



## Multnomah Other Program Fee Schedule Effective 7/1/2022

### Multnomah Addictions - Authorizations and Rates

Authorizations Referral Type	Dx Codegroup	Proc Code Group	Max \$	Default Term (Length of Auth)	Procedure Codes	Providers	Effective Date	Submission Status	Comments
<b>A&amp;D Outpatient</b>									
Multnomah Other, A and D Outpatient	Addictions	Adult A and D Outpatient	N/A	6 Months	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H0050, H2011, H2014, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016	Bridges to Change, Cascadia, Central City Concern, CODA, DePaul, Fora Health, Lifeworks NW, Modus Vivendi, NARA, Project Quest, Treatment Services NW, Northwest Treatment, VOA	7/1/2015	Auto approve when submitted by agency or Multnomah County	Cannot overlap with DUII Diversion/Conviction/MIP authorization types, Pend if overlap. Clients Under 18: Age-Mismatch Rule Invalid Provider if not a provider
Multnomah Other, A and D Outpatient	Addictions	Youth A and D Outpatient	N/A	6 Months	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H0050, H2011, H2014, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016	Central City Concern, Northwest Family Services, Northwest Treatment	10/1/2020	Auto approve when submitted by agency or Multnomah County	Cannot overlap with DUII Diversion/Conviction/MIP authorization types, Pend if overlap. Invalid Provider if not a provider Clients over 21: Age-mismatch
Multnomah Other, A and D Outpatient	Addictions	Adult OTP Medication Assisted Treatment	N/A	6 Months	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2076, G2077, G2078, G2079, G2080, G2086, G2087, G2088, G2215, H0001, H0002, H0004, H0005, H0006, H0015, H0016, H0020, H0033, H0038, H0038 HQ, H0048, H0050, H2010, J0571, H2011, H2014, J0572 HF/HG, J0574 HF/HG, J2315, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016, T1502	CODA, CRC Allied Health Services	7/1/2015	Auto approve when submitted by agency or Multnomah County	Cannot overlap with DUII Diversion/Conviction/MIP authorization types. Cannot overlap with any other Medication Assisted Treatment authorization type, Pend if overlap. Clients Under 18: Age-Mismatch Rule Invalid Provider if not a provider
Multnomah Other, A and D Outpatient	Addictions	Adult OTP Medication Assisted Treatment - DUII Dual Enrollment	N/A	6 Months	G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2076, G2077, G2078, G2079, G2080, G2086, G2087, G2088, G2215, H0016, H0020, H0033, H2010, J0571, J0572 HF/HG, J0574 HF/HG, J2315 HF/HG, T1502	CODA, CRC Allied Health Services	7/1/2015	Auto approve when submitted by agency or Multnomah County	Cannot overlap with any other Medication Assisted Treatment authorization type, Pend if overlap. Clients Under 18: Age-Mismatch Rule Invalid Provider if not a provider
Multnomah Other, A and D Outpatient	Addictions	Adult Non-Formulary Medication Assisted Treatment	N/A	6 Months	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2076, G2077, G2078, G2079, G2080, G2086, G2087, G2088, G2215, H0001, H0002, H0004, H0005, H0006, H0015, H0016, H0020, H0033, H0038, H0038 HQ, H0048, H0050, H2010, J0571, H2011, H2014, J0572 HF/HG+KO, J0574 HF/HG+KO, J2315, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016, T1502	CODA, CRC Allied Health Services	1/1/2018	"Auto Approved" when submitted by Multnomah County staff. "Received" status for provider submitted auths.	Cannot overlap with DUII Diversion/Conviction/MIP authorization types. Cannot overlap with any other Medication Assisted Treatment authorization type, Pend if overlap. Clients Under 18: Age-Mismatch Rule. Buprenorphine/ Naloxone (Suboxone) Sublingual Film codes must be accompanied by the "KO" modifier. Invalid Provider if not a provider

