Multnomah Other Program Fee Schedule Effective 7/1/2025

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
A&D Outpatient									
Multnomah Other, A and D Outpatient	Addictions	Adult A and D Outpatient	N/A	6 Months	90849, 97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, H0050, T1006, T1007, T1016	Bridges to Change, Cascadia, Central City Concern, CODA, 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, 97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, H0050, T1006, T1007, 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	.	6 Months	90849, 97810, 97811, 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, H0048, H0050, H2010, J0571, J0572, J0574, J2315, T1006, T1007, 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, J0574, J2315, 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, 97810, 97811, 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, H0048, H0050, H2010, J0571, J0572, J0574, J2315, T1006, T1007,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	90849,97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, H0050, T1006, T1007, 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	90849,97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, H0050, T1006, T1007, 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	90849,97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, H0050, T1006, T1007, 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	90849,97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, H0050, T1006, T1007, 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	Adult A and D Outpatient DUII Conviction	N/A	6 Months	90849, 97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, T1006, T1007, T1016	Central City Concern, CODA, 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, 97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, T1006, T1007, T1016	Central City Concern, CODA, 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, 97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0038, H0048, T1006, T1007, T1016	Northwest Family Services, Northwest Treatment	4/1/2019	Auto approve when submitted by agency or Multnomah County	Youth are 21 years or younger. **Clients over 21: Age-mismatch; Invalid Provider rule** 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
A&D Residential									
Multnomah Other, A and D Residential	Addictions	Adult A and D Residential Indigent Only	N/A	60 Days	G9012, H0018 HB+HF, H0018 HB+HF+TU, H0018 HF+HH, H0019 HB, H0019 HB+HF+TU, H0019 HF+HB	Central City Concern, CODA, 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
A&D Withdrawal Management									
Multnomah Other, A and D Withdrawal Management	Addictions	Withdrawal Management, LOC 3.2 & 3.7	N/A	7 Days	H0010, H0011, H0012, H0013	Central City Concern	As of 1/1/2025	"Auto-approve" when submitted by agency or Multnomah County	Ages 18+; Age Mismatch under 18; Invalid provider if not provider One per diem encounter permitted per day Cannot overlap with any other Proc Code Withdrawal Management **Withdrawal Management, LOC 3.2 & 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
Multnomah Other, A and D Withdrawal Management	Addictions	Ambulatory Withdrawal Management	N/A	14 Days	90849,97810, 97811, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G2012, H0001, H0002, H0004, H0005, H0006, H0015, H0016, H0033, H0038, H0048, H0050, H2010, T1006, T1007,T1016, T1502	Central City Concern	1/1/2018	"Auto-approve" when submitted by agency or Multnomah County	Ages 18+; Age Mismatch under 18; Invalid provider if not provider Can overlap with any other auths one per diem code H0014 in combination with other codes listed allowed per day

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90849 HF/HG	GT	Multiple-family group psychotherapy	CADC Candidate CADC	Per Occurrence	$62.67	No	$62.67	Face-to-Face with client or family, Telephone, or Internet-Based	Yes	Group therapy sessions for multiple families when similar dynamics are occurring due to a commonality of problems in the family members receiving treatment. This is usually done in cases involving similar issues. Attention is also given to the impact the patient's condition has on the family. This code is reported once for each family group present. Normally limited to one occurrence per day within same agency. While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. Bill one unit of service per episode. If 2 distinct services are provided on the same day, bill 2 lines, 1 unit each, adding required NCCI modifiers when relevant.
97810 HF/HG		Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact	Licensed Acupuncturist	Per 15 Minutes	$21.30	No	$21.30	Face-to-Face	Yes	Acupuncture therapy by inserting one or more fine needles into the individual as dictated by acupuncture meridians for the treatment of substance abuse. Requires 15 minutes of personal one-on-one contact with the individual.
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	$10.66	No	$10.66	Face-to-Face	Yes	Cannot be billed alone, must be combined with 97810
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	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
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	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

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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	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99202 HF		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	$38.65	Yes	$60.22	Face-to-Face	Yes	A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. In the instance where a physician/qualified health care professional is on call for or covering for another physician/ qualified health care professional, the patient's encounter will be classified as it would have been by the physician/qualified health care professional who is not available.
99203 HF		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	$67.27	Yes	$93.39	Face-to-Face	Yes	See 99202 for coding and time vs. complexity guidelines.

