

Non-contracted SUD fee schedule

CareOregon Fee Schedule - for Substance Use Disorder services provided to Health Share of Oregon members

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This fee schedule is applicable to noncontracted providers. For more information on billing out-of-network, please review our *Provider Guide to Billing Out-of-Network*

If you are a contracted provider, please log into CIM to view your fee schedule.

Code	Service	Permissible staff (as specified by applicable oars) within an AMH Substance Use Disorder certified/ licensed program	Time/ units	Base rate	Higher rate for out of facility services allowed?	Mode limitations	Careoregon service criteria/tips and guidelines
G2012 HF/HG + AS	See G2012	PMHNP PA ND	5-10 minutes	\$44.00	No	Telehealth	
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	\$23.00	No	Telehealth	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.
90849 HF/HG	Multiple-family group psychotherapy	CADC candidate CADC	Per occurrence	\$65.00	No	Face-to-face with client or family	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant. Contracted rate effective 10/1/21
90887 HF/HG	Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	CADC CADC candidate LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$65.00	No	Face-to-face or telephone	If two or more distinct services are provided on the same day, bill one line and 2 or more units - NOT two or more lines, 1 unit each. Services delivered by an RN or LPN 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. Contracted rate effective 10/1/21
97810 HF/HG	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Licensed acupuncturist	Per 15 minutes	\$14.23	No	Face-to-face	

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97811 HF/HG	Acupuncture, 1 or more needles; without electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s).	Licensed acupuncturist	Per 15 minutes	\$7.12	No	Face-to-face	
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	\$14.23	No	Face-to-face	
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	\$7.12	No	Face-to-face	
98966 HF/HG	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.	PA** NP** ND	5-10 minutes	\$44.00	No	Telephone	Contracted rate effective 10/1/21
98967 HF/HG	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.	PA** NP** ND	11-20 minutes	\$88.00	No	Telephone	Contracted rate effective 10/1/21
98968 HF/HG	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.	PA** NP** ND	21-30 minutes	\$133.00	No	Telephone	Contracted rate effective 10/1/21

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
99202 HF/HG	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.	PA** NP** ND	20 minutes (Rounding time 16-25 minutes)	\$89.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99202 HF/HG + AF	See 99202 HF/HG	MD** DO**	See 99202 HF/HG	\$117.00	See 99202 HF/HG	Face-to-face, Telehealth	Contracted rate effective 10/1/21
99203 HF/HG	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.	PA** NP** ND	30 minutes Rounding time: 26-38 minutes	\$134.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99203 HF/HG + AF	See 99203 HF/HG	MD** DO**	See 99203 HF/HG	\$174.00	See 99203 HF/HG	See 99203 HF/ HG	Contracted rate effective 10/1/21
99204 HF/HG	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.	PA** NP** ND	45 minutes Rounding time: 39-53 minutes	\$201.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99204 HF/HG + AF	See 99204 HF/HG	MD** DO**	See 99204 HF/HG	\$261.00	See 99204 HF/HG	See 99204 HF/ HG	
99205 HF/HG	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.	PA** NP** ND	60 minutes Rounding time: 54+ minutes	\$266.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-Face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99205 HF/HG + AF	See 99205 HF/HG	MD** DO**	See 99205 HF/HG	\$348.00	See 99205 HF/HG	See 99205 HF/ HG	Contracted rate effective 10/1/21
99211 HF/HG	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.	PA** NP** ND	5 minutes	\$20.26	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
99211 HF/HG + AF	See 99211 HF/HG	MD** DO**	See 99211 HF/HG	\$20.26	See 99211 HF/HG	See 99211 HF/HG	Contracted rate effective 10/1/21
99212 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 straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	PA** NP** ND	10 minutes Rounding time: 8-13 minutes	\$44.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99212 HF/HG + AF	See 99212 HF/HG	MD** DO**	See 99212 HF/HG	\$58.00	See 99212 HF/HG	See 99212 HF/HG	Contracted rate effective 10/1/21
99213 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 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.	PA** NP** ND	15 minutes Rounding time: 14-20 minutes	\$74.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99213 HF/HG + AF	See 99213 HF/HG	MD** DO**	See 99213 HF/HG	\$87.00	See 99213 HF/HG	See 99213 HF/HG	Contracted rate effective 10/1/21
99214 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 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.	PA** NP** ND	25 minutes Rounding time: 21-33 minutes	\$111.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99214 HF/HG + AF	See 99214 HF/HG	MD** DO**	See 99214 HF/HG	\$144.00	See 99214 HF/HG	See 99214 HF/HG	Contracted rate effective 10/1/21
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.	PA** NP** ND	40 minutes Rounding time: 34+ minutes	\$177.00	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, Telehealth	New description effective 1/1/2021 Contracted rate effective 10/1/21
99215 HF/HG + AF	See 99215 HF/HG	MD** DO**	See 99215 HF/HG	\$233.00	See 99215 HF/HG	See 99215 HF/HG	Contracted rate effective 10/1/21

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
99415 HF/HG	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour.	PA** NP** ND	60 Minutes Rounding time: 30-74 minutes	\$7.45	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-Face, Telehealth	Contracted rate effective 10/1/21
99416 HF/HG	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to 99415).	PA** NP** ND	30 Minutes Rounding time: 15-30 minutes	\$3.31	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-Face, Telehealth	Contracted rate effective 10/1/21
99417 HF/HG	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215).	DO** MD** PA** NP** ND	15 minutes	\$34.39	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-Face, Telehealth	New code effective 1/1/2021 Contracted rate effective 10/1/21
99421 HF/HG	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.	PA** NP** ND	5-10 minutes	\$44.00	No	Telehealth	Contracted rate effective 10/1/21
99421 HF/HG + AF	See 99421	MD** DO**	5-10 minutes	\$58.00	No	Telehealth	Contracted rate effective 10/1/21
99422 HF/HG	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.	PA** NP** ND	11-20 minutes	\$88.00	No	Telehealth	Contracted rate effective 10/1/21
99422 HF/HG + AF	See 99422	MD** DO**	11-20 minutes	\$116.00	No	Telehealth	Contracted rate effective 10/1/21
99423 HF/HG	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.	PA** NP** ND	21+ minutes	\$133.00	No	Telehealth	Contracted rate effective 10/1/21
99423 HF/HG + AF	See 99423	MD** DO**	21+ minutes	\$174.00	No	Telehealth	Contracted rate effective 10/1/21

