

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
H0031	MH Assessment, non-physician	\$89.00	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.
90801	Psychiatric diagnostic interview	\$131.44	
90802	Interactive Psychiatric diagnostic interview	\$131.44	
96100	Psychological Testing with interpretation and report, per hour	\$89.00	QMHP who is licensed Psychologist or a Psychology Intern supervised by a licensed Psychologist
H0004	Behavioral health counseling/therapy, per 15 min	\$22.25	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.
90804	Individual therapy, insight oriented, 20-30 min	\$65.72	
90805	Individual therapy, insight oriented, with medication management, 20-30 min	\$65.72	
90806	Individual therapy, insight oriented, 45-50 min	\$98.58	
90807	Individual therapy, insight oriented, with medication management, 45-50 min	\$98.58	
90808	Individual therapy, insight oriented, 75-80 min	\$164.30	
90809	Individual therapy, insight oriented, with medication management, 75-80 min	\$164.30	
90810	Individual therapy, interactive,	\$65.72	

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
	20-30 min		
90811	Individual therapy, interactive, with medication management, 20-30 min	\$65.72	
90812	Individual therapy, interactive, 45-50 min	\$98.58	
90813	Individual therapy, interactive, with medication management, 45-50 min	\$98.58	
90814	Individual therapy, interactive, 75-80 min	\$164.30	
90815	Individual therapy, interactive, with medication management, 75-80 min	\$164.30	
90846	Family Therapy without patient present	\$133.50	
90847	Family Therapy, with patient present	\$133.50	
90849	Multi-family group therapy	\$44.52	
90853	Group therapy	44.52	
90857	Interactive group therapy	44.52	
90862	Medication Management	\$65.72	MD or Psychiatric Mental Health Nurse Practitioner
90882	Environmental intervention with agencies, employers, or institutions	\$89.00	
90887	Interpretation or explanation of results to family or other persons	\$89.00	
H0034	Medication Training and Support, per 15 min	\$15.74	Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
H2010	Comprehensive medication services, per 15 min	\$22.25	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
G0176	Activity Therapy related to the care and treatment of a person's disabling	\$16.95	Therapeutic activities designed to improve social functioning, promote community integration and reduce symptomatology in areas important to maintaining or

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
	mental health condition, 45 minutes or more		reestablishing residency in community; e.g., home, work, school, peer group. Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.
G0177	Training and educational services related to the care and treatment of a person's disabling mental health condition, 45 minutes or more	\$47.22	Psychosocial skills development and rehabilitation services used to improve social functioning in areas important to maintaining or reestablishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.
H2014	Skills training and development, per 15 min	\$2.74	A program of rehabilitation designed to reduce or resolve identified barriers and improve social functioning in areas important to establishing and maintain clients in the community; e.g., home, peer group, work or school. Activities are delivered to more than one client and are designed to promote skill development in areas such as decision- making, anger management and coping, community awareness and mobility, self esteem and money management. Skills training reduces symptomatology and promotes community integration and job readiness.
H2023	Supported employment, per 15 min	\$15.74	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.
H0036	Community psychiatric supportive treatment, face to face, per 15 min	\$7.87	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 development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.
H0039	Assertive community treatment, face to face, per 15 min	\$22.25	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.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
			Services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment.
H0039 HN	Assertive community treatment, face to face, per 15 min	\$15.72	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.
H2033	Multi-systemic therapy for juveniles, per 15 min	\$22.25	Intensive, time-limited, home-based services delivered by 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.
H2013	Psychiatric health facility service, per diem	\$260.52/ \$432.58 (Provider specific rate)	Services provided in an intensively 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.
T1013	Sign language/oral interpreter service, per 15 min	\$7.65	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 another service such as assessment, individual/family therapy, or group therapy, etc. Whenever feasible, individuals should receive services from staff, who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------------	------------------

T1016	Case management, per 15 min	\$22.25	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.
T1016 HN	Case management, per 15 min	\$15.74	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.