Multnomah Other, A and D Outpatient	Addictions	Community Engagement Program (CEP) Outpatient	N/A	6 Months	90849, 90887, 97810, 97811 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H0050, H2011, H2014, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016	Central City Concern	7/1/2019	Auto approve when submitted by agency or Multnomah County	Cannot overlap with DUII Diversion/Conviction/MIP authorization types, Pend if overlap. Clients under 18: Age-mismatch Invalid Provider if not a provider
Multnomah Other, A and D Outpatient	Addictions	Enhanced Youth Outpatient REAL Program	N/A	6 Months	90849, 90887, 97810, 97811 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H0050, H2011, H2014, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016	Lifeworks NW	10/1/2020	Auto approve when submitted by agency or Multnomah County	Cannot overlap with DUII Diversion/Conviction/MIP authorization types, Pend if overlap. Invalid Provider Rule Clients over 21: Age-mismatch
Multnomah Other, A and D Outpatient	Addictions	Imani Program Outpatient	N/A	6 Months	90849, 90887, 97810, 97811 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H0050, H2011, H2014, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016	Central City Concern	7/1/2018	Auto approve when submitted by agency or Multnomah County	Cannot overlap with DUII Diversion/Conviction/MIP authorization types, Pend if overlap. Clients Under 18: Age-Mismatch Rule. Invalid Provider Rule
Multnomah Other, A and D Outpatient	Addictions	Puentes (Adult) Outpatient	N/A	6 Months	90849, 90887, 97810, 97811 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H0050, H2011, H2014, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016	Central City Concern	7/1/2018	Auto approve when submitted by agency or Multnomah County	Cannot overlap with DUII Diversion/Conviction/MIP authorization types, Pend if overlap. Clients Under 18: Age-Mismatch Rule. Invalid Provider Rule
Multnomah Other, A and D Outpatient	Addictions	<b>Recovery Support Services ONLY (Insured-Members) Additional Support Services for Insured and Uninsured Members</b>	N/A	6 Months	T1009, T1012, <b>T1013</b>	Bridges to Change, Cascadia, Central City Concern, CODA, DePaul, Fora Health, Lifeworks NW, Modus Vivendi, NARA, Project Quest, Treatment Services NW, Northwest Treatment, VOA	7/1/2019	Auto approve when submitted by agency or Multnomah County	Cannot overlap with Adult A and D Outpatient DUII Diversion/Conviction/MIP proc code groups, Multnomah Other, A and D Residential Auth Types, and Multnomah Other, A and D Withdrawal Management Auth Types. Pend if overlap. Invalid Provider Rule. <b>If a member has insurance T1013 should not be billed to MultOther. Language services are provided only during clinical services, not for peer meetings, lunch, etc. Groups and 1;1"s. There may be limits on number of hours per day</b>

Multnomah Other, A and D Outpatient	Addictions	Adult A and D Outpatient DUII Conviction	N/A	6 Months	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H2011, H2014, T1006, T1007, T1013, T1016	Central City Concern, CODA, DePaul, Fora Health, Lifeworks NW, Modus Vivendi, Project Quest, Treatment Services NW, Northwest Treatment, VOA	7/1/2017	Auto approve when submitted by agency or Multnomah County	Cannot overlap with Adult A and D Outpatient, Youth A and D Outpatient, Adult Induction/OBOT Medication Assisted Treatment, Adult OTP Medication Assisted Treatment, Adult Non-Formulary Medication Assisted Treatment, Enhanced Youth Outpatient REAL Program, Imani Program Outpatient, Puentes (Adult) Outpatient, Adult A and D Outpatient DUII Diversion, Youth A and D Outpatient DUII MIP, Adult A and D Residential (Insured Adult with Child), Adult A and D Residential Indigent Only, Pend if overlap Invalid Provider Rule
Multnomah Other, A and D Outpatient	Addictions	Adult A and D Outpatient DUII Diversion	N/A	6 Months	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H2011, H2014, T1006, T1007, T1013, T1016	Central City Concern, CODA, DePaul, Fora Health, Lifeworks NW, Modus Vivendi, Project Quest, Treatment Services NW, Northwest Treatment, VOA	7/1/2017	Auto approve when submitted by agency or Multnomah County	Cannot overlap with Adult A and D Outpatient, Youth A and D Outpatient, Adult Induction/OBOT Medication Assisted Treatment, Adult OTP Medication Assisted Treatment, Adult Non-Formulary Medication Assisted Treatment, Enhanced Youth Outpatient REAL Program, Imani Program Outpatient, Puentes (Adult) Outpatient, Adult A and D Outpatient DUII Conviction, Youth A and D Outpatient DUII MIP, Adult A and D Residential (Insured Adult with Child), Adult A and D Residential Indigent Only, Pend if overlap Invalid Provider Rule
Multnomah Other, A and D Outpatient	Addictions	Youth A and D Outpatient DUII MIP	N/A	6 Months	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0038 HQ, H0048, H2011, H2014, T1006, T1007, T1013, T1016	Northwest Family Services, Northwest Treatment	4/1/2019	Auto approve when submitted by agency or Multnomah County	Youth are 21 years or younger. <b>Clients over 21: Age-mismatch; invalid Provider rule</b>  Cannot overlap with Adult A and D Outpatient, Youth A and D Outpatient, Adult Induction/OBOT Medication Assisted Treatment, Adult OTP Medication Assisted Treatment, Adult Non-Formulary Medication Assisted Treatment, Enhanced Youth Outpatient REAL Program, Imani Program Outpatient, Puentes (Adult) Outpatient, Adult A and D Outpatient DUII Conviction, Adult A and D Outpatient DUII Diversion, Adult A and D Residential (Insured Adult with Child), Adult A and D Residential Indigent Only, Pend if overlap
<b>A&amp;D Residential</b>									
Multnomah Other, A and D Residential	Addictions	Adult A and D Residential Indigent Only	N/A	60 Days	G9012, H0018, H0019 HB, H0019 HB + UN, H0019 HB + UP, H0019 HB + UQ, H0019 HB + UR, H0019 HB + US	Central City Concern, CODA, DePaul, Fora Health, Lifeworks NW, VOA	7/1/2015	Received when submitted by agency; Auto approve when submitted or Multnomah County	Can overlap with any other auths Age Mismatch Under 18; Invalid Provider Rule
<b>A&amp;D Withdrawal Management</b>									