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
99441 HF/HG	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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.	PA** NP** ND	5-10 minutes	\$44.00	No	Telephone	Contracted rate effective 10/1/21
99441 HF/HG + AF	See 99441	MD** DO**	5-10 minutes	\$58.00	No	Telephone	Contracted rate effective 10/1/21
99442 HF/HG	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 11-20 minutes of medical discussion.	PA** NP** ND	11-20 minutes	\$88.00	No	Telephone	Contracted rate effective 10/1/21
99442 HF/HG + AF	See 99442	MD** DO**	11-20 minutes	\$116.00	No	Telephone	Contracted rate effective 10/1/21
99443 HF/HG	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion.	PA** NP** ND	21+ minutes	\$133.00	No	Telephone	Contracted rate effective 10/1/21
99443 HF/HG + AF	See 99443	MD** DO**	21+ minutes	\$174.00	No	Telephone	Contracted rate effective 10/1/21
G2012 HF/HG + AF	See G2012	DP MD	5-10 minutes	\$58.00	No	Telehealth	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
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	\$212.00	No	Face-to-face	Effective 7/1/2020
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.	OHA Certified opioid treatment program	Per 7 contiguous days	\$255.70	No	Face-to-face	Effective 1/1/2020
G2069 HG	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	OHA Certified opioid treatment program	Per 7 contiguous days	\$1,820.07	No	Face-to-face	Effective 1/1/2020
G2070 HG	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	OHA Certified opioid treatment program	Per 7 contiguous days	\$4,960.70	No	Face-to-face	Effective 1/1/2020
G2071 HG	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	OHA Certified opioid treatment program	Per 7 contiguous days	\$433.30	No	Face-to-face	Effective 1/1/2020
G2072 HG	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	OHA Certified opioid treatment program	Per 7 contiguous days	\$5,182.88	No	Face-to-face	Effective 1/1/2020
G2073 HG	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	OHA Certified opioid treatment program	Per 7 contiguous days	\$1,410.06	No	Face-to-face	Effective 1/1/2020
G2074 HG	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed.	OHA Certified opioid treatment program	Per 7 contiguous days	\$163.97	No	Face-to-face	Effective 1/1/2020

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
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.	OHA Certified opioid treatment program	Per 7 contiguous days	\$181.97	No	Face-to-face	Effective 1/1/2020
G2077 HG	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment; list separately.	OHA Certified opioid treatment program	Per 7 contiguous days	\$111.82	No	Face-to-face	Effective 1/1/2020
G2080 HG	Each additional 30 minutes of counseling in a week of medication assisted treatment; list separately.	OHA Certified opioid treatment program	Per 7 contiguous days	\$31.37	No	Face-to-face	Effective 1/1/2020
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	\$394.64	No	Face-to-Face	Effective 1/1/2020
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	\$351.37	No	Face-to-face	Effective 1/1/2020
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	\$66.65	No	Face-to-face	Effective 1/1/2020
H0001 HF/HG	Alcohol and/or Drug Assessment	CADC candidate	Per occurrence	\$139.70	No	Face-to-face	Contracted rate effective 10/1/21
H0002 HF/HG	Behavioral Health screening to determine eligibility for admission to treatment program(s).	CADC candidate CADC	Per occurrence	\$35.05	No	Face-to-face	Contracted rate effective 10/1/21
H0004 HF/HG	Behavioral health counseling and therapy, Per 15 minutes.	CADC candidate CADC	Per 15 minutes	\$33.00	No	Face-to-face	Contracted rate effective 10/1/21

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H0005 HF/HG	Alcohol and/or drug services; group counseling by a clinician.	CADC candidate CADC	Per occurrence	\$39.66	No	Face-to-face	Contracted rate effective 10/1/21
H0006 HF/HG	Alcohol and/or drug services; case management.	CADC candidate CADC	Per 15 minutes	\$33.00	No	Face-to-face or telephone	Contracted rate effective 10/1/21
H0006 HF/HG + HN	Alcohol and/or drug services; case management.	Peer support specialist	Per 15 minutes	\$25.00	No	Face-to-face or telephone	Contracted rate effective 10/1/21
H0010 HF/HG	Alcohol/Drug services; sub-acute, medically monitored detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$810.00	No	Face-to-face	
H0011 HF/HG	Alcohol/Drug services; Acute, medically monitored detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$810.00	No	Face-to-face	
H0012 HF/HG	Alcohol/Drug services; sub-acute, clinically managed detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$135.00	No	Face-to-face	
H0013 HF/HG	Alcohol/Drug services; Acute, clinically managed detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$135.00	No	Face-to-face	
H0014 HF/HG	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse.	AMH Substance Use Disorder program certification	Per diem	\$58.00	No	Face-to-face	Contracted rate effective 10/1/21
H0015 HF/HG	Alcohol and/or drug services; Intensive outpatient.	AMH Substance Use Disorder program certification	Per diem	\$100.00	No	Face-to-face	Three hour minimum; Intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least three hours a day and at least three days a week for adults or two days a week for adolescents according to an individualized service plan. (9-19 hours per week for adults and 6-19 hours per week for adolescents). Contracted rate effective 10/1/21

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H0016 HF/HG	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting.	CMA LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$79.19	No	Face-to-face	<p>Cannot be used for administration of Buprenorphine or Naltrexone (Vivitrol) only but can be used once daily for onsite induction (or re-induction) of Buprenorphine or 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).</p> <p>Can be billed the 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.</p> <p>Services delivered by an RN or LPN 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.</p> <p>Contracted rate effective 10/1/21</p>
H0018 HB	Adult behavioral health; short-term residential (nonhospital residential treatment program), without room and board, Per diem.	AMH Substance Use Disorder program licensure	Per diem	\$150.00	No	Face-to-face	
H0018 HB & HH	Adult A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$220.00	No	Face-to-face	Both modifiers are required to generate correct rate.
H0018 HB & HT	A&D Medically Monitored Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$325.00	No	Face-to-face	Both modifiers are required to generate correct rate.
H0018 UA	Adolescent behavioral health; short-term residential (nonhospital <= 30 days), without room and board, Per diem.	AMH Substance Use Disorder program licensure	Per diem	\$185.00	No	Face-to-face	Replaces H0018 HA Effective 7/1/2016
H0018 UA & HH	Youth A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$255.00	No	Face-to-face	Both modifiers are required to generate correct rate.
H0019 HB	Adult behavioral health; long-term residential (nonmedical, nonacute care longer than 30 days), without room and board, Per diem.	AMH Substance Use Disorder program licensure	Per diem	\$150.00	No	Face-to-face	Age 18 and above.
H0019 HB & HH	Adult A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$220.00	No	Face-to-face	Both modifiers are required to generate correct rate.
H0019 HB & HT	A&D Medically Monitored Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$325.00	No	Face-to-face	Both modifiers are required to generate correct rate.