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99204 HF		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	$109.76	Yes	$139.85	Face-to-Face	Yes	See 99202 for coding and time vs. complexity guidelines.
99205 HF		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	$149.26	Yes	$184.46	Face-to-Face	Yes	See 99202 for coding and time vs. complexity guidelines.
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	5 min	$7.20	Yes	$19.69	Face-to-Face or Telephone, or Internet-Based	Yes	Established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past 3 years. In the instance where a physician/qualified health care professional is on call for or covering for another physician/qualified health care professional, the patient's encounter will be classified as it would have been by the physician/qualified health care professional who is not available. Coding Guidelines: Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

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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	10 min (rounding time 8-13 min)	$29.01	Yes	$47.46	Face-to-Face or Telephone, or Internet-Based	Yes	See 99211 for definition of Established Patient, and for Coding guidelines and Time vs. Complexity guidelines.
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	15 min (rounding time 14-20 min)	$54.37	Yes	$76.51	Face-to-Face or Telephone, or Internet-Based	Yes	See 99211 for definition of Established Patient, and for Coding guidelines and Time vs. Complexity guidelines.
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	25 min (rounding time 21-33 min)	$80.01	Yes	$107.54	Face-to-Face or Telephone, or Internet-Based	Yes	See 99211 for definition of Established Patient, and for Coding guidelines and Time vs. Complexity guidelines.

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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	40 min (rounding time 34+ min)	$118.49	Yes	$150.85	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	No	$11.04	Telehealth	Yes	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
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	Up to $268.89	No	Up to $268.89	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.

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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 (Additional CMS language: (provision of the services by a Medicare-enrolled Opioid Treatment Program)	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	$295.87	No	$295.87	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
G2074 HG		Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed Additional CMS language: (provision of the services by a Medicare-enrolled Opioid Treatment Program)	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	$214.54	No	$214.54	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.

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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 Additional CMS language (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	$228.42	No	$228.42	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
G2077 HG		Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment; list separately. 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	$147.93	No	$147.93	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.

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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	$42.13	No	$42.13	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
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	$69.11	No	$69.11	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
G2080 HG		Each additional 30 minutes of counseling in a week of medication assisted treatment; list separately in addition to code for primary procedure.	OHA CERTIFIED OPIOID TREATMENT PROGRAM	Per 7 contiguous days	$36	No	$36	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
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	$320.71	Yes	$370.39	Face-to-Face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.

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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?	Guidelines and Tips
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	$301.81	Yes	$334.75	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
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	$29.26	Yes	$45.46	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
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	$40.30	No	$40.30	Face-to-face	Yes	This code is only used when Medicare is primary and the patient responsibility (copays, coinsurance, deductible, etc.) is being billed to MultnomahOther. EOB must be submitted with the patient responsibility to be clearly noted prior to approval. MultnomahOther will pay the patients responsibility on their EOB up to current rate listed.
G9012 HF/HG	GT	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	$135.98	No	$135.98	Face-to-face or Telephone	Yes	Substance use care coordination: Coordinating care, services and supports needed upon discharge from inpatient or residential care. Residential programs may bill once (1 unit) on the date of discharge. Other specified case management service not elsewhere classified Code open for 1115 SUD Waiver Substance use care coordination: Coordinating care, services and supports needed upon discharge from inpatient or residential care. Can be done at a clients home. Any facility that uses case management services.
H0001 HF/HG	GT	Alcohol and Drug Assessment	CADC Candidate CADC	Per Occurrence	$229.13	No	$229.13	Face-to-Face, Telephone, or Internet-Based	Yes	One assessment equals one unit of service. Service frequency limitation is based upon medical appropriateness for the individual. 1 unit per billing regardless of length of time or if it takes multiple sessions to complete the initial assessment for the individual.

