

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
------	-------------	--------------------------	---------------------	------------------	------------------

**Oregon Health Plan  
 Mental Health Covered Services**

90801		MD PMH-NP QMHP	Psychiatric diagnostic interview examination	\$140.94	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		MD PMH-NP QMHP	Interactive Psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication.	\$140.94	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

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					aids, and non-verbal interaction and interpretation skills are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills
90804		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, approximately 20-30 minutes face to face with the patient.	\$70.47	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		MD PMH-NP	Individual psychotherapy, insight oriented, with medical evaluation and	\$70.47	The therapist provides individual psychotherapy in an office or outpatient facility

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			management services. 20-30 min		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.
90806		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, approximately 45-50 minutes face to face with the patient.	\$105.70	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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		MD PMH-NP	Individual therapy, insight oriented, with medical evaluation and management services. 45-50 min	\$105.70	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.
90808		QMHP	Individual psychotherapy, insight	\$176.17	The therapist provides individual

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			oriented, behavior modifying and /or supportive, in an office or outpatient facility, approximately 75-80 minutes face to face with the patient.		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		MD PMH-NP	Individual therapy, insight oriented, with medical evaluation and management services, 75-80 min	\$176.17	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	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 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.
90810		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20-30 minutes face to face with the patient.	\$70.47	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					received psychotherapy only and 90811 if medial evaluation and management services were also furnished.
90811		MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services. 20-30 min	\$70.47	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.
90812		QMHP	Individual psychotherapy, interactive,	\$105.70	The therapist provides interactive psychiatric

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45-50 minutes face to face with the patient.		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 medical evaluation and management services were also furnished.
90813		MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services. 45-50 min	\$105.70	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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 medical evaluation and management services were also furnished.
90814		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75-80 minutes face to face with the patient.	\$176.17	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90815		MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services. 75-80 min	\$176.17	<p>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.</p> <p>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</p>

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					performed face to face with the patient for 75 – 80 minutes. Report 90814 if the patient received psychotherapy only and 90815 if medical evaluation and management services were also furnished.
90816		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20-30 minutes face to face with the patient.	\$70.47	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		MD	Individual therapy, facility-based, with	\$70.47	The therapist provides individual

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
		PMH-NP	medication management, with medical evaluation and management services 20-30 min		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.
90818		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face to face with the patient.	\$105.70	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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		MD PMH-NP	Individual therapy, facility-based, with medical evaluation and management services. 45-50 min	\$105.70	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					received psychotherapy only and 90819 if medical evaluation and management services were also furnished.
90821		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75-80 minutes face to face with the patient.	\$176.17	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 75-80 minutes. Report 90821f the patient received psychotherapy only and 90822f medical evaluation and management services were also furnished.
90822		MD PMH-NP	Individual therapy, facility-based, with medical evaluation and management services,	\$176.17	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			75-80 min		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 90821 if the patient received psychotherapy only and 90822 if medical evaluation and management services were also furnished.
90823		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient.	\$70.47	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,

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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 medical evaluation and management services were also furnished.
90824		MD PMH-NP	Individual therapy, interactive, facility-based, with medical evaluation and management services. 20-30 min	\$70.47	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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 medical evaluation and management services were also furnished.
90826		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient.	\$105.70	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 –

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					50 minutes. Report 90826 if the patient received psychotherapy only and 90827 if medical evaluation and management services were also furnished.
90827		MD PMH-NP	Individual therapy, interactive, facility-based, with medical evaluation and management services. 45-50 min	\$105.70	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 medical evaluation and management services

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90828		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75-80 minutes face-to-face with the patient.	\$176.17	were also furnished. 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 75-80 minutes. Report 90828 if the patient received psychotherapy only and 90829 if medical evaluation and management services were also furnished.
90829		MD PMH-NP	Individual therapy, interactive, facility-based, with medical evaluation and	\$176.17	The therapist provides interactive psychiatric services in an inpatient hospital, partial

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			management services, 75-80 min		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 75-80 minutes. Report 90828 if the patient received psychotherapy only and 90829 if medical evaluation and management services were also furnished.
90846 <sub>T</sub>		QMHP	Family Psychotherapy (without the patient present)	\$143.15	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