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H0019 UA	Adolescent behavioral health; long-term residential (nonmedical, nonacute care longer than 30 days), without room and board, Per diem.	AMH Substance Use Disorder program licensure	Per diem	\$185.00	No	Face-to-face	Replaces H0019 HA Effective 7/1/2016; Age 17 and below.
H0019 UA & HH	Youth A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$255.00	No	Face-to-face	Both modifiers are required to generate correct rate.
H0020 HG	Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program).	LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$4.54	No	Face-to-face	Services delivered by an RN or LPN 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. Contracted rate effective 10/1/21
H0033 HF/HG	Oral Medication Administration, direct observation.	CMA LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$8.60	No	Face-to-face	Services delivered by an RN or LPN 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. Contracted rate effective 10/1/21
H0034 HF/HG	Medication Training and Support	CADC candidate CADC	Per 15 minutes	\$23.75	No	Face-to-face or telephone	Contracted rate effective 10/1/21
H0038 HG/ HF	Self-help/peer services, Individual	CRM/PSS*	Per 15 minutes	\$22.00	No	Face-to-face or telephone	Contracted rate effective 10/1/21
H0038 HG/ HF+ HQ	Self-help/peer services, Group	CRM/PSS*	Per occurrence	\$22.00	No	Face-to-face	Requires SUD specific modifier as well as HQ modifier. Contracted rate effective 10/1/21
H0048 HF/HG	Alcohol and/or drug testing; Collection and handling only, specimens other than blood.	CRM/PSS* CADC candidate CADC LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$22.55	No	Face-to-face	When using this code, provider is responsible for paying the lab work directly. Services delivered by an RN or LPN 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. Contracted rate effective 10/1/21
H2010 HF/HG	Comprehensive Medication Services	LMP** (RN and LPN - See tips and guidelines)	Per 15 minutes	\$23.75	No	Face-to-face	Services delivered by an RN or LPN 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.
Q3014 HF/HG	Telehealth originating site facility fee	All	Per occurrence	\$21.00	No	Face-to-face	Facility provides in-person assistance accessing telehealth services. Contracted rate effective 10/1/21
T1006 HF/HG	Alcohol and/or substance abuse services; Family/couple counseling.	CADC candidate CADC	Per occurrence	\$130.00	No	Face-to-face	Contracted rate effective 10/1/21

Non-Contracted SUD Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
T1007 HF/HG	Alcohol and/or substance abuse services, treatment plan development and/or modification.	CADC candidate CADC	Per occurrence	\$95.43	No	Face-to-face	Contracted rate effective 10/1/21
T1016 HF/HG	Case management	CADC candidate CADC	Per 15 minutes	\$33.00	No	Face-to-face or telephone	Contracted rate effective 10/1/21
T1016 HF/HG + HN	Case management	Peer support specialist	Per 15 minutes	\$25.00	No	Face-to-face or telephone	Contracted rate effective 10/1/21
T1502 HF/HG	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional.	LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$5.18	No	Face-to-face	Services delivered by an RN or LPN 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. Contracted rate effective 10/1/21
J2315 HF/HG	Naltrexone (Vivitrol) medication cost.	LMP** (RN and LPN - See tips and guidelines)	1mg/unit	Cost	No	Face-to-face	Services delivered by an RN or LPN 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.
J0571 HF/HG	Buprenorphine (Subutex), oral, 1 mg.	AMH Substance Use Disorder program certification	Per mg	\$1.24	No	Face-to-face	The tablet is available in 2 mg and 8 mg dose strengths; billed in 1 mg increments.
J0572 HF/HG	Buprenorphine/Naloxone (Suboxone), oral, <= 3mg.	AMH Substance Use Disorder program certification	Per tablet	\$4.66	No	Face-to-face	
J0572 HF/HG + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 3mg.	AMH Substance Use Disorder program certification	Per film	\$4.66	No	Face-to-face	Non-formulary requires preapproved Non-Formulary Medication Assisted Treatment (MAT) authorization type. Use of this code requires either HF or HG modifier and the KO modifier.
J0573 HF/HG	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine.	AMH Substance Use Disorder program certification	Per tablet or film	\$8.30	No	Face-to-face	
J0574 HF/HG	Buprenorphine/Naloxone (Suboxone), oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine.	AMH Substance Use Disorder program certification	Per tablet	\$6.77	No	Face-to-face	
J0574 HF/HG + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 10mg.	AMH Substance Use Disorder program certification	Per film	\$6.77	No	Face-to-face	Non-formulary - requires preapproved Non-Formulary Medication Assisted Treatment (MAT) authorization type. Use of this code requires either HF or HG modifier and the KO modifier.
J0575 HF/HG	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine.	AMH Substance Use Disorder program certification	Per tablet or film	\$16.61	No	Face-to-face	
Q9991 HF/HG	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg.	AMH Substance Use Disorder program certification	Per occurrence	\$1,673.36	No	Face-to-face	

Non-Contracted SUD Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate?	Mode limitations	CareOregon service criteria/tips and guidelines
Q9992 HF/HG	Injection, buprenorphine extended-release (sublocade), greater than 100 mg.	AMH Substance Use Disorder program certification	Per occurrence	\$1,673.36	No	Face-to-face	
The following codes are available for use when CareOregon is the secondary payor							
90791 HF/HG	Psychiatric Diagnostic Evaluation	CADC candidate CADC	Per occurrence	\$139.70	No	Face-to-face	Does not require above the line diagnosis Contracted rate effective 10/1/21
90832 HF/HG	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 30 minutes face-to-face with the patient.	CADC candidate CADC	30 minutes Rounding time: 16-37 minutes	\$66.00	No	Face-to-face	Contracted rate effective 10/1/21
90834 HF/HG	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 45 minutes face-to-face with the patient.	CADC candidate CADC	45 minutes Rounding time: 38-52 minutes	\$99.00	No	Face-to-face	Contracted rate effective 10/1/21
90837 HF/HG	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 60 minutes face-to-face with the patient.	CADC candidate CADC	60 minutes Rounding time: 53+ minutes	\$130.00	No	Face-to-face	Contracted rate effective 10/1/21
90846 HF/HG	Family psychotherapy (without the patient present).	CADC candidate CADC	Per occurrence	\$130.00	No	Face-to-face	Contracted rate effective 10/1/21
90847 HF/HG	Family psychotherapy (with patient present).	CADC candidate CADC	Per occurrence	\$130.00	No	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant. Contracted rate effective 10/1/21
90853 HF/HG	Group psychotherapy (other than a multiple-family group).	CADC candidate CADC	Per occurrence	\$39.66	No	Face-to-face	Limited to three occurrences per day. If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant. Contracted rate effective 10/1/21
99354 HF/HG	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to eligible codes).	CADC candidate CADC	60 minutes Rounding time: 30-74 minutes	\$92.01	No	Face-to-face	99354 can be used in conjunction with 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483. Contracted rate effective 10/1/21
99355 HF/HG	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to 99354).	CADC candidate CADC	30 minutes Rounding time: 15-30 minutes	\$68.64	No	Face-to-face	Contracted rate effective 10/1/21
99356 HF/HG	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service).	CADC candidate CADC	60 minutes Rounding time: 30-74 minutes	\$64.91	No out of facility rate	Face-to-face	99356 can be used in conjunction with 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310 Contracted rate effective 10/1/21

