monthly rate at a minimum of 40 hours	\$2,486.42	Rehabilitation services provided in the child's foster home. Delivered on an individualized basis and designed to promote skill development. This service requires the use of treatment foster care in coordination with other mental health interventions to reduce symptoms associated with the child's mental or emotional disorder and to provide a structured, therapeutic environment. The service is intended to reduce the need for future services, increase the child's potential to remain in the community, restore the child's best possible functional level, and to allow the child to be

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### Modifier Definitions:

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

	Brie Addictione and Worker British				
Code	Description	Upper	Service Criteria		
		Payment			
		Amount**	,		

			maintained in the least restrictive setting.
T2010	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	\$173.22	The screening of clients in nursing facilities (NF) to determine if a resident requires a PASRR Level II mental health evaluation. This review involves an analysis of data regarding symptoms of mental illness and results in a decision to deny or perform a PASRR Level II mental health Evaluation. Notification of this decision will be sent to the NF and AMH. Reviews may be repeated one time within 12 months to adjust treatment recommendations or arrange for mental health treatment.
T2011	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	\$606.27	The determination of a person's need for specialized services as defined by OBRA 1987 legislation. It involves the collection and evaluation of data pertinent to the person's Psychosocial functioning, medical and cognitive status, history of psychiatric treatment and medication needs. The assessment will result in a completed PASRR evaluation form on file at the Addictions and Mental Health Division (AMH) and in the client's chart. Limited to one evaluation per 12-month period.
H2016 HK	Comprehensive community support services, per diem	\$191.00	

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)

## Medicaid Procedure Codes and Reimbursement Rates For Services Provided On or After 07/01/07

DHS Addictions and Mental Health Division

Code	Description	Upper	Service Criteria
		Payment	
		Amount**	

	PLAC	CE OF SERVICE (	CODES
03	School	34	Hospice
04	Homeless Shelter	51	Inpatient Psychiatric Facility
11	Office	52	Psychiatric Hospital Partial Hospitalization
12	Home	53	Community Mental Health Center
15	Mobile Unit	54	Intermediate Care Facility/Mentally Retarded
20	Urgent Care Facility	55	Residential Substance Abuse Treatment Center
21	Inpatient Hospital	56	Psychiatric Residential Treatment Center
22	Outpatient Hospital	61	Comprehensive Inpatient Rehabilitation Center
23	Emergency Room-Hospital	62	Comprehensive Outpatient Rehabilitation Center
31	Skilled Nursing Facility	71	State or Local Public Health Center
32	Nursing Facility	99	Other Place of Service
33	Custodial Care Facility		

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U." See last page for Place of Service Options

#### **Modifier Definitions:**

<sup>\*\*</sup>Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public\*\* (OAR 309-016-0105 and OAR 309-016-0420)