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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		QMHP	Family Psychotherapy (with the patient present)	\$143.15	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

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					medication management or any physical exam related to the medication, is included.
90849		QMHP	Multi-family group psychotherapy	\$47.73	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 group present.
90853		QMHP	Group psychotherapy (other than of a multiple-family group)	\$47.73	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

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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 patient's families.
90857		QMHP	Interactive group psychotherapy	\$47.73	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,

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					making observations and assessments and interpreting reactions and interactions within the group, arranging group and individual follow-up services, and record dictation are included.
90862		MD PMH-NP	Pharmacologic Management, including prescription, use, and review of medications with no more than minimal medical psychotherapy.	\$70.47	MD or Psychiatric Mental Health Nurse Practitioner
90870		MD	Electroconvulsive therapy (includes necessary monitoring)	\$103.49	Technical and professional component is included in this payment amount.
90882 †		QMHP	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$95.43	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 †		QMHP	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or	\$95.43	The clinician interprets the results of a patient's psychiatric a medical examinations and procedures, as well as other pertinent

“†” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			other accumulated data to family or other responsible persons, or advising them how to assist patient.		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.
96101		QMHP who is a psychologist or psychology intern supervised by a licensed psychologist	Psychological Testing(includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach WAIS)per hour of the psychologist's or physician's time both face to face time administering tests to the patient and time interpreting these test results and preparing the report) with interpretation and report, per hour	\$95.43	Includes situations when more time is needed to assimilate other clinical data sources including tests administered by a technician or computer and previously reported.
98966		QMHP	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient,	\$9.41	Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian not originating

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment:5-10 minutes of medical discussion.		from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. 5-10 minutes of medical discussion.
98967		QMHP	Same as 98966 for 11-20 minutes of medical discussion	\$18.82	Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian not originating from provided within a related assessment and management service the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. 11-20 minutes of medical discussion.
98968		QMHP	Same as 98966 for 21-30 minutes of medical discussion	\$28.23	Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian not originating

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. 21-30 minutes of medical discussion.
98969		QMHP	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network. No time limit specified	\$9.41	Online assessment and management service provided by a qualified non-physician health care professional to an established patient, guardian, or healthcare provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network.
G0176		QMHP QMHA	Activity therapy, such as music, dance, art or play therapies not fro recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	\$18.17	Activities engaging a patient in music, dance, art creations, or any type of plan, not as recreation but as therapeutic processes for the care and treatment of a patient with disabling mental health problems, is reported with G0176 for every session of 45 minutes or

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					more.
G0177		QMHP QMHA	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	\$18.17	Use G0177 for training and educational services related to the care and treatment of a patient with disabling mental health problems for every session of 45 minutes or more.
H0004 <sub>T</sub>		QMHP	Behavioral health counseling/therapy, per 15 min	\$23.86	This code reports provision of behavioral health counseling and therapy services. Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting and is billed in 15-minute increments. 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.
H0031		QMHP	MH Assessment, non-physician	\$95.43	Mental health assessment is provided by someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					capacity, and gathers additional information used for the treatment of mental illness. 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		QMHP QMHA	Mental health service plan development by non-physician	\$95.43	A mental health service plan is developed for treating a patient, including modifying goals, assessing progress, planning transitions, and addressing other needs. This service is provided by someone other than a physician, who is a clinical, professional or other specialist. Activities to develop, evaluate, or modify a client's mental health services plan.

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
H0034 <sub>T</sub>		QMHP QMHA	Medication Training and Support, per 15 min	\$16.88	Medication training and support is an educational service to assist the patient, family, or other caretaker in the proper management of prescribed medication regimens, drug interactions, and side effects. This code is reported per 15 minutes. Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
H0036		QMHP QMHA	Community psychiatric supportive treatment, face to face, per 15 min	\$8.44	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

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.
H0037		N/A	Community Psychiatric Supportive Treatment Program, per diem.	\$163.24	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.