Providers must use Type of Service “S” for all services, except those identified with Type of Service “U”

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------	------------------

OREGON HEALTH PLAN ENCOUNTER CODES – (NON-REIMBURSABLE)

H0002	Behavioral health screening to determine eligibility for admission to treatment program	***	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.
H0017 HA	Behavioral health, residential (hospital residential treatment program), per diem	***	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. *No other code may be billed on the same day*
H0018 HA	Behavioral health, short term residential (non-hospital residential treatment program), per diem	***	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility for assessment, evaluation and stabilization of a child in a secure setting under the direction of a board certified child psychiatrist for up to 90 days. No other code may be billed on the same day*
H0019 HA	Behavioral health, long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), per diem	***	Services provided by appropriately licensed 24-hour 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. *No other code may be billed on the same day*
H0033	Oral Medication Administration, direct observation	***	Pharmacist dispensing and observing clients taking of Mental Health medication to ensure adequate medication compliance to deter or prevent deterioration of client's condition.
H0037 HA	Community psychiatric supportive treatment program, per diem	***	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.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
H0045	Respite care services, not in the home, 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.
H2021	Community based wraparound services, per 15 min	***	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.
H2022	Community based wraparound 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.
S5151	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	Respite care services, in the home, per diem	***	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

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------	------------------

			when there are severe behavioral problems, which increase risk.
S9484	Crisis Intervention Mental Health Services, per hour	***	Unplanned face-to-face acute non-hospital intervention by a QMHP that is needed immediately in response to actual or perceived threat of harm to self or others, or risk of substantial and immediate deterioration of mental or emotional functioning.
T1005	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.
H0035	Mental Health Partial Hospitalization, less than 24 hours	***	Distinct, organized ambulatory treatment , which is prescribed, supervised and reviewed by a physician and 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.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------------	------------------

EXTENDED CARE SERVICES

Use of the following codes requires authorization by OMHAS Extended Care Management Unit (ECMU)

****No other codes may be billed on the same day and no co-pays are required****

****Providers must use Type of Service "U" for extended care services only****

H0031HK	MH Assessment, non-physician	\$84.44	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.
H0004 HK	Behavioral Health counseling/therapy, 15 min	\$21.11	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.
90804 HK	Individual therapy, insight oriented, 20-30 min	\$62.32	
90805 HK	Individual therapy, insight oriented, with medication management, 20-30 min	\$62.32	
90806 HK	Individual therapy, insight oriented, 45-50 min	\$93.43	
90807 HK	Individual therapy, insight oriented with medication management, 45-50 min	\$93.43	
90808 HK	Individual therapy, insight oriented, 75-80 min	\$155.80	

