

**Oregon Health Plan Chemical Dependency  
Medicaid Procedure Codes and Reimbursement Rates  
For Services Provided On or After 01/01/08  
DHS Addictions and Mental Health Division**

| CPT/<br>HCPC | POS | Daily<br>Max<br>Unit/<br>Svc | Frequency Limitations | Upper<br>Payment<br>Limit** | Description |
|--------------|-----|------------------------------|-----------------------|-----------------------------|-------------|
|--------------|-----|------------------------------|-----------------------|-----------------------------|-------------|

| <b>Outpatient Services</b> |                         |   |                             |          |   |
|----------------------------|-------------------------|---|-----------------------------|----------|---|
| H0001                      | 03, 12,<br>57, 99       | 1 | 1 assessment per 12 mos.    | \$170.98 | Alcohol and/or Drug Assessment  |
| H0002 <sub>T</sub>         | 03, 12,<br>57, 99       |   |                             | \$21.37  | Behavioral Health screening to determine eligibility for admission to treatment program, per 15 mins.   |
| H0004 <sub>T</sub>         | 03, 12,<br>57, 99       | 8 | 24/mo                       | \$21.37  | Behavioral Health counseling and therapy, per 15mins.   |
| H0005                      | 03, 12,<br>57, 99       | 2 | 8/wk.                       | \$42.77  | Alcohol and/or Drug Services; group counseling by a clinician.  |
| <b>H0006<sub>T</sub></b>   | <b>03,12,<br/>57,99</b> |   | <b>Effective 01/01/2008</b> | \$21.37  | <b>Case management of patients needing services relating to alcohol or drug abuse/dependence, provides assistance and care coordination based on the needs of the individual. The case manager assesses the needs of the patient, assists in the development of recovery plans to benefit the patient, as well as the implementation of the plans. Reviews and evaluates the patient's progress in relation to the plan, per 15 mins.</b> |
| H0048-HF                   | 03, 12,<br>57, 99       | 1 | 4 UAs/mo.                   | \$11.48  | Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.  |
| T1006                      | 03, 12,<br>57, 99       | 1 | 6/mo.                       | \$128.24 | Alcohol and/or other substance abuse services, family/couple counseling.  |
| T1013-HF                   | 03, 12,<br>57, 99       |   |                             | \$7.69   | Sign language or oral interpretation services, per 15 mins.   |

"T" indicates service may be provided telephonically  
 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\*\*

**Oregon Health Plan Chemical Dependency  
Medicaid Procedure Codes and Reimbursement Rates  
For Services Provided On or After 01/01/08  
DHS Addictions and Mental Health Division**

| CPT/<br>HCPC              | POS               | Daily<br>Max<br>Unit/<br>Svc | Frequency Limitations    | Upper<br>Payment<br>Limit** | Description  |
|---------------------------|-------------------|------------------------------|--------------------------|-----------------------------|--|
| 90887 <sub>T</sub> HF     | 03, 12,<br>57, 99 | 1                            | 2 consults/wk.           | \$42.75                     | 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,<br>57, 99 | 1                            | 4/mo.                    | \$42.77                     | Multiple-family group.   |
| 97810 HF                  | 03, 12,<br>57, 99 | 1                            |                          | \$14.23                     | Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.  |
| 97811 HF                  | 03, 12,<br>57, 99 | 2                            |                          | \$7.12                      | 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,<br>57, 99 | 1                            |                          | \$14.23                     | Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.   |
| 97814 HF                  | 03, 12,<br>57, 99 | 2                            |                          | \$7.12                      | Acupuncture, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).  |
| <b>Methadone Services</b> |                   |                              |                          |                             |  |
| H0001                     | 49                | 1                            | 1 assessment per 12 mos. | \$170.98                    | Alcohol and/or Drug Assessment.  |
| H0002 <sub>T</sub>        | 49                |                              |                          | \$ 21.37                    | Behavioral Health screening to determine eligibility for admission to treatment program, per 15 mins.  |
| H0004 <sub>T</sub>        | 49                | 8                            | 24/mo.                   | \$21.37                     | Behavioral Health counseling and therapy, per 15 mins.   |
| H0005                     | 49                | 2                            | 8/wk.                    | \$42.77                     | Alcohol and/or Drug services: group counseling by a clinician.   |

"T" indicates service may be provided telephonically  
 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  
 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