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
H0039 <sub>T</sub>		QMHP QMHA	Assertive community treatment, face to face, per 15 min	\$32.43	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. Use of this code requires authorization from AMH.
H2010 <sub>T</sub>		QMHP	Comprehensive medication services, per 15 min	\$23.86	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
H2012		N/A	Behavioral Health Day Treatment, per hour	\$40.81	Day treatment for behavior health focuses on maintaining and improving functional abilities for the individual. Clients may participate in activities in a therapeutic and social environment several times per week for several hours per day to improve personal

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					skills. This code is reported per hour of daytime behavioral health treatment. 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, and documented in the client’s clinical record. Provided by a Qualified Mental Health Professional or Qualified Mental Health Associate.
H2013		Facility Level Only	Psychiatric health facility service, per diem	\$269.90/ \$463.84 (Provider specific rate)	A psychiatric health facility is specifically licensed as such and is differentiated from a hospital with an inpatient psychiatric ward, psychiatric hospital, or crisis residential services. This facility provides services in an acute non-hospital inpatient setting. and includes appropriate care in psychiatry, clinical psychology, social work, rehabilitation, drug administration, and other basic needs, per diem. Services provided in an intensively

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers’ customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					staffed 24-hour non-hospital facility under a physician approved treatment plan 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.
H2014 <sub>T</sub>		QMHP QMHA	Skills training and development, per 15 min	\$16.88	Skills training and development provides the patient with necessary abilities that will enable the individual to live independently and manage his/her illness and treatment. Training focuses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders, per 15 minutes.
H2023 <sub>T</sub>		QMHP QMHA	Supported employment, per 15 min	\$16.88	Supported employment services are available to individuals with serious mental illness. Employment specialists assist in obtaining and maintaining employment in the community and in continuing treatment for the client to ensure

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					rehabilitation and productive employment. Report H2023 for 15-minute increments. 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. <b>Use of this code requires authorization from AMH.</b>
H2032		QMHP QMHA	Activity therapy, per 15 min	\$8.44	Activity therapy such as music, dance, creative art, or any type of plan, not for recreation, but related to the care and treatment of the patient's disabling mental health problems is reported for services per 15 minutes.
H2033		QMHP	Multi-systemic therapy for juveniles, per 15 min	\$23.86	Multi-systemic therapy uses the strengths found in key environment settings of juveniles to promote and maintain positive behavioral changes. These services focus on individual, family, and extra-familial (such as peer, school, and neighborhood) influences reported in 15 minute increments. Intensive, time-limited, home-based services delivered by

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
T1013		Qualified Interpreter, not immediate family member	Sign language/oral interpreter service, per 15 min	\$8.21	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					another service such as assessment, individual/family therapy, or group therapy, etc. Whenever feasible, individuals should receive services from staff, which are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.
T1016 <sub>T</sub>		QMHP QMHA	Case management, per 15 min	\$23.86	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.
T1023 <sub>T</sub>		QMHP QMHA	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	\$95.43	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
------	-------------	--------------------------	---------------------	------------------	------------------

available treatment options.

**OREGON HEALTH PLAN  
 Covered Mental Health Services**

**MANAGED CARE  
 ENCOUNTER ONLY CODES**

H0002 <sub>T</sub>		As determined by MHO	Behavioral health screening to determine eligibility for admission to treatment program	***	Behavioral health screening is done to determine a patient's eligibility for admission to a treatment program. Patients are screened for mental health conditions as well as substance use disorders and are medically assessed to ensure appropriate treatment is given. 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.
H0023 <sub>T</sub>		As determined	Behavioral Health Outreach (planned approach to reach a targeted	***	Behavioral health outreach is a service targeting specific, at-risk individuals in a given

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
		by MHO	population)		population who are in need of assistance with mental health issues. This may include mobile teams that contact at-risk individuals in the home, centers in which individuals can drop-in and obtain information regarding mental health treatment or social services, or other various methods of contact that are not represented by a more specific code.
H0033		As determined by MHO	Oral Medication Administration, direct observation	***	Patients are assisted or observed by professional medical staff during the administration of oral medication. This is often used in the administration of drugs such as methadone when it must be established that the patient has received the medication.
H0035		As determined by MHO	Mental Health Partial Hospitalization, less than 24 hours	***	Partial hospitalization for mental health services is a treatment period of less than 24 hours care in which the patient is assisted with issues related to the individual's reintegration into society. This code is not considered an inpatient service. Distinct, organized ambulatory treatment, which is prescribed, supervised and reviewed by a physician and