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H0002 HF/HG	GT	Screening/Pre-enrollment service	CADC Candidate CADC	Per Occurrence	$46.44	No	$46.44	Face-to-Face, Telephone, or Internet-Based	Yes	Individuals are screened for substance use disorders to ensure appropriate treatment is given. This service may be delivered to individuals not currently enrolled in treatment. 1 unit per billing service.
H0004 HF/HG	GT	Individual Counseling	CADC Candidate CADC	Per 15 Minutes	$39.67	No	$39.67	Face-to-Face, Telephone, or Internet-Based	Yes	Providing individual counseling for an individual in a private setting as identified in the assessment and listed in the treatment plan. Service frequency limitation is based on medical appropriateness for the individual. 1 unit equals 15 minutes of individual counseling.
H0005 HF/HG	GT	Group Counseling- up to 2 hours	CADC Candidate CADC	Per Occurrence	$58.55	No	$58.55	Face-to-Face, Telephone, or Internet-Based	Yes	Length of group sessions are not specified or dictated by DCJ/DCHS. For Guidelines on recommended session length, refer to SAMHSA'S 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. Multiple group sessions are allowable within a day. 1 unit equals 1 group session regardless of length of session.
H0006 HF/HG	GT	Case Management	CADC Candidate CADC Certified SUD Program	Per 15 Minutes	$24.12	No	$24.12	Face-to-Face, Telephone, or Internet-Based	Yes	Service frequency limitation is based upon medical appropriateness and treatment plans for the individual. Services must be delivered by a CADC. Alcohol and/or drug services; Case management for patients needing services relating to alcohol or drug abuse provides assistance and care coordination based on the needs of the individual. The case manager assesses the needs of the patient, assists in developing plans to benefit the patient, as well as implementation of the plans, and reviews and evaluates the patient's status.
H0010 HF/HG		Alcohol/Drug services; sub-acute, medically monitored detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	$952.61	No	$952.61	Face-to-Face	Yes	Face-to-Face interactions with an individual for the purpose of medically managing and monitoring withdrawal symptoms from alcohol and/or drug addiction in a residential addiction program with appropriate accreditation, certification, and licensure. Used as an alternative to inpatient ASAM Level III.7-D.
H0011 HF/HG		Alcohol/Drug services; Acute, medically monitored detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	$952.61	No	$952.61	Face-to-Face	Yes	Face-to-Face interactions with an individual for the purpose of medically managing and monitoring severe withdrawal symptoms from alcohol and/or drug addiction in a residential addiction program with appropriate accreditation, certification, and licensure. Used as an alternative to inpatient ASAM Level III.7-D.
H0012 HF/HG		Alcohol/Drug services; sub-acute, clinically managed detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	$202.07	No	$202.07	Face-to-Face	Yes	Face-to-Face interactions with an individual for the purpose of clinically managing and monitoring withdrawal symptoms from alcohol and/or drug addiction as an outpatient through a residential addiction program with appropriate accreditation, certification, and licensure. Outpatient ASAM Level III.2-D.
H0013 HF/HG		Alcohol/Drug services; Acute, clinically managed detoxification.	AMH SUBSTANCE USE DISORDER PROGRAM LICENSURE	Per Diem	$202.07	No	$202.07	Face-to-Face	Yes	Face-to-Face interactions with an individual for the purpose of clinically managing and monitoring severe withdrawal symptoms from alcohol and/or drug addiction as an outpatient through a residential addiction program with appropriate accreditation, certification, and licensure. Outpatient ASAM Level III.2-D.

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H0014 HF/HG		Ambulatory detoxification service for mild to moderate withdrawal from substance abuse	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION	Per Diem	$78.44	No	$78.44	Face-to-Face	Yes	Face-to-Face interactions with an individual who is suffering mild to moderate symptoms of withdrawal, for the purpose of alcohol and/or drug detoxification. Withdrawal Management services must be supervised by a licensed physician.
H0015 HF/HG	GT	Group Counseling- more than 3 hours	CADC Candidate CADC	Per Occurrence	$120.09	No	$120.09	Face-to-Face, Telephone, or Internet-Based	Yes	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. 1 unit of service equals 3 hours of total group therapy within a single day, which could be multiple group sessions or a single session. Appropriate clinical documentation still applies. This code is not billable on the same day as H0005.
H0016 HF/HG	GT	Medical/somatic intervention in ambulatory setting	LMP RN LPN CMA	Per Occurrence	$102.45	No	$102.45	Face-to-Face, Telephone, or Internet-Based	Yes	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 Cannot be used for administration of Buprenorphine or Naltrexone (Vivitrol) only but can be used once daily for onsite induction (or re-induction) of Buprenorphineor Naltrexone (Vivitrol). The use of the code would include all coordination with the LMP, monitoring the patient onsite while titrating medication, administration of Buprenorphine or Naltrexone (Vivitrol) during the induction, and daily screening requirements (e.g. administration of COWS). Can be billed same day as E&M codes for the same member. Can not be billed same day as H0033 unless H0033 is being used for medication administration unrelated to the member's induction.
H0018 HB+HF		Indigent Adult A&D Residential Treatment **SPECIALTY** 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	$428.09	No	No out of facility	Face-to-Face	Yes	Youth and Adults. Youth needs to be at a specific youth facility for ages 12-17. Age 18 and above is for adult. 24-hour per day non-acute care in a non-hospital, residential treatment program. Short term (less than 30 days), per diem without room and board. Agencies should not encounter day of discharge Effective 7/1/2025 the rate is based on the agencies license at the facility level. The state determines 3 defferent rates.