Non-Contracted SUD Fee Schedule

Place of service codes:				Modifiers:
02	Telehealth	49	Independent clinic	GT - Via interactive simultaneous audio and telecommunications systems
03	School	50	Federally qualified health center	H9 - Court Ordered (court ordered diversion)
04	Homeless shelter	51	Inpatient psychiatric facility	HT - Multidisciplinary Team Service
11	Office	52	Psychiatric hospital partial hospitalization	KO - Non-formulary MAT medication
12	Home	53	Community mental health center	HQ - Group Service
15	Mobile unit	54	Intermediate care facility/individuals with intellectual disabilities	Services provided within:
20	Urgent care facility	55	Residential substance abuse treatment center	
21	Inpatient hospital	56	Psychiatric residential treatment center	HF - AMH Certified Chemical Dependency Facility
22	Outpatient hospital	57	Non-residential substance abuse treatment facility	HG - AMH Certified Opioid Treatment Program
23	Emergency room-hospital	58	Non-residential opioid treatment facility	HH- Integrated Mental Health/Substance Abuse Program
31	Skilled nursing facility	61	Comprehensive inpatient rehabilitation center	UA - Adolescent SUD Residential Program
32	Nursing facility	62	Comprehensive outpatient rehabilitation center	
33	Custodial care facility	71	State or local public health center	
34	Hospice	99	Other place of service	

Modifier note: HF & HG Modifiers determine rate if other modifiers are present

NCCI note: The following modifiers are valid NCCI modifiers where relevant: XP/XE (XE is for FQHC providers), 25 and 59.

TPL note: The following codes do not require Medicare to be billed first - all H-codes, all T-codes, all J-codes, 90849, 90853, 90887, 97810, 97811, 97813, 97814,

Medicaid enrollment/dmap note: All clinicians providing SUD services must be enrolled in Oregon Medicaid as an A/D Provider Type in order to be reimbursed for SUD services rendered.

*CRM / PSS - Staff members providing services under this credential must meet requirements for both Certified Recovery Monitor (per ACCBO) and Peer support specialist per applicable OARs and must be certified as a Traditional Health Worker through the State of Oregon.

**In order to provide substance use disorder treatment, treatment staff holding a health or allied provider license issued by the Oregon Medical Board, Board of Psychologist Examiners, Board of Licensed Social Workers, Board of Licensed Professional Counselors and Therapists, or Oregon State Board of Nursing shall possess documentation of at least 60 contact hours of academic or continuing professional education in substance use disorders treatment. It is the responsibility of the providing agency to obtain and maintain documentation of this additional training. (OAR 309-019-0125 (7)(d))

DMAP note re: RN / LPN: Per DMAP, RNs and LPNs who also hold a relevant behavioral health credential (QMHA, QMHP, CADC, LPC, LCSW or other behavioral health (BH) credential) can be enrolled in Oregon Medicaid as a Mental Health Provider (Type 33) or Alcohol & Drug Provider (Type 03) and should appear as the rendering provider on claims for services provided under their BH credential. For RNs and LPNs without a BH DMAP enrollment, all BH services performed must be done so under the supervision and direction of a licensed clinician. In this circumstance, the licensed clinician is responsible for the services being rendered and thus must appear on the claim as the rendering provider.

Non-contracted MH fee schedule

CareOregon Fee Schedule A - for Mental Health services provided to Health Share of Oregon members