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
H0038 <sub>T</sub>		As determined by MHO	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					to: self-help support groups, drop-in centers, outreach services, education and advocacy. Persons performing this activity have experience in treatment and recovery.
H0045		As determined by MHO	Respite care services, not in the home, per diem	***	Respite care services provided outside the home give assistance to clients in place of primary care givers on a temporary per diem basis so the patient may be maintained at the current level of care required when the primary care givers are temporarily absent.
H2011 <sub>T</sub>		As determined by MHO	Crisis intervention services, per 15 min	***	Mental health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency and is billed in 15-minute increments.
H2021 <sub>T</sub>		As determined by MHO	Community based wraparound services, per 15 min	***	Wrap-around community services are provided for a short period of time for seriously emotionally disabled youth. These services are

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
H2022 <sub>T</sub>		As determined	Community based wraparound services, per diem	***	provided for children/adolescents with a rate classification level (RCL) placement higher than 12. These codes include support and training for family members as an integral part of services provided. Code H2021 is per 15-minute increments and H2022 is for 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.  Wrap-around community services are provided for a short period of time for seriously

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
		by MHO			emotionally disabled youth. These services are provided for children/adolescents with a rate classification level (RCL) placement higher than 12. These codes include support and training for family members as an integral part of services provided. Code H2021 is per 15-minute increments and H2022 is for 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 <sub>T</sub>		As	Psycho-educational service,		Activities to provide information and education

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
		determined by MHO	per 15 min	***	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.
S5151		As determined by MHO	Unskilled respite care, not hospice, 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.
S9125		As determined by MHO	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
S9453		As determined by MHO	Smoking cessation classes, nonphysician provider, per session	***	Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they should report these services using 99407 for individual counseling and S9453 for classes.
S9480		As determined by MHO	Intensive outpatient psychiatric services, per diem	***	Intensive Outpatient Psychiatric services focus on maintaining and improving functional abilities for the individual. Assessment and Evaluation and Crisis outpatient codes may be billed on the same day; however no other outpatient services may be billed on the same day. Facility-based codes may also be billed

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					on the same day. Clients participate in activities a minimum of 4 hours per day.
S9484†		As determined by MHO	Crisis Intervention Mental Health Services, per hour	***	Mental Health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency; per hour.
T1005		As determined by MHO	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.
96150		As	Health and behavior assessment		Managed Care Organizations may authorize

“†” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
		determined by MHO	(eg, health-focused clinical interview, behavioral observations, psychophysiological mentoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	***	employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
96151		As determined by MHO	Re-assessment	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
96152		As determined by MHO	Health and behavior intervention, each 15 minutes	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
96153		As determined by MHO	Group (2 or more patients)	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
------	-------------	--------------------------	---------------------	------------------	------------------

					Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
96154		As determined by MHO	Family (with the patient present)	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
99407		As determined by MHO	Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	***	Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they should report these services using 99407 for individual counseling and S9453 for classes.

**PSYCHIATRIC RESIDENTIAL TREATMENT SERVICES**

H0017		Facility Level	Behavioral health, residential (hospital		Residential treatment on a per diem basis for
-------	--	----------------	--	--	---

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
		Only	residential treatment program), without room and board, per diem	**Per-Facility Contracted Rate*	behavior health issues in a hospital residential treatment program is designed to provide a 24-hour group living situation in which the patient receives treatment under the care of a physician. This code does not include daily room and board. Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential 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.
H0019		Facility Level Only	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 PRTS	**Per-Facility Contracted Rate*	Long-term residential treatment is typically more than 30 days. This code applies to a residential treatment program for behavioral health issues that are neither medical, nor acute in nature. This code is per diem, not including daily room and board. Services provided by appropriately licensed 24-hour

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					child and adolescent psychiatric residential 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		Facility Level Only	Community psychiatric supportive treatment program, per diem	**Per-Facility Contracted 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.