Multnomah Other, A and D Withdrawal Management	Addictions	Withdrawal Management, LOC 3.7	N/A	7 Days	H0010, H0011	Central City Concern	1/1/2018	"Auto-approve" when submitted by agency or Multnomah County	<p>Ages 18+; Age Mismatch under 18; Invalid provider if not provider</p> <p>One per diem encounter permitted per day</p> <p>Cannot overlap with any other Proc Code Withdrawal Management LOC 3.7 auth - Overlapping auths should pend. Auth should pend if the start date is within 1 day of the end date any other Proc Code Withdrawal Management LOC 3.7 auth.</p>
Multnomah Other, A and D Withdrawal Management	Addictions	Withdrawal Management, LOC 3.2	N/A	7 Days	H0012, H0013	Central City Concern	1/1/2018	"Auto-approve" when submitted by agency or Multnomah County	<p>Ages 18+; Age Mismatch under 18; Invalid provider if not provider</p> <p>One per diem encounter permitted per day</p> <p>Cannot overlap with any other Proc Code Withdrawal Management LOC 3.2 auth - Overlapping auths should pend. Auth should pend if the start date is within 1 day of the end date any other Proc Code Withdrawal Management LOC 3.2 auth.</p>
Multnomah Other, A and D Withdrawal Management	Addictions	Ambulatory Withdrawal Management	N/A	14 Days	90849, 90887, 97810, 97811, 97813, 97814, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0016, H0033, H0038, H0038 HQ, H0048, H0050, H2010, H2011, H2014, T1006, T1007, T1009, T1012, T1012 HQ, T1013, T1016, T1502	Central City Concern	1/1/2018	"Auto-approve" when submitted by agency or Multnomah County	<p>Ages 18+; Age Mismatch under 18; Invalid provider if not provider</p> <p>Can overlap with any other auths one per diem code H0014 in combination with other codes listed allowed per day</p>



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
90849 HF/HG	GT	Multiple-family group psychotherapy	CADC Candidate CADC	Per Occurrence	<del>\$45.09</del> \$58.62	No	<del>\$45.09</del> \$58.62	Face-to-Face with client or family, Telephone, or Internet-Based	Yes
90887 HF/HG	GT	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	Certified SUD Program	Per Service	\$90.14	No	\$90.14	Face-to-Face with client or family, Telephone, or Internet-Based	Yes
97810 HF/HG		Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact	Licensed Acupuncturist	Per Service	<del>14.23</del> \$19.92	No	<del>14.23</del> \$19.92	Face-to-Face	Yes