Code	Service	Permissible Staff ^	Time/Units	Base Rate	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit for POS 12, 16 and 99 Only	Mode Limitations	Service Criteria/Tips and guidelines
00104	Anesthesia for ECT	N/A	Per occurrence	\$84	No	\$84	Face-to-face	
0362T	ABA - Behavior identification supporting assessment administered by physician or other QHP with the assistance of two or more technicians.	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$50	No	\$50	Face-to-face	
0373T	ABA - Adaptive behavior treatment with protocol modification administered by physician or QHP with the assistance of two or more technicians.	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$50	No	\$50	Face-to-face	
90785	Interactive complexity (List separately in addition to the code for primary procedure).	LMP	Same as service provided	\$13	No	\$13	Face-to-face	
90791	Psychiatric Diagnostic Evaluation	Licensed QMHP QMHP	Per occurrence	\$130	Yes	\$169	Face-to-face	Does not require above the line diagnosis.
90792	Psychiatric Diagnostic Evaluation with Medical Services.	PMHNP PA ND	Per occurrence	\$266	Yes	\$346	Face-to-face	Does not require above the line diagnosis.
90792 AF	See 90792	DO MD	Per occurrence	\$348	Yes	\$452	Face-to-face	See 90792
90832	Psychotherapy, 30 minutes with patient.	Licensed QMHP QMHP	30 minutes Rounding time: 16-37 minutes	\$71	Yes	\$92	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90833	Psychotherapy, 30 minutes with patient when performed with an E/M service (List separately in addition to the code for primary procedure).	PMHNP PA ND DO MD	30 minutes	\$154	Yes	\$200	Face-to-face	
90834	Psychotherapy, 45 minutes with patient.	Licensed QMHP QMHP	45 minutes Rounding time: 38-52 minutes	\$98	Yes	\$127	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
90836	Psychotherapy, 45 minutes with patient when performed with an E/M service (List separately in addition to the code for primary procedure).	PMHNP PA ND DO MD	45 minutes Rounding time: 38-52 minutes	\$231	Yes	\$301	Face-to-face	
90837	Psychotherapy, 60 minutes with patient.	Licensed QMHP QMHP	60 minutes Rounding time: 53+ minutes	\$145	Yes	\$189	Face-to-face	
90838	Psychotherapy, 60 minutes with patient when performed with an E/M service (List separately in addition to the code for primary procedure).	PMHNP PA ND DO MD	60 minutes Rounding time: 53+ minutes	\$306	Yes	\$398	Face-to-face	
90839	Psychotherapy for crisis, first 60 minutes.	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD	60 minutes Rounding time: 30-74 minutes	\$156	Yes	\$203	Face-to-face	
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service).	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD	Per occurrence	\$130	Yes	\$169	Face-to-face	
90846	Family psychotherapy (without the patient present).	QMHP Licensed QMHP Mental health intern	Per occurrence	\$130	Yes	\$169	Face-to-face or telephone	# If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90847	Family psychotherapy (with patient present).	QMHP Licensed QMHP Mental health intern	Per occurrence	\$130	Yes	\$169	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90849	Multiple-family group psychotherapy	QMHP Licensed QMHP Mental health intern	Per occurrence	\$65	Yes	\$85	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
90849 22	Multiple-family group psychotherapy: Incredible Years	QMHP Mental health intern Licensed QMHP QMHA	Per occurrence	\$115	No	\$115	Face-to-face	# Code restricted to Incredible Years parenting sessions.
90853	Group psychotherapy (other than of a multiple-family group).	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD	Per occurrence	\$36	Yes	\$47	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90853 22	Group psychotherapy: Family Sexual Abuse Treatment.	QMHP Licensed QMHP Mental health intern	Per occurrence	\$115	No	\$115	Face-to-face	# Family Sexual Abuse Treatment group only. May be used for both parent only and children only groups.
90867	Initial Therapeutic repetitive Transcranial Magnetic Stimulation (TMS) treatment.	DO MD PMHNP	Per occurrence	\$390	Yes	\$488	Face-to-face	
90868	Therapeutic repetitive TMS treatment; subsequent delivery and management.	DO MD PMHNP	Per occurrence	\$227	Yes	\$284	Face-to-face	
90869	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression).	LMP LPC LMFT LCSW Psychologist QMHP QMHA	Per occurrence	\$85	No	No out of facility	Face-to-face	
90870	Electroconvulsive therapy - Facility	DO MD	Per occurrence	\$683	No	\$683	Face-to-face	Covers all relevant facility charges
90870	Electroconvulsive therapy - Professional fees.	DO MD	Per occurrence	\$352	No	\$352	Face-to-face	Covers all relevant professional fees