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
------	-------------	--------------------------	---------------------	------------------	------------------

**NON-OHP MEDICAID  
 EXTENDED CARE SERVICES**

Use of the following codes requires authorization by AMH

\*\*Providers may not bill a procedure code both with and without an HK modifier on the same day\*\*

90804	HK	QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, approximately 20-30 minutes face to face with the patient.	\$66.53	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.
-------	----	------	--	---------	--

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90805	HK	MD PMH-NP	Individual psychotherapy, insight oriented, with medical evaluation and management services. 20-30 min	\$66.53	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.
90806	HK	QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, approximately 45-50 minutes face to face with the patient.	\$99.73	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	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 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.
90807	HK	MD PMH-NP	Individual therapy, insight oriented, with medical evaluation and management services. 45-50 min	\$99.73	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90808	HK	QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, approximately 75-80 minutes face to face with the patient.	\$166.31	were also furnished. 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	HK	MD PMH-NP	Individual therapy, insight oriented, with medical evaluation and management services, 75-80 min	\$166.31	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
HE – Mental Health Program  
QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
90810	HK	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20-30 minutes face to face with the patient.	\$66.53	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90811	HK	MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services. 20-30 min	\$66.53	<p>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.</p> <p>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</p>

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90812	HK	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45-50 minutes face to face with the patient.	\$99.73	were also furnished. 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.
90813	HK	MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services.	\$99.73	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			45-50 min		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.
90814	HK	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75-80 minutes face to face with the patient.	\$166.31	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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	MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services. 75-80 min	\$166.31	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
90846	T HK	QMHP	Family Therapy (without patient present)	\$90.14	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	QMHP	Family Therapy (with patient present)	\$135.20	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers’ customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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	HK	QMHP	Multiple-family group psychotherapy	\$45.09	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

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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 group present.
90853	HK	QMHP	Group psychotherapy (other than of a multiple-family group)	\$45.09	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 patient's families.

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90857	HK	QMHP	Interactive group psychotherapy	\$45.09	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.
90862	HK	MD PMH-NP	Pharmacologic Management, including prescription, use, and review of medications with no more than minimal medical psychotherapy.	\$66.53	MD or Psychiatric Mental Health Nurse Practitioner.

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
90882 <sub>T</sub>	HK	QMHP	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$90.14	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 <sub>T</sub>	HK	QMHP	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.	\$90.14	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.
G0176	HK	QMHP QMHA	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	\$17.17	Activities engaging a patient in music, dance, art creations, or any type of plan, not as recreation but as therapeutic processes for the care and treatment of a patient with disabling mental health problems, is reported with G0176 for every session of 45 minutes or more.

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
G0177	HK	QMHP QMHA	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	\$17.17	Use G0177 for training and educational services related to the care and treatment of a patient with disabling mental health problems for every session of 45 minutes or more.
H0004 <sub>T</sub>	HK	QMHP	Behavioral Health counseling/therapy, 15 min	\$22.47	This code reports provision of behavioral health counseling and therapy services. Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting and is billed in 15-minute increments. 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.
H0031	HK	QMHP	MH Assessment, non-physician	\$90.14	Mental health assessment is provided by someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness.

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
H0034 <sub>T</sub>	HK	QMHP QMHA	Medication Training/Support, per 15 min	\$22.47	Medication training and support is an educational service to assist the patient, family, or other caretaker in the proper management of prescribed medication regimens, drug interactions, and side effects. This code is reported per 15 minutes. Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
H0036	HK	QMHP	Community psychiatric supportive	\$7.97	Structured developmental or rehabilitative

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
		QMHA	treatment, face to face, per 15 min		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.
H0046	HK	Facility Level Only	Mental Health Services, per diem	Varies: based on individual needs	Mental health services, not otherwise specified, used in select residential facilities. This service must be authorized by AMH.
H2010 <sub>T</sub>	HK	QMHP	Comprehensive medication services, per 15 min	\$23.75	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
H2013	HK	Facility Level Only	Psychiatric health facility service, per diem	Provider Specific Rate	Services provided in an intensively staffed 24-hour non-hospital facility under a physician approved treatment plan to a client who is 18