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97811 HF/HG		Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact, with re-insertion of needles	Licensed Acupuncturist	Per 15 Minutes	<del>\$7.12</del> \$9.97	No	<del>\$7.12</del> \$9.97	Face-to-Face	Yes
97813 HF/HG		Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Licensed Acupuncturist	Per 15 Minutes	<del>14.23</del> \$19.92	No	<del>14.23</del> \$19.92	Face-to-Face	Yes
97814 HF/HG		Acupuncture, 1 or more needles; with electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of the needle(s).	Licensed Acupuncturist	Per 15 Minutes	<del>\$7.12</del> \$9.97	No	<del>\$7.12</del> \$9.97	Face-to-Face	Yes
98966 HF/HG		Telephone assessment and management service provided by a qualified nonphysician health care professional 5-10 minutes of medical discussion	Certified SUD Program	5-10 Minutes	\$10.77	No	\$10.77	Telephone	Yes
98967 HF/HG		Telephone assessment and management service provided by a qualified nonphysician health care professional 11-20 minutes of medical discussion	Certified SUD Program	11-20 Minutes	\$20.92	No	\$20.92	Telephone	Yes



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98968 HF/HG		Telephone assessment and management service provided by a qualified nonphysician health care professional 21-30 minutes of medical discussion	Certified SUD Program	21-30 minutes	\$30.70	No	\$30.70	Telephone	Yes
99202 HF/HG		New Patient Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	LMP	Office o/p new sf 15-29 min	\$34.97	Yes	\$52.28	Face-to-Face	Yes
99203 HF/HG		New Patient Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	LMP	Office o/p new low 30-44 min	\$59.50	Yes	\$80.23	Face-to-Face	Yes



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99204 HF/HG		New Patient Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	LMP	Office o/p new mod 45-59 min	\$96.72	Yes	\$119.88	Face-to-Face	Yes
99205 HF/HG		New Patient Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	LMP	Office o/p new hi 60-74 min	\$131.27	Yes	\$158.58	Face-to-Face	Yes



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99211 HF/HG		Established Patient Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	LMP	Office o/p est minimal prob	\$6.44	Yes	\$16.68	Face-to-Face	Yes
99212 HF/HG		Established Patient Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	LMP	Office o/p est minimal prob	\$25.90	Yes	\$40.53	Face-to-Face	Yes



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99213 HF/HG		Established Patient Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	LMP	Office o/p est low 20-29 min	\$47.96	Yes	\$65.28	Face-to-Face	Yes
99214 HF/HG		Established Patient Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	LMP	Office o/p est mod 30-39 min	\$70.65	Yes	\$92.35	Face-to-Face	Yes



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99215 HF/HG		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	LMP	Office o/p est high 40-54 min	\$104.59	No Yes	129.95	Face-to-Face or Telephone, or Internet-Based	Yes
G2012 HF/HG		Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	Licensed QMHP QMHP Mental Health Intern (RN- see Tips and Guidelines)	5-10 minutes	\$11.04	0	\$11.04	Telehealth	Yes



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G2067 HG		Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>212</del> Up to \$215.67	No	<del>212</del> Up to \$215.67	Face-to-face	Yes
G2068 HG		Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed <b>(Additional CMS language: (provision of the services by a Medicare-enrolled Opioid Treatment Program))</b>	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>255.7</del> \$257.08	No	<del>255.7</del> \$257.08	Face-to-face	Yes



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G2074 HG		Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed <b>Additional CMS language: (provision of the services by a Medicare-enrolled Opioid Treatment Program)</b>	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>163.97</del> \$167.42	No	<del>163.97</del> \$167.42	Face-to-face	Yes



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G2076 HG		Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel <b>Add additional CMS language? (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.</b>	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>181.97</del> \$185.79	No	<del>181.97</del> \$185.79	Face-to-face	Yes



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G2077 HG		Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment; list separately. <b>Provision of the services by a Medicare-enrolled Opioid Treatment Program; List separately in addition to code for primary procedure.</b>	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>111.82</del> \$114.17	No	<del>111.82</del> \$114.17	Face-to-face	Yes
G2078 HG		Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	\$37.38	No	\$37.38	Face-to-face	Yes



