

**DHS Addictions and Mental Health Division  
Medicaid Procedure Codes and Reimbursement Rates  
For Chemical Dependency Services Provided On or After 01/01/2013**

Code	Modifier(s)	Unit Value Service/Minute	HCPCS/CPT Description	Payment Amount**	Billing Technical Assistance
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**Oregon Health Plan – Fee-For-Service/Non-Managed Care**

**Out Patient Chemical Dependency Services**

H0001	HF or HG	Per Service	Alcohol and/or Drug Assessment	\$139.70	One assessment equals one unit of service. Service frequency limitation is based upon medical appropriateness for the individual. There is no Prior Authorization required. 1 unit per billing regardless of length of time or if it takes multiple sessions to complete the initial assessment.
H0002T	HF or HG	Per Service	Behavioral Health screening to determine eligibility for admission to treatment program(s)	\$35.05	Patients are screened for mental health condition as well as substance use disorders and are medically assessed to ensure appropriate treatment is given. There is no Prior Authorization required. Service frequency limitation is based upon medical appropriateness for the individual. 1 unit per billing service
H0004T	HF or HG	Per 15 Min	Behavioral Health Counseling and Therapy. Individual Counseling by a clinician	\$17.46	Behavioral health counseling and therapy provides individual counseling for a patient in a private setting as identified by the assessment and listed in the treatment plan. Service

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**Place of Service Code**

03-School, facilities primary purpose is education  
 11-Office Location  
 12-Home Location  
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					frequency limitation is based upon medical appropriateness for the individual. There is no Prior Authorization required. 1 unit equals 15 minutes of individual counseling.
H0005	HF or HG	Per Service	Alcohol and/or drug services; group counseling by a clinician	\$39.66	Length of group sessions are not specified or dictated by AMH. For Guidelines on recommended session length, refer to SAMAHS TIP 41 or other Evidence Based Practice Guidelines. Depending upon group focus (i.e. psycho-educational, skills development, cognitive behavioral, relapse prevention, culturally specific etc.) length of group session can vary 15-120 minutes. Service frequency limitation is based upon medical appropriateness and treatment plans for the individual. There is no Prior Authorization required. Multiple group sessions are allowable within a day. 1 unit equals 1 group session regardless of length of session. (*historical note; reimbursement rate was established based on a 90 minute group

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					session average determined by utilization data provided by OHP A&D providers)
H0006T	HF or HG	Per 15 Min	Alcohol and/or drug services; Case Management	\$17.46	Case management is billable when the case manager is a CADC. Service frequency limitation is based upon medical appropriateness and treatment plans for the individual. There is no Prior Authorization required. For recommended treatment guidelines see SAMHSA TIP 27. 1 unit equals 15 minutes of case management services.
H0015	HF or HG	Per Service	Alcohol and/or drug services; Intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan).	\$79.32	This service is only reimbursed to treatment providers for individuals assessed at IOP and when the individuals have received at least three hours of group therapy in a single day. Service frequency limitation is based upon medical appropriateness and treatment plans for the individual. There is no Prior Authorization required. 1 unit of service equals 3 hours of total group therapy within a single day, which could be multiple group

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					sessions or a single session. Appropriate clinical documentation still applies. This code is not billable on the same day as H0005.
H0016	HG (OTP only)	Per Service	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	\$79.19	This service includes the supervision of medication, physical examinations, or other medical needs required to maintain the physical health of the patient receiving medical intervention treatment for alcohol and drug related problems. 1 physical per 12 months
H0020	HG (OTP only)	Per Service	Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program)	\$4.54	This code is used for methadone maintenance therapy medication administration. The patient is closely supervised adhering to all federal regulations of methadone maintenance. Take home doses must comply with OAR 415-020-0053. Frequency limitations up to 30 doses per month.
H0033	HG (OTP only)	Per Service	Oral Medication Administration, direct observation.	\$8.60	Patients are assisted or observed by professional medical staff during the administration of oral medication. Frequency limitation 4 doses per week.

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H0048	HF or HG	Per Service	Alcohol and/or drug testing; Collection and handling only, specimens other than blood	\$11.48	Collection and handling of specimens (UAs) for alcohol/drug analysis. To ensure the integrity of the specimen a chain of custody from the point of collection throughout the analysis process is necessary. Service frequency limitation is based upon medical appropriateness and treatment plans for the individual. There is no Prior Authorization required. 1 unit equals one collection and handling.
J3490	HG (OTP only)	Per Dose	Unclassified Drug	Actual Cost per Dose	This code may only be used for Buprenorphine dosing by an Alcohol & Drug provider type. Billing must include; name of drug, NDC # and dosage per unit. Frequency maximum of 16 units per day (1 unit = 2mg).
T1006	HF or HG	Per Service	Alcohol and/or substance abuse services; Family/couple counseling	\$87.56	This code provides family or couple counseling in a private setting as identified by the assessment and listed in the treatment plan.