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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?	Guidelines and Tips
H0018 HB+HF+TU		Indigent Adult A&D Residential Treatment **NON-IMD** 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	$337.32	No	No out of facility	Face-to-Face	Yes	Youth and Adults. Youth needs to be at a specific youth facility for ages 12-17. Age 18 and above is for adult. 24-hour per day non-acute care in a non-hospital, residential treatment program. Short term (less than 30 days), per diem without room and board. Agencies should not encounter day of discharge Effective 7/1/2025 the rate is based on the agencies license at the facility level. The state determines 3 defferent rates.
H0018 HF+HH		Indigent Adult A&D Residential Treatment **IMD** 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	$318.29	No	No out of facility	Face-to-Face	Yes	Youth and Adults. Youth needs to be at a specific youth facility for ages 12-17. Age 18 and above is for adult. 24-hour per day non-acute care in a non-hospital, residential treatment program. Short term (less than 30 days), per diem without room and board. Agencies should not encounter day of discharge Effective 7/1/2025 the rate is based on the agencies license at the facility level. The state determines 3 defferent rates.
H0019 HB		Indigent Adult A&D Residential Treatment **NON IMD** 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	$337.32	No	No out of facility	Face-to-Face	Yes	Age 18 and above. 24-hour per day non-acute care in a non-hospital, residential treatment program. Long term (more than 30 days), per diem without room and board. Agencies should not encounter day of discharge Rate change effective 7/1/2025.

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H0019 HB+HF+TU		Indigent Adult A&D Residential Treatment **IMD** 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	$318.29	No	No out of facility	Face-to-Face	Yes	Age 18 and above. 24-hour per day non-acute care in a non-hospital, residential treatment program. Long term (more than 30 days), per diem without room and board. Agencies should not encounter day of discharge Rate change effective 7/1/2025.
H0019 HF+HB		Indigent Adult A&D Residential Treatment **SPECIALTY** 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	$428.09	No	No out of facility	Face-to-Face	Yes	Age 18 and above. 24-hour per day non-acute care in a non-hospital, residential treatment program. Long term (more than 30 days), per diem without room and board. Agencies should not encounter day of discharge Rate change effective 7/1/2025.
H0020 HF/HG/UA	GT	Methadone Administration and/or services	LPN RN LMP	Per Service	$12.50	No	$12.50	Face-to-Face	Yes	Methadone administration and/or service programs provide opioid replacement treatment (ORT) or opioid maintenance treatment (OMT), including the administration of methadone to an individual for detoxification from opioids and/or maintenance treatment. Overall treatment must be delivered, which should include counseling/therapy, case review, and medication monitoring. ORT/OMT is delivered by providers functioning under a defined set of policies and procedures, including admission, discharge, and continued service criteria stipulated by state law and regulations, Substance Abuse and Mental Health Services Administration (SAMHSA) regulations, and Drug Enforcement Agency (DEA) regulations. The ORT must be licensed by the Drug Enforcement Agency. The ORT should also have accreditation from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Committee for Accreditation (COA), and/or the Commission on the Accreditation of Rehabilitation Facilities (CARF). The ORT/OMT must meet the requirements of the Substance Abuse and Mental Health Administration.
H0033 HG		Oral Medication Administration, direct observation.	LPN RN LMP	Per Occurrence	$14.16	No	$14.16	Face-to-Face	Yes	Observation of oral medication administration (generally to ensure compliance)