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G2079 HG		Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	\$78.79	No	\$78.79	Face-to-face	Yes
G2080 HG		Each additional 30 minutes of counseling in a week of medication assisted treatment; list separately <b>in addition to code for primary procedure.</b>	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>31.37</del> \$32.03	No	<del>31.37</del> \$32.03	Face-to-face	Yes
G2086 HG		Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>394.64</del> \$230.24	<del>No</del> Yes	<del>394.64</del> \$284.86	Face-to-Face	Yes
G2087 HG		Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>351.37</del> \$206.90	<del>No</del> Yes	<del>351.37</del> \$249.08	Face-to-face	Yes



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
G2088 HG		Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes; list separately	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	<del>66.65</del> \$28.06	No Yes	<del>66.65</del> \$44.16	Face-to-face	Yes
G2215 HG		Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per Occurrence	\$92.05	No	\$92.05	Face-to-face	Yes
G9012 HF/HG		Substance use discharge care coordination: Coordinating care, services and supports needed upon discharge from inpatient or residential care.	CADC Candidate CADC CRM* PSS* PWS* Certified SUD Program	Per Occurrence	<del>127.19</del> \$42.89	No	<del>127.19</del> \$42.89	Face-to-face or Telephone	Yes
H0001 HF/HG	GT	Alcohol and Drug Assessment	CADC Candidate CADC	Per Occurrence	<del>164.85</del> \$214.31	No	<del>164.85</del> \$214.31	Face-to-Face, Telephone, or Internet-Based	Yes



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
H0002 HF/HG	GT	Screening/Pre-enrollment service	CADC Candidate CADC	Per Occurrence	<del>\$41.36</del> \$43.43	No	<del>\$41.36</del> \$43.43	Face-to-Face, Telephone, or Internet-Based	Yes
H0004 HF/HG	GT	Individual Counseling	CADC Candidate CADC	Per 15 Minutes	<del>\$26.51</del> \$37.11	No	<del>\$26.51</del> \$37.11	Face-to-Face, Telephone, or Internet-Based	Yes
H0005 HF/HG	GT	Group Counseling- up to 2 hours	CADC Candidate CADC	Per Occurrence	<del>\$46.8</del> \$54.76	No	<del>\$46.8</del> \$54.76	Face-to-Face, Telephone, or Internet-Based	Yes
H0006 HF/HG	GT	Case Management	CADC Candidate CADC Certified SUD Program	Per 15 Minutes	\$22.56	No	\$22.56	Face-to-Face, Telephone, or Internet-Based	Yes
H0010 HF/HG		Alcohol/Drug services; sub-acute, medically monitored detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	<del>\$810</del> \$891.00	No	<del>\$810</del> \$891.00	Face-to-Face	Yes
H0011 HF/HG		Alcohol/Drug services; Acute, medically monitored detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	<del>\$810</del> \$891.00	No	<del>\$810</del> \$891.00	Face-to-Face	Yes



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H0012 HF/HG		Alcohol/Drug services; sub-acute, clinically managed detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	<del>\$135</del> \$189.00	No	<del>\$135</del> \$189.00	Face-to-Face	Yes
H0013 HF/HG		Alcohol/Drug services; Acute, clinically managed detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	<del>\$135</del> \$189.00	No	<del>\$135</del> \$189.00	Face-to-Face	Yes
H0014 HF/HG		Ambulatory detoxification service for mild to moderate withdrawal from substance abuse	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION	Per Diem	<del>\$66.7</del> \$73.37	No	<del>\$66.7</del> \$73.37	Face-to-Face	Yes
H0015 HF/HG	GT	Group Counseling- more than 3 hours	CADC Candidate CADC	Per Occurrence	<del>\$93.6</del> \$112.32	No	<del>\$93.6</del> \$112.32	Face-to-Face, Telephone, or Internet-Based	Yes



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
H0016 HF/HG	GT	Medical/somatic intervention in ambulatory setting	LMP RN LPN CMA	Per Occurrence	<del>\$87.11</del> \$95.82	No	<del>\$87.11</del> \$95.82	Face-to-Face, Telephone, or Internet-Based	Yes
H0018 HB		Indigent Adult A&D Residential Treatment  Alcohol and/or drug services, Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	See Specialty Codes Tab	No	No out of facility	Face-to-Face	Yes



