

**Oregon Health Plan Chemical Dependency
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 01/01/05
DHS Office of Mental Health and Addiction Services**

CPT/ HCPC	POS	Daily Max Unit/ Svc	Frequency Limitations	Upper Payment Limit**	Description
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Outpatient Services					
H0001	03, 12, 57, 99	1	1 assessment per 12 mos.	\$165.04	Alcohol and/or Drug Assessment
H0002	03, 12, 57, 99	1	1 assessment per 12 mos.	\$82.52	Behavioral Health screening to determine eligibility for admission to treatment program.
H0004	03, 12, 57, 99	8	24/mo	\$20.63	Behavioral Health counseling and therapy, per 15mins.
H0005	03, 12, 57, 99	2	8/wk.	\$41.28	Alcohol and/or Drug Services; group counseling by a clinician.
H0048-HF	03, 12, 57, 99	1	4 UAs/mo.	\$11.08	Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.
T1006	03, 12, 57, 99	1	6/mo.	\$123.78	Alcohol and/or other substance abuse services, family/couple counseling.
T1013-HF	03, 12, 57, 99			\$7.42	Sign language or oral interpretation services, per 15 mins.
90887-HF	03, 12, 57, 99	1	2 consults/wk.	\$41.26	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.
90849-HF	03, 12, 57, 99	1	4/mo.	\$41.28	Multiple-family group.

Modifiers

HF – Substance Abuse
HG – Opiate Addiction Treatment Program
(Modifiers may only be used for specific codes, identified in this document)

Place of Service

03 – School, a facility whose primary purpose is education
11 – Office Location
12 – Home Location
Use “G” as type of service for “AC” Providers.
57 - Non-Residential Substance Abuse Treatment Facility (OP)
49 – Independent Clinic: Services provided in OTP
99 – Other Place of Service, other place of service not identified.
55– Residential Substance Abuse Treatment Center

** 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**

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97780-HF 97781-HF	03, 12, 57, 99	1	Codes effective through December 31, 2004	\$27.48 \$27.48	Acupuncture without electrical stimulation, per session Acupuncture with electrical stimulation, per session.
97810 HF	03, 12, 57, 99	1	New code effective January 1, 2005	\$13.74	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.
97811 HF	03, 12, 57, 99	2	New code effective January 1, 2005	\$6.87	Acupuncture, without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).
97813 HF	03, 12, 57, 99	1	New code effective January 1, 2005	\$13.74	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.
97814 HF	03, 12, 57, 99	2	New code effective January 1, 2005	\$6.87	Acupuncture, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).
Methadone Services					
H0001	49	1	1 assessment per 12 mos.	\$165.04	Alcohol and/or Drug Assessment.
H0002	49	1	1 assessment per 12 mos.	\$82.52	Behavioral Health screening to determine eligibility for admission to treatment program.
H0004	49	8	24/mo.	\$20.63	Behavioral Health counseling and therapy, per 15 mins.
H0005	49	2	8/wk.	\$41.28	Alcohol and/or Drug services: group counseling by a clinician.
H0016	49	1	1 physical per 12 mos.	\$102.85	Alcohol and/or drug services: medical/somatic (medical intervention in ambulatory setting).
H0020	49	1	7 doses/wk.	\$4.95	Alcohol and/or drug services: methadone administration and/or service (provision of the drug by a licensed program).

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H0033-HG	49	1	4 doses/wk.	\$8.30	Oral Medication Administration, Direct Observation.
H0048-HG	49	1	4 UAs/mo.	\$11.08	Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.
J3490	49	16	Maximum 16 units per day (1 unit = 2 mg)	Actual Cost per Dose	Unclassified Drug – Billing must include name of drug, NDC # and dosage units. This code may only be used for Buprenorphine dosing by an “AC” provider type.
T1006	49	1	6/mo.	\$123.78	Alcohol and/or substance abuse services; family/couple counseling.
T1502	49	1	7 dispenses/wk.	\$5.00	Administration of Oral Medication, per visit. This code may only be used for Buprenorphine dispensing by an “AC” provider type.)
T1013-HG	49			\$7.42	Sign language or oral interpretation services per 15 mins. (No Co-pay Required)
90887-HG	49	1	2 consults/wk.	\$41.26	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.
90849-HG	49	1	4/mo.	\$41.28	Multiple-family group.
97780-HG	49	1	Codes effective through December 31, 2004	\$27.48	Acupuncture w/o electrical stimulation, per session.
97781-HG				\$27.48	Acupuncture with electrical stimulation, per session.
97810 HG	03, 12, 57, 99	1	New code effective January 1, 2005	\$13.74	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.
97811 HG	03, 12, 57, 99	2	New code effective January 1, 2005	\$6.87	Acupuncture, without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).
97813 HG	03, 12, 57, 99	1	New code effective January 1, 2005	\$13.74	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.

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97814 HG	03, 12, 57, 99	2	New code effective January 1, 2005	\$6.87	Acupuncture, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).
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Managed Care - Encounter Only

H0012	99			\$0.00	Alcohol and/or drug services: sub-acute detoxification (residential addiction program outpatient).
H0006	99			\$0.00	Alcohol and/or drug case management.

Rosemont Only – Morrison Center

H0015	55	1	Daily Rate Structure – 1 billing per day/ per client	\$27.21	Alcohol and/or Drug Services: intensive outpatient treatment program, including assessment, counseling, crisis intervention and activity therapies or education.
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Breakthrough Only - Morrison Center

H2035	55	4	16/mo.	\$82.52	Alcohol and/or Other Drug Treatment Program
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