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
				based on individual service needs	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)
H2014	HK	QMHP QMHA	Skills training and development, per 15 min	\$16.88	Skills training and development provides the patient with necessary abilities that will enable the individual to live independently and manage his/her illness and treatment. Training focuses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders, per 15 minutes.
H2016	HK	<b>Facility Level Only</b>	Comprehensive community support services, per diem	Varies: based on individual needs	

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
H2018	HK	Facility Level Only	Psychosocial Rehabilitation Services, per diem	\$99.77	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, and group and activity therapy components. Services are oriented toward reducing symptoms, promoting community integration and transitioning the individual to a more integrated setting.
H2032	HK	QMHP QMHA	Activity Therapy (15 min)	\$8.44	Activity therapy such as music, dance, creative art, or any type of plan, not for recreation, but related to the care and treatment of the patient's disabling mental health problems is reported for services per 15 minutes.

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
S5141	HK		Personal Care Services, Adult Foster Home, per month	Rate based on individual service need	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be completed independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care Plan. Personal care services rendered in an adult foster home are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.
T1020	HK	Facility Based	Personal Care Services, in a Residential Treatment Home, per Diem.  This code used with the modifier HK alone, replaces S5140. This code will be phased-in as existing Plan of Care authorizations expire.	Facility Based Rate	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care plan. Personal care services rendered in a Residential Treatment Home or Facility are prior authorized through a Plan of Care authorization by the Addictions and

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					Mental Health Division of DHS.
T1020	HK HE	Facility Based	<p>Personal Care Services, in a Residential Treatment Facility, per diem.</p> <p>This code used with the modifiers HK and HE, replaces T2048 used with modifier HK. This code will be phased-in as existing Plan of Care authorizations expire.</p>	Facility Rate Based on Individual Service Needs	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care plan. Personal care services rendered in a Residential Treatment Home or Facility are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.
T1020	HK TG	Facility Based	<p>Personal Care Services, in a Secured Residential Treatment Facility, per diem.</p> <p>This code when used with modifiers HK and TG, replaces T2048 used with modifiers HK and TG. This code will be phased-in as existing Plan of Care</p>	Facility Rate Based on Individual Service Needs	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care plan. Personal care services rendered in a Residential Treatment Home or

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
			authorizations expire.		Facility are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.
T1019	HK	Facility Based	Personal care, in a residential treatment program, per 15 minute units.	Facility Based Rates	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care plan. Personal care services rendered in a Residential Treatment Home or Facility are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.
T1013	HK	Qualified Interpreter, not immediate family member	Sign language/oral interpreter service, per 15 min	\$8.16	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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
------	-------------	--------------------------	---------------------	------------------	------------------

					<p>communicating in English and the primary language of the individual and be able to translate clinical information effectively.</p> <p>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, which are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.</p>
--	--	--	--	--	--

**NON-OHP MEDICAID SERVICES**

Use of the following codes requires authorization by AMH

H0017	TN	Facility Based	Behavioral health, residential (hospital residential treatment program), without room and board, per diem	\$126.13	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility. An organized
-------	----	----------------	---	----------	---

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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.
H0019	TN	Facility Based	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	\$126.13	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		Facility Based	Foster Care, therapeutic, child, monthly rate at a minimum of 40 hours	\$2538.63	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

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
					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 maintained in the least restrictive setting.
T2010		Facility Based	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	\$176.86	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.

"T" indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
T2011		Facility Based	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	\$619.00	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, and 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.

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

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care  
 HE – Mental Health Program  
 QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10

**DHS Addictions and Mental Health Division  
 Medicaid Procedure Codes and Reimbursement Rates  
 For Mental Health Services Provided On or After 01/01/2011**

---

Code	Modifier(s)	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
------	-------------	--------------------------	---------------------	------------------	------------------

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

“T” indicates service may be provided telephonically

\*\*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 309-016-0600 to 309-016-0685 and OAR 309-016-0730 to 309-016-0755)

Modifier Definitions:

HK – Specialized mental health programs for high-risk populations    HN – Bachelors degree level    TN – Rural/outside providers' customary service area    TG-Complex/High Technical Level of Care

HE – Mental Health Program

QMHP-Qualified Mental Health Professional    QMHA-Qualified Mental Health Associate    PMH-NP-Psychiatric Mental Health Nurse Practitioner

Last Updated 11/01/10