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
H0019 HB		Indigent Adult A&D Residential Treatment  Alcohol and/or drug services, 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	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	See Specialty Codes Tab	No	No out of facility	Face-to-Face	Yes
H0020 HF/HG/UA	GT	Methadone Administration and/or services	LPN RN LMP	Per Service	\$12.50	No	\$12.50	Face-to-Face	Yes
H0033 HG		Oral Medication Administration, direct observation.	LPN RN LMP	Per Occurrence	<del>\$9.46</del> \$13.24	No	<del>\$9.46</del> \$13.24	Face-to-Face	Yes
H0038 HF/HG		Peer Recovery Support Services	CRM/PSS*	Per 15 Minutes	<del>\$17.70</del> \$24.78	No	<del>\$17.70</del> \$24.78	Face-to-Face, Telephone, or Internet-Based	Yes



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
H0038 HF/HG+HQ	GT/TN/UA	Self-help/peer services, Group	CRM/PSS*	Per Occurrence	<del>\$17.70</del> \$24.78	No	<del>\$17.70</del> \$24.78	Face-to-Face, Telephone, or Internet-Based	Yes
H0048 HF/HG		Alcohol and/or drug testing	CRM/PSS* CADC Candidate CADC LPN RN LMP	Per Occurrence	<del>\$12.63</del> \$17.68	No	<del>\$12.63</del> \$17.68	Face-to-Face	Yes
H0050 HF/HG		Alcohol and/or drug service, brief intervention per 15 minutes	CADC Candidate CADC	Per 15 Minutes	\$45.31	No	\$45.31	Face-to-Face, Telephone, or Internet-Based	Yes
H2010 HF/HG		Comprehensive Medication Services	LPN RN LMP	Per 15 minutes	<del>\$24.81</del> \$32.29	No	<del>\$24.81</del> \$32.29	Face-to-Face	Yes
H2011 HF/HG		Crisis intervention service, per 15 minutes	Certified SUD Program	Per 15 minutes	<del>\$24.84</del> \$39.00	No	<del>\$24.84</del> \$39.00	Face-to-Face and Telephone	Yes



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
H2014 V1/V2		Skills training and development, per 15 minutes	Certified SUD Program	Per 15 minutes	<del>\$19.92</del> \$24.90	No	<del>\$19.92</del> \$24.90	Face-to-Face and Telephone	Yes
J0571 HG/HF		Buprenorphine (Subutex), oral, just medication cost, not administration	LPN RN LMP	<del>Cost-Reimbursement</del> Per Service	<del>\$16.00 (Max per claim, not per unit)</del> \$1.24	No	N/A	Face-to-Face	Yes
J0572 HG/HF		Buprenorphine/Naloxone (Suboxone), oral, <= 3mg. Just medication cost, not administration	LPN RN LMP	<del>Cost-Reimbursement</del> Per Service	<del>\$16.00 (Max per claim, not per unit)</del> \$4.66	No	N/A	Face-to-Face	Yes
J0572 HG/HF + KO		Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 3mg. Just medication cost, not administration	LPN RN LMP	<del>Cost-Reimbursement</del> Per Service	<del>100% of billed charge</del> \$4.66	No	N/A	Face-to-Face	Yes



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
J0574 HG/HF		Buprenorphine/Naloxone (Suboxone), oral, <= 10mg. Just medication cost, not administration	LPN RN LMP	<del>Cost Reimbursement</del> Per Service	<del>\$20.00</del> (Max per claim, not per unit) \$6.77	No	N/A	Face-to-Face	Yes
J0574 HG/HF + KO		Buprenorphine/naloxone, oral, sublingual strips, greater than 6 mg, but less than or equal to 10 mg buprenorphine	LPN RN LMP	<del>Cost Reimbursement</del> Per Service	<del>100% of billed charge</del> \$6.77	No	N/A	Face-to-Face	Yes
J2315 HF/HG		Naltrexone (Vivitrol injection) <b>Just medication cost, not administration</b>	LPN RN LMP	Cost Reimbursement	<del>1140</del> \$3.23	No	N/A	Face-to-Face	Yes
T1006 HF/HG	GT	Family/couple counseling	CADC Candidate CADC	Per Occurrence	<del>96.32</del> \$115.58	No	<del>96.32</del> \$115.58	Face-to-Face	Yes
T1007 HF/HG		Alcohol and/or substance abuse services, treatment plan development and/or modification	CADC Candidate CADC	Per Occurrence	\$104.97	No	\$104.97	Face-to-Face, Telephone, or Internet-Based	Yes
T1009 HF/HG		Child Sitting Services for children of individual receiving a/d services	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION	Per Hour	\$15.00	No	\$15.00	N/A	No



