

**Oregon Health Plan Chemical Dependency  
Medicaid Procedure Codes and Reimbursement Rates  
For Services Provided On or After 10/01/03  
DHS Office of Mental Health and Addiction Services**

CPT/ HCPC	POS	Daily Max Unit/Svc	Frequenc y Limitation s	Upper Payment Limit**	Description
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<b>Outpatient Services</b>					
H0001	03, 12, 57, 99	1	1 assessment per 12 mos.	\$165.04	Alcohol and/or Drug Assessment
H0002	03, 12, 57, 99	1	1 assessment per 12 mos.	\$82.52	Behavioral Health screening to determine eligibility for admission to treatment program.
H0004	03, 12, 57, 99	8	24/mo	\$20.63	Behavioral Health counseling and therapy, per 15mins.
H0005	03, 12, 57, 99	2	8/wk.	\$41.28	Alcohol and/or Drug Services; group counseling by a clinician.
H0048-HF	03, 12, 57, 99	1	4 UAs/mo.	\$11.08	Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.  (No Co-pay Required)
T1006	03, 12, 57, 99	1	6/mo.	\$123.78	Alcohol and/or other substance abuse services, family/couple counseling.
T1013-HF	03, 12, 57, 99			\$7.42	Sign language or oral interpretation services, per 15 mins.  (No Co-pay Required)
90887-HF	03, 12, 57, 99	1	2 consults/wk.	\$41.26	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.  (No Co-pay Required)
90849-HF	03, 12, 57, 99	1	4/mo.	\$41.28	Multiple-family group.

**Modifiers**

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

**Place of Service**

03 – School, a facility whose primary purpose is education  
11 – Office Location  
12 – Home Location

**Use “G” as type of service for “AC” Providers.**

57 - Non-Residential Substance Abuse Treatment Facility (OP)  
49 – Independent Clinic: Services provided in OTP  
99 – Other Place of Service, other place of service not identified.  
55– Residential Substance Abuse Treatment Center

\*\* Providers must bill at rates, based upon the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public (OR 309-016-0105 and OAR 309-016-0420)\*\*

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97780-HF	03, 12,	1		\$27.48	Acupuncture without electrical stimulation, per session
97781-HF	57, 99			\$27.48	Acupuncture with electrical stimulation, per session.
<b>Methodone Services</b>					
H0001	49	1	1 assessment per 12 mos.	\$165.04	Alcohol and/or Drug Assessment.
H0002	49	1	1 assessment per 12 mos.	\$82.52	Behavioral Health screening to determine eligibility for admission to treatment program.
H0004	49	8	24/mo.	\$20.63	Behavioral Health counseling and therapy, per 15 mins.
H0005	49	2	8/wk.	\$41.28	Alcohol and/or Drug services: group counseling by a clinician.
H0016	49	1	1 physical per 12 mos.	\$102.85	Alcohol and/or drug services: medical/somatic (medical intervention in ambulatory setting).
H0020	49	1	7 doses/wk.	\$4.95	Alcohol and/or drug services: methadone administration and/or service (provision of the drug by a licensed program). (No Co-pay Required)
H0033-HG	49	1	4 doses/wk.	\$8.30	Oral Medication Administration, Direct Observation. (No Co-pay Required)
H0048-HG	49	1	4 UAs/mo.	\$11.08	Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood.  (No Co-pay Required)

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J3490	49	16	Maximum 16 units per day (1 unit = 2 mg)	Actual Cost per Dose	Unclassified Drug – Billing must include name of drug, NDC # and dosage units. This code may only be used for Buprenorphine dosing by an “AC” provider type. (No Co-pay Required)
T1006	49	1	6/mo.	\$123.78	Alcohol and/or substance abuse services; family/couple counseling.
T1502	49	1	7 dispenses/wk.	\$5.00	Administration of Oral Medication, per visit. This code may only be used for Buprenorphine dispensing by an “AC” provider type. (No Co-pay Required)
T1013-HG	49			\$7.42	Sign language or oral interpretation services per 15 mins. (No Co-pay Required)
90887-HG	49	1	2 consults/wk.	\$41.26	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.  (No Co-pay Required)
90849-HG	49	1	4/mo.	\$41.28	Multiple-family group.
97780-HG 97781-HG	49	1		\$27.48 \$27.48	Acupuncture w/o electrical stimulation, per session Acupuncture with electrical stimulation, per session

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<b>Managed Care - Encounter Only</b>					
H0012	99			\$0.00	Alcohol and/or drug services: sub-acute detoxification (residential addiction program outpatient).
H0006	99			\$0.00	Alcohol and/or drug case management.

<b>Rosemont Only</b>					
H0001	55	1	1 assessment per 12 mos.	\$165.04	Alcohol and/or Drug Assessment
H0002	55	1	1 assessment per 12 mos.	\$82.52	Behavioral Health screening to determine eligibility for admission to treatment program.
H0004	55	8	24/mo.	\$20.63	Behavioral Health counseling and therapy, per 15mins.
H0005	55	2	8/wk.	\$41.28	Alcohol and/or Drug Services; group counseling by a clinician.
H0048	55	1	4 UAs/mo.	\$11.08	Alcohol and/or Other Drug Testing: collection and handling only, specimens other than blood. (No Co-pay Required)
T1006	55	1	6/mo.	\$123.78	Alcohol and/or substance abuse services, family/couple counseling.
T1013	55			\$7.42	Sign language or oral interpretation services per 15 mins. (No Co-pay Required)
90849	55	1	4/mo.	\$41.28	Multiple-family group.

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90887	55	1	2 consults/wk.	\$41.26	Interpretation or explanation of results of psychiatric, other medical examination and procedures, or accumulated data to family or other responsible persons, or advising them how to assist patient. (No pay Required)
97780/81	55	1		\$27.48	Acupuncture without electrical stimulation, per session
				\$27.48	Acupuncture with electrical stimulation, per session.
<b>Morrison Center Only – Additional Services</b>					
H2035	55	1	5/mo.	\$77.72	Alcohol and/or Other Drug Treatment Program

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