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
90809 HK	Individual therapy, insight oriented, with medication management, 75-80 min	\$155.80	
90810 HK	Individual therapy, interactive, 20-30 min	\$62.32	
90811 HK	Individual therapy, interactive, with medication management, 20-30 min	\$62.32	
90812 HK	Individual therapy, interactive, 45-50 min	\$93.43	
90813 HK	Individual therapy, interactive, with medication management, 45-50 min	\$93.43	
90814 HK	Individual therapy, interactive, 75-80 min	\$155.80	
90815 HK	Individual therapy, interactive, with medication management, 75-80 min	\$155.80	
90862 HK	Medication Management	\$62.32	MD or Psychiatric Mental Health Nurse Practitioner
H0034 HK	Medication Training/Support, per 15 min	\$21.11	Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
H2010 HK	Comprehensive medication services, per 15 min	\$22.25	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
90853 HK	Group therapy	\$42.24	
90857 HK	Interactive group therapy	\$42.24	
90846 HK	Family Therapy without patient present	\$84.44	
90847HK	Family Therapy, with patient present	\$126.66	
G0176 HK	Activity Therapy related to the care and treatment of a person's disabling mental health condition, 45 minutes or more	\$16.08	Therapeutic activities designed to improve social functioning, promote community integration and reduce symptomatology in areas important to maintaining or reestablishing residency in community; e.g., home, work, school, peer group. Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
G0177 HK	Training and educational services related to the care and treatment of a person's disabling mental health condition, 45 minutes or more	\$44.76	Psychosocial skills development and rehabilitation services used to improve social functioning in areas important to maintaining or reestablishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.
H0036 HK	Community psychiatric supportive treatment, per 15 min	\$7.47	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 development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.
H2018 HK	Psychosocial Rehabilitation Services, per diem	\$93.47	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, group and activity therapy components. Services are oriented toward reducing symptoms, promoting community integration and transitioning the individual to a more integrated setting.
H2020 HK	Therapeutic Behavioral Services, per diem	\$62.87	Structured developmental or rehabilitative program designed to improve an individual's basic functioning in daily and community living. Program shall include a mixture of assessment, individual, group and activity therapy components, medication management, and consultation with healthcare providers. Program shall be oriented toward developing positive approaches to understanding and responding to behaviors, promoting meaningful vocational and interests and skills and improving interpersonal functioning. Service needs will be identified in the assessment and prescribed in the individual treatment plan. Services shall include the availability of around-the-clock services.
H2013 HK	Psychiatric health facility service, per diem	\$328.10	Services provided in an intensively staffed 24-hour non-hospital facility under a physician approved treatment plan to a client who is 18 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,

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------	------------------

			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.
90882 HK	Environmental intervention with agencies, employers, or institutions	\$84.44	
90887 HK	Interpretation or explanation of results to family or other persons	\$84.44	
T1013 HK	Sign language/oral interpreter service, per 15 min	\$7.65	<p>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.</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, who 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>

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------	------------------

**OMHAS DIRECT CONTRACTED
PSYCHIATRIC DAY TREATMENT SERVICES
FOR CHILDREN & ADOLESCENTS**

Use of the following codes requires authorization by OMHAS and do not require any co-pays.

NON-OHP MEDICAID SERVICES

Use of the following codes requires authorization by OMHAS and do not require any co-pays.

H0017 TN	Behavioral health, residential (hospital residential treatment program), without room and board, per diem	\$118.16	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility. An organized 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.
H0018 TN	Behavioral health, short term residential (non-hospital residential treatment program) without room and board, per diem	\$118.16	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facilities for assessment, evaluation and stabilization of a child in a secure setting under the direction of a board certified child psychiatrist for up to 90 days.
H0019 TN	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	\$118.16	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
H0037 HE	Community Psychiatric Supportive	Provider	Services provided by appropriately licensed child and adolescent community-based

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
	Treatment Program, per diem.	specific rate	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.
H2012 HE	Behavioral Health Day Treatment, per hour	Provider specific rate	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, documented in the client's clinical record, and provided by a Qualified Mental Health Professional or Qualified Mental Health Associate.
S5145	Foster Care, therapeutic, child, per diem	\$233.92	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 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.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------------	------------------

T2010	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	\$165.68	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 OMHAS. Reviews may be repeated one time within 12 months to adjust treatment recommendations or arrange for mental health treatment.
T2011	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	\$579.88	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, history of psychiatric treatment and medication needs. The assessment will result in a completed PASRR evaluation form on file at the Office of Mental Health and Addiction Services (OMHAS) and in the client's chart.

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)

**Oregon Health Plan Mental Health
Medicaid Procedure Codes and Reimbursement Rates
For Services Provided On or After 10/01/03**

DHS Office of Mental Health and Addiction Services

Code	Description	Upper Payment Limit	Service Criteria
------	-------------	---------------------	------------------

PLACE OF SERVICE CODES

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

Providers must use Type of Service "S" for all services, except those identified with Type of Service "U"

Place of Service
See last page for options

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)