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
T1012 HF/HG		Skills Training and Development-Individual Setting	CADC Candidate, CADC, Certified Recovery Mentor (CRM)* and Certified Peer Support Specialist (PSS)*	Per 15 Minutes	\$9.00	No Yes	\$7.00	Face-to-Face	No
T1012 HF/HG + HQ		Skills Training and Development-Group Setting	CADC Candidate, CADC, Certified Recovery Mentor (CRM)* and Certified Peer Support Specialist (PSS)*	Per Occurrence	\$7.00	No	\$7.00	Face-to-Face	No
T1013 HF/HG	GT	Sign language or oral interpreter services	Interpreter	Per Service	<del>\$60.00</del> \$63.00	No	<del>\$60.00</del> \$63.00	Face-to-Face, Telephone, or Internet-Based	No
T1016 HF/HG		Case Management	CADC Candidate CADC Certified SUD Program	Per 15 Minutes	<del>\$22.56</del> \$29.33	No	<del>\$22.56</del> \$29.33	Face-to-Face, Telephone, or Internet-Based	Yes
T1502 HF/HG		Medication administration (not methadone)	LPN RN LMP	Per Occurrence	<del>\$5.18</del> \$7.25	No	N/A	Face-to-Face	Yes

**TPL NOTE:** The following codes do not require Medicare to be billed first - all H-codes, all T-codes, all J-codes, 90849, 97810, 97811



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Code	Optional/Allowable modifiers	Service	Permissible Staff	Time/Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit	Mode Limitations	For Uninsured Members Only?
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\* CRM/PSS/PWS - Staff members providing services under this credential must meet requirements for both Certified Recovery Monitor (per MHACBO) and Peer Support Specialist. Peer Wellness Specialists are required to complete approved training programs and must be certified as a Traditional Health Worker through the State of Oregon.

PLACE OF SERVICE CODES					MODIFIERS
2	Telehealth	50	Federally Qualified Health Center		
3	School	51	Inpatient Psychiatric Facility		
4	Homeless Shelter	52	Psychiatric Hospital Partial Hospitalization		GT - Via interactive simultaneous audio and video
11	Office	53	Community Mental Health Center		HQ - Group Service
12	Home	54	Intermediate Care Facility/Mentally Retarded		KO - Non-formulary MAT medication
15	Mobile Unit	55	Residential Substance Abuse Treatment Center		UX - Child Only - Used for Residential services (Room & Board)
20	Urgent Care Facility	56	Psychiatric Residential Treatment Center		UN - Used for Residential services (Room & Board)
21	Inpatient Hospital	58	Non-residential Opioid Treatment Facility		UP - Used for Residential services (Room & Board)
22	Outpatient Hospital	57	Non-residential Substance Abuse Treatment Facility		UQ - Used for Residential services (Room & Board)
23	Emergency Room-Hospital	61	Comprehensive Inpatient Rehabilitation Center		UR - Used for Residential services (Room & Board)
31	Skilled Nursing Facility	62	Comprehensive Outpatient Rehabilitation Center		US - Used for Residential services (Room & Board)
32	Nursing Facility	71	State or Local Public Health Center		<b>SERVICES PROVIDED WITHIN:</b>
33	Custodial Care Facility	99	Other Place of Service		HF - AMH Certified Chemical Dependency Treatment Center