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H0038 HF/HG	HQ,GT	Peer Recovery Support Services	CRM/PSS*	Per 15 Minutes	$26.49	No	$26.49	Face-to-Face, Telephone, or Internet-Based	Yes	Individual direct services provided by peers who are in substance abuse/addiction recovery, delivered either onsite or in the community, to promote successful client service engagement and potential for a clean and sober life in recovery. Services may include but are not limited to client outreach and engagement, support for or delivery of pro-social activities, client advocacy with allied social services, recovery coaching, client mentoring and assistance navigating community-based recovery resources. Must be currently certified, or certified within six months, as a Certified Recovery Mentor.
H0048 HF/HG		Alcohol and/or drug testing	CRM/PSS* CADC Candidate CADC LPN RN LMP	Per Occurrence	$18.90	No	$18.90	Face-to-Face	Yes	(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. 1 unit equals one collection and handling.
H0050 HF/HG		Alcohol and/or drug service, brief intervention per 15 minutes	CADC Candidate CADC	Per 15 Minutes	$48.44	No	$48.44	Face-to-Face, Telephone, or Internet-Based	Yes	Alcohol and/or drug services, brief intervention, per 15 minutes A brief intervention for a patient in a drug and/or alcohol treatment program is performed. Professionally trained interventionists who are experts in chemical dependency meet briefly with the patient and/or family members to discuss a current treatment issue. The service may be initiated by the patient or the interventionist in response to a specific issue. The purpose of the intervention is to provide support and feedback related to chemical dependency issues that are currently affecting the patient and/or family members. Use for rapid brief responses not in a treatment plan. May be used pre-treatment, post-treatment, and for recovery maintenance.
H2010 HF/HG		Comprehensive Medication Services	LPN RN LMP	Per 15 minutes	$34.53	No	$34.53	Face-to-Face	Yes	Comprehensive medication services, per 15 minutes. A 15-minute session for follow-up and review of one or more medications that have been prescribed for substance abuse treatment. Comprehensive medication services are patient centered. They are provided by specially trained pharmacists who work with the patient to make sure that all drug therapies are effective for the intended use, appropriate for the patient's medical condition, able to be taken by the patient as intended, and are safe. The actual outcomes are recorded. These services are intended to improve the quality of patient care, reduce health care costs, and identify and resolve any problems with the drug therapy.
J0571 HF/HG		Buprenorphine (Subutex), oral, just medication cost, not administration	LPN RN LMP	Per Service	$1.24	No	N/A	Face-to-Face	Yes	
J0572 KO		Buprenorphine/Naloxone (Suboxone), oral, < = 3mg. Just medication cost, not administration	LPN RN LMP	Per Service	$4.66	No	N/A	Face-to-Face	Yes	Typical maximum dosage is 24 mg.

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J0574 HG/KO		Buprenorphine/Naloxone (Suboxone), oral, < = 10mg. Just medication cost, not administration	LPN RN LMP	Per Service	$6.77	No	N/A	Face-to-Face	Yes	Typical maximum dosage is 24 mg. Typical cost per 8mg unit is between $4.17 and $6.12 depending on individual tablet mg, provider's contract with pharmacy, and acquisition fee.
J2315 HF/HG		Naltrexone (Vivitrol injection) Just medication cost, not administration	LPN RN LMP	Cost Reimbursement	$3.23	No	N/A	Face-to-Face	Yes	Use of this code requires either HF or HG modifier. J2315 code is only for reimbursement of the drug ingredient and not for the administration of services.
T1006 HF/HG	GT	Family/couple counseling	CADC Candidate CADC	Per Occurrence	$123.57	No	$123.57	Face-to-Face	Yes	This code provides family or couple counseling in a private setting as identified by the assessment and listed in the treatment plan.
T1007 HF/HG	GT	Alcohol and/or substance abuse services, treatment plan development and/or modification	CADC Candidate CADC	Per Occurrence	$133.00	No	$133.00	Face-to-Face, Telephone, or Internet-Based	Yes	Design or modification of the treatment or service plan for substance use disorders. This may be the initial plan for a client beginning treatment or the modification of a plan for a client already in treatment. It is typically a scheduled service not delivered in conjunction with other treatment. This service may require the participation of clinicians and specialists in addition to those usually providing treatment.
T1016 HF/HG	GT	Case Management	CADC Candidate CADC Certified SUD Program	Per 15 Minutes	$31.36	No	$31.36	Face-to-Face, Telephone, or Internet-Based	Yes	Service frequency limitation is based upon medical appropriateness and treatment plans for the individual. Services must be delivered by a CADC.
T1502 HF/HG		Medication administration (not methadone)	LPN RN LMP	Per Occurrence	$7.76	No	N/A	Face-to-Face	Yes	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional