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T1013	HF or HG	Per 15 min	Sign language or oral interpretation service.	\$7.69	This code is used for sign language or oral interpretation or services provided. There is no co-pay required (1 unit = 15 minutes)
T1502	HG (OTP only)	Per Service	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	\$5.18	This code may only be used for Buprenorphine administration by an alcohol and drug provider type. Frequency max 7 administrations per week (1 unit = 1 administration).
90849	HF or HG	Per Service	Multiple-family group psychotherapy	\$37.38	This code provides family counseling in a group setting as identified by the assessment and listed in the treatment plan. For additional guidelines on Multifamily/Multicouple groups see SAMAHS TIP 39. Service frequency limitation is based upon medical appropriateness and treatment plans for the individual. There is no Prior Authorization required. Multiple group sessions are allowable within a day. 1 unit equals 1 group session regardless of length of session.
90887T	HF or HG	Per Service	Interpretation or explanation of results of psychiatric, other medical	\$33.23	This code is used for when the clinician spends time explaining the patient's condition

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			examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.		to family members and/or 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.
97810	HF or HG	Per initial 15 minutes	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	\$14.23	This code is used for acupuncture therapy by inserting on or more fine needles into the patient as dictated by acupuncture meridians for the treatment of substance abuse. No electrical stimulation is employed with this procedure (1 unit = initial 15 minutes)
97811	HF or HG	Per 15 minutes	Acupuncture, 1 or more needles; without electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s).	\$7.12	This code is used for each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle, no electrical stimulation is employed (1 unit = 15 minutes, list separately in addition to primary)
97813	HF or HG	Per initial 15 minutes	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	\$14.23	This code is used for acupuncture therapy by inserting on or more fine needles into the patient as dictated by acupuncture meridians for the treatment of substance abuse. The needles are energized by employing a micro-

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					current for electrical stimulation. (1 unit = initial 15 minutes)
97814	HF or HG	Per 15 Minutes	Acupuncture, 1 or more needles; with electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s).	\$7.12	This code is used for each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s), electrical stimulation is employed (1 unit = 15 minutes, list separately in addition to primary )

**MANAGED CARE-ENCOUNTER ONLY**

Use of the following codes requires authorization by AMH

H0010- H0011	HF	Per day	Alcohol/Drug services; sub-acute (H0010)/Acute (H0011), medically monitored detoxification. (inpatient)	Non-capitated	Medically Monitored detox conducted in a freestanding detox center. Individuals are medically managed and stabilized in a licensed health care or addiction treatment facility. Withdrawal includes severe physical and psychological symptoms that require
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					medical management with medications and 24 hour medical care from medical professionals.
H0012- H0013	HF	Per Day	Alcohol/Drug services; sub-acute (H0012)/Acute (H0013), clinically managed detoxification. (outpatient)	Non- capitated	Clinically Managed/Non-medical or social detox setting, conducted in an appropriately licensed health care or addiction treatment facility. Subacute: deals with severe symptoms such as cravings, Acute: stabilized as outpatient deals with severe withdrawal syndrome. Both acute and subacute warrant 24 hr support from Peers and/or counselor.
H0014	HF	Per Day	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse.	Non- capitated	Ambulatory/Out patient with extended monitoring to determine more or less intensive detox services. For mild to moderate withdrawal, individuals monitored over a period of several hours.
H0038		Per 15 minutes	Self-help/peer services, per 15 minutes	Non- capitated	This code is used for Peer to Peer Delivered Services (1 unit = 15 minutes)
<b>BREAKTHROUGH ONLY-MORRISON CENTER</b>					
Use of the following codes requires authorization by AMH					
H2035	HF	Per Hour	Alcohol and/or other drug treatment program	\$73.03	This code is used for Individual, family and consultation services. Billed per hour (1 unit =

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					1 hour). Frequency maximum of 4 units per day up to 16 per month.

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**MEDICAID NON-OHP**

Use of the following codes requires a contract and authorization by AMH

H0018- H0019	HA	Per Day	Adolescent A&D residential treatment without room and board. (H0018 short term 30 days or less, H0019 long term longer than 30 days)	\$135.40	ASAM Level III Residential Treatment, not part of a hospital, providing 24-hour group living in which the individual receives treatment in a safe stable environment. Without room and board.
H0018- H0019	HB	Per Day	Adult A&D residential treatment without room and board. (H0018 short term 30 days or less, H0019 long term longer than 30 days)	\$85.50	ASAM Level III Residential Treatment, not part of a hospital, providing 24-hour group living in which the individual receives treatment in a safe stable environment. Without room and board.

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