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	QMHP Mental health intern Licensed QMHP OT PMHNP PA ND DO MD (RN - See Tips and guidelines)	Per occurrence	\$65	Yes	\$85	Face-to-face or telephone	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant. 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.
90882 HN	See 90882	QMHA	Per occurrence	\$50	Yes	\$65	Face-to-face or telephone	See 90882
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.	QMHP Mental health intern Licensed QMHP OT PMHNP PA ND DO MD (RN - See Tips and guidelines)	Per occurrence	\$65	Yes	\$85	Face-to-face or telephone	If 2 or more distinct services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each. May be used for check-ins with parents about child behavior unless family counseling is more appropriate. 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.
96130	Psychological testing evaluation services, first hour.	Psychologist	60 minutes	\$110	No	\$110	Face-to-face	
96131	Psychological testing evaluation services, each additional hour.	Psychologist	60 minutes	\$110	No	\$110	Face-to-face	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.	Psychologist	30 minutes	\$55	No	\$55	Face-to-face	
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes.	Psychologist	30 minutes	\$55	No	\$55	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
97151	Behavior identification assessment and plan of care, physician /QHP each 15 minutes.	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$35	No	\$35	Face-to-face	
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, each 15 minutes.	Physician Psychologist Licensed Behavior Analyst BCBA Technician	15 minutes	\$15	No	\$15	Face-to-face	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes.	Physician Psychologist Licensed Behavior Analyst BCBA Technician	15 minutes	\$11	No	\$11	Face-to-face	
97154	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients, each 15 minutes.	Physician Psychologist Licensed Behavior Analyst BCBA Technician	15 minutes	\$11	No	\$11	Face-to-face	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with one patient, each 15 minutes.	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$15	No	\$15	Face-to-face	
97156	Family adaptive behavior treatment guidance, administered by physician/ QHP (with or without the patient present), face-to-face with guardian/caregiver, each 15 minutes	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$15	No	\$15	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician/QHP (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$10	No	\$10	Face-to-face	
97158	ABA - Group adaptive behavior treatment with protocol modification administered by physician or other QHP.	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$10	No	\$10	Face-to-face	
98966	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.	PMHNP PA ND	5-10 minutes	\$44	No	No out of facility	Telephone	
98967	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.	PMHNP PA ND	11-20 minutes	\$88	No	No out of facility	Telephone	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
98968	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.	PMHNP PA ND	21-30 minutes	\$133	No	No out of facility	Telephone	
99202	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.	PMHNP PA ND	20 minutes Rounding time: 16-25 minutes	\$89	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$89	Face-to-face	New description effective 1/1/2021
99202 AF	See 99202	DO MD	See 99202	\$117	See 99202	\$117	Face-to-face	
99203	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.	PMHNP PA ND	30 minutes Rounding time: 26-38 minutes	\$134	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$134	Face-to-face	New description effective 1/1/2021
99203 AF	See 99203	DO MD	See 99203	\$174	See 99203	\$174	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99204	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.	PMHNP PA ND	45 minutes Rounding time: 39-53 minutes	\$201	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$201	Face-to-face	New description effective 1/1/2021
99204 AF	See 99204	DO MD	See 99204	\$261	See 99204	\$261	Face-to-face	
99205	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.	PMHNP PA ND	60 minutes Rounding time: 54+ minutes	\$266	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$266	Face-to-face	New description effective 1/1/2021
99205 AF	See 99205	DO MD	See 99205	\$348	See 99205	\$348	Face-to-face	
99212	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.	PMHNP PA ND	10 minutes Rounding time: 8-13 minutes	\$44	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$44	Face-to-face	New description effective 1/1/2021
99212 AF	See 99212	DO MD	See 99212	\$58	See 99212	\$58	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99213	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.	PMHNP PA ND	15 minutes Rounding time 14-20 minutes	\$74	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$74	Face-to-face	New description effective 1/1/2021
99213 AF	See 99213	DO MD	See 99213	\$87	See 99213	\$87	Face-to-face	
99214	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.	PMHNP PA ND	25 minutes Rounding time 21-33 minutes	\$111	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$111	Face-to-face	New description effective 1/1/2021
99214 AF	See 99214	DO MD	See 99214	\$144	See 99214	\$144	Face-to-face	
99215	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.	PMHNP PA ND	40 minutes Rounding time 34+ minutes	\$177	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$177	Face-to-face	New description effective 1/1/2021
99215 AF	See 99215	DO MD	See 99215	\$233	See 99215	\$233	Face-to-face	
99251 AF	Initial Inpatient Consult - 20 minute duration	DO MD	20 minutes Rounding time 16-25 minutes	\$108	No	No out of facility rate	Face-to-face	
99252 AF	Initial Inpatient Consult - 40 minute duration	DO MD	40 minutes Rounding time 36-45 minutes	\$216	No	No out of facility rate	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99253 AF	Initial Inpatient Consult - 55 minute duration	DO MD	55 minutes Rounding time: 51-30 minutes	\$325	No	No out of facility rate	Face-to-face	
99324	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A problem focused history; - A problem focused examination; and - Medical decision making of straight-forward complexity OR 20 minute duration.	PMHNP PA ND	20 minutes Rounding time: 16 to 25 minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$116	Face-to-face	
99324 AF	See 99324	DO MD	See 99324	No in facility rate	See 99324	\$151	Face-to-face	
99325	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - An expanded problem focused history; - An expanded problem focused examination; and - Medical decision making of low complexity OR 30 minute duration.	PMHNP PA ND	30 minutes Rounding time: 26-38 minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$174	Face-to-face	
99325 AF	See 99325	DO MD	See 99325	No in facility rate	See 99325	\$126	Face-to-face	
99326	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 45 minute duration.	PMHNP PA ND	45 minutes Rounding time: 39 - 53 minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$261	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99326 AF	See 99326	DO MD	See 99326	No in facility rate	See 99326	\$339	Face-to-face	
99327	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate complexity OR 60 minute duration.	PMHNP PA ND	60 minutes Rounding time: 54-68 minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$348	Face-to-face	
99327 AF	See 99327	DO MD	See 99327	No in facility rate	See 99327	\$453	Face-to-face	
99328	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of high complexity OR 75 minute duration.	PMHNP PA ND	75 minutes Rounding time: 69+ minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$434	Face-to-face	
99328 AF	See 99328	DO MD	See 99328	No in facility rate	See 99328	\$568	Face-to-face	
99334	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A problem-focused history; - A problem-focused examination; and - Medical decision making of straight-forward complexity OR 15 minute duration.	PMHNP PA ND	15 minutes Rounding time: 14-20 minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$87	Face-to-face	
99334 AF	See 99334	DO MD	See 99334	No in facility rate	See 99334	\$113	Face-to-face	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99335	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 25 minute duration.	PMHNP PA ND	25 minutes Rounding time: 21-33 minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$144	Face-to-face	