## HEALTH SHARE BEHAVIORAL HEALTH RAEs BUSINESS RULES

<b>Effective 7/1/2021</b>	
<b>Topic</b>	<b>Comment</b>
<b>POS</b>	POS codes required but won't generate denials when encountered with excluded POS codes, No out of facility rate
<b>NCCI Edits</b>	Claims adjudicated per current NCCI edits where applicable. The following NCCI modifiers are valid where relevant: XP/XE (XE is for FQHC providers), 25, and 59.
<b>Reprocessing/Corrected Claims</b>	45 days from original adjudication date
<b>Timely Filing</b>	<ul style="list-style-type: none"> <li>• 45 days from DOS when Multnomah Other primary</li> <li>• 45 days from DOS when Multnomah Other secondary</li> </ul>
<b>TPL Non Medicare Certified Waiver</b>	Plans can waive the requirement for TPL EOB for any non-Medicare approved provider as long as this is noted in CIM by PHTech at the direction of the plan
<b>TPL Waiver</b>	The following codes do not require Medicare to be billed first - all H-codes, all T-codes, all J-codes, 90849, 97810, 97811
<b>TPR/TPL</b>	Pay patient responsibility, up to contracted amount
<b>Authorization Entry Timeline</b>	<p>Authorizations must be entered within 45 days of authorization start date. Authorizations entered more than 45 days from the start date will Pend - Retro Auth.</p> <p>Adult A and D Residential Indigent Only Initial authorization: is required within 2 business days of intake.</p>
<b>DUII Claims</b>	<p>Claims filed against a Youth A and D Outpatient DUII MIP authorization do not require the primary diagnosis to be a SUD diagnosis. Claims with a primary diagnosis of Z03.89, Z04.89, Z71.1, R69 are allowable.</p> <p>30 Day Timely Filing Deadline</p>
<b>Secondary Payer Rules</b>	Per PH Tech procedure: Pay patient responsibility, co-insurance, deductible on EOB up to current rate per fee schedule

## HEALTH SHARE BEHAVIORAL HEALTH RAEs BUSINESS RULES

<b>IMD (Institutions of Mental Disease)</b>	IMD Residential means a hospital, nursing facility, or other institution of <b>more than 16 beds</b> that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).
<b>Non-IMD</b>	“Non-Institutions of Mental Disease (non-IMD)” means a hospital, nursing facility, or other institution with <b>less than 16 beds</b> that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).
<b>Specialty</b>	“Specialty Program” means a licensed Residential Substance Use Disorder treatment program that focuses on providing treatment to specialized populations. Treatment programming and planning must be specialized to the population and individual being served.

## SPECIFIC CODES EXCEPTIONS

Code rule effective 1/1/2022 H0019 all providers have the previous \$165.60 rate prior to 1/1/2022

### SPECIALTY PROVIDER EXCEPTIONS

Provider	Codes	Facility/Facility Type	Exceptions
Central City Concern	H0018	Letty Owings/Specialty	Pays <del>\$308.00-</del> \$400.40
CODA	H0018	Gresham Center/Women's/Specialty	Pays <del>\$308.00-</del> \$400.40
CODA	H0018	Gresham Center Men's/Specialty (Effective 7/1/22 - 6/30/23)	Pays <del>\$308.00-</del> \$400.40
DePaul/Fora Health	H0018	Women's/Adult IMD	Pays <del>\$229.00-</del> \$297.70
DePaul/Fora Health	H0018	Men's/Adult IMD	Pays <del>\$229.00-</del> \$297.70
Lifeworks NW	H0018	Project Network (PNET)/Specialty	Pays <del>\$308.00-</del> \$400.40
Volunteers of America	H0018	VOAOR Women's/Specialty	Pays <del>\$308.00-</del> \$400.40
Provider	Codes	Facility/Facility Type	Exceptions
Central City Concern	H0019	Letty Owings/Specialty	Pays <del>\$308.00-</del> \$400.40
CODA	H0019	Gresham Center Women's/Specialty	Pays <del>\$308.00-</del> \$400.40
CODA	H0019	Gresham Center Men's/Specialty (Effective 7/1/22 - 6/30/23)	Pays <del>\$308.00-</del> \$400.40
DePaul/Fora Health	H0019	Women's/Adult IMD	Pays <del>\$229.00-</del> \$297.70
DePaul/Fora Health	H0019	Men's/Adult IMD	Pays <del>\$229.00-</del> \$297.70
Lifeworks NW	H0019	Project Network (PNET)/Specialty	Pays <del>\$308.00-</del> \$400.40
Volunteers of America	H0019	VOAOR Women's/Specialty	Pays <del>\$308.00-</del> \$400.40