

**Oregon Health Plan Chemical Dependency  
Medicaid Procedure Codes and Reimbursement Rates  
For Services Provided On or After 10/01/03  
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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<b>Outpatient Services</b>					
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	03, 12,	1		\$27.48	Acupuncture without electrical stimulation, per session
97781-HF	57, 99			\$27.48	Acupuncture with electrical stimulation, per session.
<b>Methadone Services</b>					
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).
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.

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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 97781-HG	49	1		\$27.48 \$27.48	Acupuncture w/o electrical stimulation, per session Acupuncture with electrical stimulation, per session

<b>Managed Care - Encounter Only</b>					
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.

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<b>Rosemont Only – Morrison Center</b>					
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.
<b>Breakthrough Only - Morrison Center</b>					
H2035	55	4	16/mo.	\$82.52	Alcohol and/or Other Drug Treatment Program

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