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

* CRM/PSS/PWS - Staff members providing services under this credential must meet requirements for both Certified Recovery Monitor (per MHACBO) and Peer Support Specialist per applicable OARs and must be certified as a Traditional Health Worker through the State of Oregon. 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 telecommunications systems
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) with child(ren) (When Parent is Non-Indigent)
20	Urgent Care Facility	56	Psychiatric Residential Treatment Center	UN - Used for Residential services (Room & Board) with one parent and one child

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21	Inpatient Hospital	58	Non-residential Opioid Treatment Facility							UP - Used for Residential services (Room & Board) with one parent and 2 children
22	Outpatient Hospital	57	Non-residential Substance Abuse Treatment Facility							UQ - Used for Residential services (Room & Board) with one parent and 3 children
23	Emergency Room-Hospital	61	Comprehensive Inpatient Rehabilitation Center							UR - Used for Residential services (Room & Board) with one parent and 4 children
31	Skilled Nursing Facility	62	Comprehensive Outpatient Rehabilitation Center							US - Used for Residential services (Room & Board) with one parent and 5 children
32	Nursing Facility	71	State or Local Public Health Center							**SERVICES PROVIDED WITHIN:**
33	Custodial Care Facility	99	Other Place of Service							HF - AMH Certified Chemical Dependency Facility
34	Hospice									HB - Adult Residential Treatment Services
49	Independent									HG - Services provided within an OHA certified opioid addiction treatment program
										TN - Services provided in an adolescent mental health treatment program
										UA - Services provided in a licensed adolescent alcohol and drug treatment program
										V1 - 1115 SUD Demonstration modifier Support Employment Services
										V2 - 1115 SUD Demonstration modifier Support Housing Services

HEALTH SHARE BEHAVIORAL HEALTH RAEs BUSINESS RULES

Effective 7/1/2025	
Topic	**Comment**
POS	POS codes required but won't generate denials when encountered with excluded POS codes, No out of facility rate
NCCI Edits	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.
Reprocessing/Corrected Claims	45 days from original adjudication date
Timely Filing	• 45 days from DOS when Multnomah Other primary • 45 days from DOS when Multnomah Other secondary
TPL Non Medicare Certified Waiver	Plans can waive the requirement for TPL EOB for any non-Medicare approved provider as long as this is noted in CIM by PHTech/Ayin at the direction of the plan
TPL Waiver	The following codes do not require Medicare to be billed first - all H-codes, all T-codes, all J-codes, 90849, 97810, 97811
TPR/TPL	Pay patient responsibility, up to contracted amount
Authorization Entry Timeline	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. Adult A and D Residential Indigent Only Initial authorization: is required within 2 business days of intake.
Secondary Payer Rules	Per PH Tech/Ayin procedure: Pay patient responsibility, co-insurance, deductible on EOB up to current rate per fee schedule
IMD (Institutions of Mental Disease)	IMD Residential means a hospital, nursing facility, or other institution of **more than 16 bed**s that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).
Non-IMD	"Non-Institutions of Mental Disease (non-IMD)" means a hospital, nursing facility, or other institution with **less than 16 beds** that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).
Specialty	"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 7/1/2025; all providers have the previous rate prior to 7/1/2025

Residential treatment funding no longer provided by MultOther			
Central City Concern	H0018	Letty Owens; Specialty	Pays $428.09
Central City Concern	H0018	16th & Burnside; Specialty	Pays $428.09
CODA	H0018	Gresham Center; Adult IMD/Specialty	Pays $428.09
CODA	H0018	Gresham Center; Women's/Specialty	Pays $428.09
Fora Health	H0018	Women's/Adult IMD	Pays $318.25
Fora Health	H0018	Men's/Adult IMD	Pays $318.25
Lifeworks NW	H0018	Project Network (PNET); Specialty	Pays $428.09
Volunteers of America	H0018	VOAOR; Women's/Specialty	Pays $428.09
Central City Concern	H0019	Letty Owings; Specialty	Pays $428.09
CODA	H0019	Gresham Center; Adult IMD/Specialty	Pays $428.09
CODA	H0019	Gresham Center; Women's/Specialty	Pays $428.09
Fora Health	H0019	Women's/Adult IMD	Pays $318.25
Fora Health	H0019	Men's/Adult IMD	Pays $318.25
Lifeworks NW	H0019	Project Network (PNET); Specialty	Pays $428.09
Volunteers of America	H0019	VOAOR; Women's/Specialty	Pays $428.09