**Use "G" as type of service for "AC" Providers.**

\*\* 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\*\*

**Oregon Health Plan Chemical Dependency  
Medicaid Procedure Codes and Reimbursement Rates  
For Services Provided On or After 01/01/08  
DHS Addictions and Mental Health Division**

| CPT/<br>HCPC | POS | Daily<br>Max<br>Unit/<br>Svc | Frequency Limitations | Upper<br>Payment<br>Limit** | Description |
|--------------|-----|------------------------------|-----------------------|-----------------------------|-------------|
|--------------|-----|------------------------------|-----------------------|-----------------------------|-------------|

|                          |           |    |   |                            |   |
|--------------------------|-----------|----|---|----------------------------|---|
|                          |           |    | <b>Effective 01/01/2008</b>                 |                            |   |
| <b>H0006<sub>T</sub></b> | <b>49</b> |    |   | <b>\$21.37</b>             | <b>Case management of patients needing services relating to alcohol or drug abuse/dependence, provides assistance and care coordination based on the needs of the individual. The case manager assesses the needs of the patient, assists in the development of recovery plans to benefit the patient, as well as the implementation of the plans. Reviews and evaluates the patient's progress in relation to the plan, per 15 mins.</b> |
| H0016                    | 49        | 1  | 1 physical per 12 mos.                      | \$106.55                   | Alcohol and/or drug services: medical/somatic (medical intervention in ambulatory setting).   |
| H0020                    | 49        | 30 | Up to 30 doses/mth.                         | \$5.13                     | Alcohol and/or drug services: methadone administration and/or service (provision of the drug by a licensed program). Take home doses must comply with OAR 415-020-0053.   |
| H0033-HG                 | 49        | 1  | 4 doses/wk.                                 | \$8.60                     | Oral Medication Administration, Direct Observation.   |
| H0048-HG                 | 49        | 1  | 4 UAs/mo.                                   | \$11.48                    | Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.  |
| J3490                    | 49        | 16 | Maximum 16 units per day<br>(1 unit = 2 mg) | Actual<br>Cost per<br>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.                                       | \$128.24                   | Alcohol and/or substance abuse services; family/couple counseling.  |
| T1502                    | 49        | 1  | 7 dispenses/wk.                             | \$5.18                     | Administration of Oral Medication, per visit. This code may only be used for Buprenorphine dispensing by an “AC” provider type.)  |
| T1013-HG                 | 49        |    |   | \$7.69                     | Sign language or oral interpretation services per 15 mins. (No Co-pay Required)   |
| 90887 <sub>T</sub> -HG   | 49        | 1  | 2 consults/wk.                              | \$42.75                    | 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.  |

“T” indicates service may be provided telephonically  
 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\*\*

**Oregon Health Plan Chemical Dependency  
Medicaid Procedure Codes and Reimbursement Rates  
For Services Provided On or After 01/01/08  
DHS Addictions and Mental Health Division**

| CPT/<br>HCPC | POS               | Daily<br>Max<br>Unit/<br>Svc | Frequency Limitations | Upper<br>Payment<br>Limit** | Description  |
|--------------|-------------------|------------------------------|-----------------------|-----------------------------|--|
| 90849-HG     | 49                | 1                            | 4/mo.                 | \$42.77                     | Multiple-family group.   |
| 97810 HG     | 03, 12,<br>57, 99 | 1                            |                       | \$14.23                     | Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.                        |
| 97811 HG     | 03, 12,<br>57, 99 | 2                            |                       | \$7.12                      | 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,<br>57, 99 | 1                            |                       | \$14.23                     | Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.                       |
| 97814 HG     | 03, 12,<br>57, 99 | 2                            |                       | \$7.12                      | Acupuncture, with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).    |

| <b>Managed Care - Encounter Only</b>       |    |   |   |         |  |
|--|----|---|---|---------|--|
| H0012                                      | 99 |   |   | \$0.00  | Alcohol and/or drug services: sub-acute detoxification (residential addiction program outpatient).   |
| <b>Rosemont Only – Morrison Center</b>     |    |   |   |         |  |
| H0015                                      | 55 | 1 | Daily Rate Structure – I<br>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. |
| <b>Breakthrough Only - Morrison Center</b> |    |   |   |         |  |
| H2035                                      | 55 | 4 | 16/mo.  | \$82.52 | Alcohol and/or Other Drug Treatment Program  |

“T” indicates service may be provided telephonically  
 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\*\*

**Oregon Health Plan Chemical Dependency  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Services Provided On or After 01/01/08  
 DHS Addictions and Mental Health Division**

| CPT/<br>HCPC | POS | Daily<br>Max<br>Unit/<br>Svc | Frequency Limitations | Upper<br>Payment<br>Limit** | Description |
|--------------|-----|------------------------------|-----------------------|-----------------------------|-------------|
|--------------|-----|------------------------------|-----------------------|-----------------------------|-------------|

“T” indicates service may be provided telephonically  
 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\*\*