99335 AF	See 99335	DO MD	See 99335	No in facility rate	See 99335	\$188	Face-to-face	
99336	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 40 minute duration.	PMHNP PA ND	40 minutes Rounding time: 34-49 minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$232	Face-to-face	
99336 AF	See 99336	DO MD	See 99336	No in facility rate	See 99336	\$299	Face-to-face	
99337	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate to high complexity OR 60 minute duration.	PMHNP PA ND	60 minutes Rounding time: 50+ minutes	No in facility rate	Yes (Place of service 33 and 4 only)	\$348	Face-to-face	
99337 AF	See 99337	DO MD	See 99337	No in facility rate	See 99337	\$453	Face-to-face	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A problem focused history; - A problem focused examination; and - Medical decision making of straight-forward complexity OR 20 minute duration.	PMHNP PA ND	20 minutes Rounding time: 16 to 25 minutes	No in facility rate	Yes	\$116	Face-to-face	
99341 AF	See 99341	DO MD	See 99341	No in facility rate	See 99341	\$151	Face-to-face	
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 30 minute duration.	PMHNP PA ND	30 minutes Rounding time: 26-38 minutes	No in facility rate	Yes	\$174	Face-to-face	
99342 AF	See 99342	DO MD	See 99342	No in facility rate	See 99342	\$226	Face-to-face	
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 45 minute duration.	PMHNP PA ND	45 minutes Rounding time: 39-53 minutes	No in facility rate	Yes	\$261	Face-to-face	
99343 AF	See 99343	DO MD	See 99343	No in facility rate	See 99343	\$339	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate complexity OR 60 minute duration.	PMHNP PA ND	60 minutes Rounding time: 54-68 minutes	No in facility rate	Yes	\$348	Face-to-face	
99344 AF	See 99344	DO MD	See 99344	No in facility rate	See 99344	\$453	Face-to-face	
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of high complexity OR 75 minute duration.	PMHNP PA ND	75 minutes Rounding time: 69+ minutes	No in facility rate	Yes	\$434	Face-to-face	
99345 AF	See 99345	DO MD	See 99345	No in facility rate	See 99345	\$565	Face-to-face	
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A problem-focused history; - A problem-focused examination; and - Medical decision making of straight-forward complexity OR 15 minute duration.	PMHNP PA ND	15 minutes Rounding time: 14-20 minutes	No in facility rate	Yes	\$87	Face-to-face	
99347 AF	See 99347	DO MD	See 99347	No in facility rate	See 99347	\$113	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 25 minute duration.	PMHNP PA ND	25 minutes Rounding time: 21-33 minutes	No in facility rate	Yes	\$144	Face-to-face	
99348 AF	See 99348	DO MD	See 99348	No in facility rate	See 99348	\$188	Face-to-face	
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 40 minute duration.	PMHNP PA ND	40 minutes Rounding time: 34-49 minutes	No in facility rate	Yes	\$232	Face-to-face	
99349 AF	See 99349	DO MD	See 99349	No in facility rate	See 99349	\$299	Face-to-face	
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate to high complexity OR 60 minute duration.	PMHNP PA ND	60 minutes Rounding time: 50+ minutes	No in facility rate	Yes	\$348	Face-to-face	
99350 AF	See 99350	DO MD	See 99350	No in facility rate	See 99350	\$453	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to eligible codes).	DO MD ND PA PMHNP	60 minutes Rounding time: 30-74 minutes	\$92	No	\$92	Face-to-face	99354 can be used in conjunction with 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483.
99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to 99354).	DO MD ND PA PMHNP	30 minutes Rounding time: 15-30 minutes	\$69	No	\$69	Face-to-face	
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service).	DO MD ND PA PMHNP	60 minutes Rounding time: 30-74 minutes	\$65	No	No out of facility rate	Face-to-face	99356 can be used in conjunction with 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to 99356).	DO MD ND PA PMHNP	30 minutes Rounding time: 15-30 minutes	\$66	No	No out of facility rate	Face-to-face	
99366	Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more.	LMP Psychologist	30 minutes	\$25	No	\$25	Face-to-face	
99368	Medical team conference with nonphysician health care professionals, 30 minutes or more.	LMP Psychologist	30 minutes	\$22	No	\$22	Face-to-face	
99407	Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes.	QMHA QMHP Mental health intern Licensed QMHP CADC	Per occurrence	\$25	Yes	\$33	Face-to-face	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour.	PMHNP PA ND	60 minutes Rounding time: 30-74 minutes	\$8	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$8	Face-to-face	
99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to 99415).	PMHNP PA ND	30 minutes Rounding time: 15-30 minutes	\$4	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$4	Face-to-face	
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215).	DO MD ND PA PMHNP	15 minutes	\$35	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$35	Face-to-face	New code effective 1/1/2021
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.	PMHNP PA ND	5-10 minutes	\$44	No	No out of facility	Telehealth	
99421 AF	See 99421	DO MD	5-10 minutes	\$58	No	No out of facility	Telehealth	
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.	PMHNP PA ND	11-20 minutes	\$88	No	No out of facility	Telehealth	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
99422 AF	See 99422	DO MD	11-20 minutes	\$116	No	No out of facility	Telehealth	
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.	PMHNP PA ND	21+ minutes	\$133	No	No out of facility	Telehealth	
99423 AF	See 99423	DO MD	21+ minutes	\$174	No	No out of facility	Telehealth	
99441	Telephone evaluation and management service by a physician or other qualified health care professional to an established patient, parent or guardian, 5-10 minutes of medical discussion.	PMHNP PA ND	Per occurrence	\$44	No	No out of facility	Telephone	
99441 AF	See 99441	DO MD	Per occurrence	\$58	No	No out of facility	Telephone	
99442	See 99441 for details; 11-20 minutes of medical discussion.	PMHNP PA ND	Per occurrence	\$89	No	No out of facility	Telephone	
99442 AF	See 99442	DO MD	Per occurrence	\$117	No	No out of facility	Telephone	
99443	See 99441 for details; 21-30 minutes of medical discussion.	PMHNP PA ND	Per occurrence	\$134	No	No out of facility	Telephone	
99443 AF	See 99443	DO MD	Per occurrence	\$174	No	No out of facility	Telephone	
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more).	Licensed QMHP Mental health intern QMHP QMHA	Per occurrence	\$74	Yes	\$96	Face-to-face	
G0176 HQ	Activity therapy, Group	See G0176	See G0176	\$25	Yes	\$33	Face-to-face	
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more).	Licensed QMHP Mental health intern QMHP QMHA Peer support specialist	Per occurrence	\$74	Yes	\$96	Face-to-face	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
G0177 HQ	Training and educational services, Group	See G0177	See G0177	\$25	Yes	\$33	Face-to-face	
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician/QHP who can report E/M services, provided to an established patient, 5-10 minutes of medical discussion.	Licensed QMHP QMHP Mental health intern (RN- see tips and guidelines)	5-10 minutes	\$23	No	No out of facility	Telehealth	# 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.
G2012 AF	See G2012	DP MD	5-10 minutes	\$58	No	No out of facility	Telehealth	
G2012 AS	See G2012	PMHNP PA ND	5-10 minutes	\$44	No	No out of facility	Telehealth	
H0004	Behavioral Health Counseling and Therapy	QMHP Licensed QMHP Mental health intern (RN - See tips and guidelines)	Per 15 minutes	\$33	Yes	\$43	Face-to-face or telephone	# 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.
H0004 AF	See H0004	DO MD	Per 15 minutes	\$81	Yes	\$105	Face-to-face or telephone	See H0004
H0004 AS	See H0004	PMHNP PA ND	Per 15 minutes	\$63	Yes	\$82	Face-to-face or telephone	See H0004
H0004 HN	See H0004	QMHA	Per 15 minutes	\$25	Yes	\$33	Face-to-face or telephone	Incredible Years parenting programs only. For follow-up telephone counseling delivered by the QMHA as part of the fidelity model. QMHAs use 90849 22 when they are the second staff member in a multi-family psychotherapy group.
H0019	Behavioral Health, Long Term, Residential Services (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, Per diem.	N/A	Per diem	\$680	No	No out of facility	Face-to-face	
H0031	Mental Health Assessment, by non-physician.	QMHP Mental health intern	Per occurrence	\$130	Yes	\$169	Face-to-face	Does not require above the line diagnosis.
H0031 GO	See H0031	OT	Per occurrence	\$154	Yes	\$200	Face-to-face	See H0031

Non-Contracted MH Fee Schedule

Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
H0032	Mental health service plan development by non-physician.	Licensed QMHP QMHP Mental health intern	Per occurrence	\$118	Yes	\$153	Face-to-face	
H0034	Medication Training and Support	Licensed QMHP QMHP Mental health intern QMHA (RN - See tips and guidelines)	Per 15 minutes	\$30	Yes	\$39	Face-to-face or telephone	# 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.
H0035	Partial Hospitalization	N/A	Per diem	Variable	No	N/A	Face-to-face	
H0036	Community Psychiatric Supportive Treatment	Licensed QMHP QMHP Mental health intern QMHA	Per 15 minutes	\$6	No	\$6	Face-to-face	
H0037	Community psychiatric supportive treatment program, Per diem.	NA	Per diem	\$360	No	No out of facility	Face-to-face	
H0038	Self-help/peer services, Individual.	Peer support specialist	Per 15 minutes	\$22	Yes	\$29	Face-to-face or telephone	#
H0038 HQ	Self-help/peer services, Group	See H0038	Per occurrence	\$22	Yes	\$29	Face-to-face	
H0045	Respite care services, not in the home, Per diem.	N/A	Per diem	\$292	No	No out of facility	Face-to-face	
H2000	Comprehensive multidisciplinary evaluation with Child and Adolescent Needs Survey (CANS)	QMHA QMHP Mental health intern Licensed QMHP	Per occurrence	\$130	No	\$130	Face-to-face or telephone* (*Telephone allowed for 0-12 months only)	Does not require above the line diagnosis.
H2000 TG	Comprehensive multidisciplinary evaluation with Child and Adolescent Needs Survey (CANS) by non-physician.	QMHP Mental health intern Licensed QMHP	Per occurrence	\$260	Yes	\$338	Face-to-face	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
H2010	Comprehensive Medication Services	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$37	Yes	\$49	Face-to-face or telephone	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.
H2011	Crisis intervention services	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$40	Yes	\$52	Face-to-face or telephone	#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.
H2011 HN	See H2011	QMHA	Per 15 minutes	\$34	Yes	\$44	Face-to-face or telephone	See H2011
H2012	Behavioral health day treatment, per hour.	N/A	Per hour to a maximum of four per day	\$90	No	No out of facility	Face-to-face	Agency NPI may be noted as the provider on H2012 claims.
H2013	Psychiatric health facility service, Per diem.	N/A	Per diem	\$820	No	No out of facility	Face-to-face	
H2014	Skills training and development, individual.	QMHA QMHP Mental health intern Licensed QMHP Peer support specialist	Per 15 minutes	\$25	Yes	\$33	Face-to-face or telephone	#
H2014 HQ	Skills training and development, group	See H2014	Per 15 minutes	\$6	Yes	\$8	Face-to-face or telephone	#
H2021	Community based wraparound services	QMHA QMHP Mental health intern Licensed QMHP	Per 15 minutes	\$25	Yes	\$33	Face-to-face or telephone	#
H2023	Supported employment	QMHA QMHP Mental health intern Licensed QMHP	Per 15 minutes	\$25	Yes	\$33	Face-to-face or telephone	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
H2027	Psychoeducational Services, individual	QMHA QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and tuidelines)	Per 15 minutes	\$33	Yes	\$43	Face-to-face or telephone	# 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.
H2027 HQ	Psychoeducational Services, group	QMHA QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and tuidelines)	Per 15 minutes	\$8	Yes	\$10	Face-to-face	# 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.
H2032	Activity therapy, individual	Licensed QMHP Mental health intern QMHP QMHA	Per 15 minutes	\$25	Yes	\$33	Face-to-face	
H2032 HQ	Activity therapy, group	See H2032	See H2032	\$6	Yes	\$8	See H2032	
Inpatient	Acute inpatient psychiatric care, all-inclusive	N/A	Per diem	\$945	No	No out of facility	Face-to-face	
Q3014	Telehealth originating site facility fee	All	Per occurrence	\$21	No	No out of facility	Face-to-face	Facility provides in-person assistance accessing telehealth services.
S9453	Smoking cessation classes, non-physician provider.	QMHA QMHP Mental health intern Licensed QMHP CADC	Per occurrence	\$24	Yes	\$31	Face-to-face	
S9480	Intensive Outpatient	N/A	Per diem	Variable	No	N/A	Face-to-face	

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
T1005	Respite Care Services	QMHA QMHP Mental health intern Licensed QMHP	Per 15 minutes	N/A	Yes	\$25	Face-to-face	Travel time is factored into the rate and may not be billed under a separate code.
T1016	Case Management	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$33	Yes	\$43	Face-to-face or telephone	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.
T1016 HN	See T1016	QMHA Peer support specialist	Per 15 minutes	\$25	Yes	\$33	See T1016	See T1016
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol.	QMHP Mental health intern	Per occurrence	\$96	Yes	\$125	Face-to-face	Does not require above the line diagnosis.
T1023 HN	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter.	QMHA	Per occurrence	\$75	Yes	\$98	Face-to-face	Does not require above the line diagnosis.

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Code	Service	Permissible staff	Time/units	Base rate	Higher rate	Mode limitations	CareOregon service criteria	Service criteria
Non-billable 90899 code								
90899 15	Unlisted Service and Procedure Extended Outreach Support	All	Per occurrence 15 or more minutes	\$28	No	No	No Limitation	<p>Non-billable code for submission as encounter only and should be used for medically necessary purposes. This code is not intended to track or measure staff productivity. Use this code only when a billable code is not available. This code is not paired with the Prioritized List and is to be used only by clinical staff (i.e. QMHA, QMHP, Licensed QMHP, CADC, OT, RN, PMHNP, PA, MD, and Peer support specialists). A corresponding service note for each billed encounter must be present from each person participating in the service. At a minimum, a provisional diagnosis must be given to be able to bill these codes. State approved paired diagnosis and those found on the State's diagnostic workup file are eligible for use.</p> <p>This code should be used when more than one provider is present for a service OR when you have travelled to see a client in the community and they are not there. Examples would include a QMHP attending a psychiatric appointment with client, or when more than one staff provides a service for safety reasons. Clinical documentation must demonstrate total duration of service/travel time.</p> <p>PH TECH Note: Code not to be sent to state for encounter purposes.</p>
90899 30			Per occurrence 30 or more minutes	\$56	No	No		
90899 60			Per occurrence 60 or more minutes	\$112	No	No		

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Place of service codes			Modifiers	
02	Telehealth	33	Custodial care facility	22 - Approved Evidence Based Practice Rate
03	School	34	Hospice	AF - MD
04	Homeless shelter	50	Federally qualified health center	AS - Psychiatric Mental Health Nurse Practitioner OR Physician Assistant
11	Office	51	Inpatient psychiatric facility	CC - Client Coordination non-billable service
12	Home	52	Psychiatric hospital partial hospitalization	GT - Via interactive simultaneous audio and telecommunications systems
15	Mobile unit	53	Community mental health center	H9 - Court Ordered (for services related to court ordered diversion)
16	Temporary lodging	54	Intermediate care facility/mentally retarded	HE - Mental Health Program
20	Urgent care facility	55	Residential substance abuse	HN - QMHA: A bachelor's degree in a behavioral sciences field OR a combination of at least three years relevant work, education,
21	Inpatient hospital	56	Psychiatric residential treatment center	HQ - Group Service
22	Outpatient hospital	61	Comprehensive inpatient	UB - Services Provided in a School Based Health Center (Informational Modifier)
23	Emergency room-hospital	62	Comprehensive outpatient	TG - Complex/High Tech Level of Care
31	Skilled nursing facility	71	State or local public health center	^ = Mental health intern approved provider type for agencies holding a current Certificate of Approval. Please use Taxonomy Code: 390200000X: Student in an Organized Health Care Education/Training Program when submitting encounters.
32	Nursing facility	99	Other place of service	# = Service may be provided to a client's family member or care giver when the client is not present.