

# CareOregon MH fee schedule

## for mental health services provided to Health Share of Oregon members

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This fee schedule is applicable to non-contracted providers. For more information on billing out-of-network, please review our [Provider Guide to Billing Out-of-Network](https://careoregon.org/bhproviders) at [careoregon.org/bhproviders](https://careoregon.org/bhproviders)

Service Type	Code	Modifier	Service	Permissible staff^	Time/ units	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	00104		Anesthesia for ECT	N/A	Per occurrence	\$84	Face-to-face	
MH	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	Face-to-face	
MH	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	Face-to-face	
MH	90785		Interactive complexity (list separately in addition to the code for primary procedure)	LMP	Same as service provided	\$14	Face-to-face	
MH	90791		Psychiatric diagnostic evaluation	Licensed QMHP QMHP	Per occurrence	\$159	Face-to-face	Does not require above the line diagnosis
MH	90792		Psychiatric diagnostic evaluation with medical services	PMHNP PA ND	Per occurrence	\$266	Face-to-face	Does not require above the line diagnosis
MH	90792	AF	See 90792	DO MD	Per occurrence	\$348	Face-to-face	See 90792
MH	90832		Psychotherapy, 30 minutes with patient	Licensed QMHP QMHP	30 minutes Rounding time: 16-37 minutes	\$96	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
MH	90832	AF	See 90832	DO MD	30 minutes Rounding time: 16-37 minutes	\$154	Face-to-face	
MH	90832		See 90832	PMHNP PA ND	30 minutes Rounding time: 16-37 minutes	\$154	Face-to-face	
MH	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	Face-to-face	

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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	90834		Psychotherapy, 45 minutes with patient	Licensed QMHP QMHP	45 minutes Rounding time: 38-52 minutes	\$143	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
MH	90834	AF	See 90834	DO MD	45 minutes Rounding time: 38-52 minutes	\$231	Face-to-face	
MH	90834		See 90834	PMHNP PA ND	45 minutes Rounding time: 38-52 minutes	\$231	Face-to-face	
MH	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	Face-to-face	
MH	90837		Psychotherapy, 60 minutes with patient	Licensed QMHP QMHP	60 minutes Rounding time: 53+ minutes	\$173	Face-to-face	
MH	90837	AF	See 90837	DO MD	60 minutes Rounding time: 53+ minutes	\$306	Face-to-face	
MH	90837		See 90837	PMHNP PA ND	60 minutes Rounding time: 53+ minutes	\$306	Face-to-face	
MH	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	Face-to-face	
MH	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	\$162	Face-to-face	
MH	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	Face-to-face	

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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	90846		Family psychotherapy (without the patient present)	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$164	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
MH	90847		Family psychotherapy (with patient present)	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$193	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
MH	90849		Multiple-family group psychotherapy	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$65	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
MH	90849	22	Multiple-family group psychotherapy: Incredible Years	QMHP Mental Health Intern Licensed QMHP QMHA	Per occurrence	\$115	Face-to-face	# Code restricted to Incredible Years parenting sessions
MH	90853		Group psychotherapy (other than of a multiple-family group)	QMHP Mental Health Intern Licensed QMHP PMHNP PA ND DO MD	Per occurrence	\$55	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
MH	90853	22	Group psychotherapy: family sexual abuse treatment	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$115	Face-to-face	# Family sexual abuse treatment group only. May be used for both parent only and children only groups
MH	90867		Initial therapeutic repetitive Transcranial Magnetic Stimulation (TMS) treatment	DO MD PMHNP	Per occurrence	\$390	Face-to-face	
MH	90868		Therapeutic repetitive TMS treatment; subsequent delivery and management	DO MD PMHNP	Per occurrence	\$227	Face-to-face	
MH	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	Face-to-face	
MH	90870		Electroconvulsive therapy - facility	DO MD	Per occurrence	\$683	Face-to-face	Covers all relevant facility charges
MH	90870		Electroconvulsive therapy - professional fees	DO MD	Per occurrence	\$352	Face-to-face	Covers all relevant professional fees

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MH	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	\$75	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
MH	90882	HN	See 90882	QMHA	Per occurrence	\$75	Face-to-face or telephone	See 90882
MH	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	\$91	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
MH	96130		Psychological testing evaluation services, first hour	Psychologist	60 minutes	\$124	Face-to-face	
MH	96131		Psychological testing evaluation services, each additional hour	Psychologist	60 minutes	\$110	Face-to-face	
MH	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	Face-to-face	
MH	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	Face-to-face	
MH	96202		Multiple-family group psychotherapy	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$65	Face-to-face	

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MH	96203		Multiple-family group psychotherapy	QMHP Mental Health Intern Licensed QMHP QMHA	Per occurrence	\$17	Face-to-face	
MH	97151		Behavior identification assessment and plan of care, physician /QHP each 15 minutes	BCBA Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$35	Face-to-face	
MH	97152		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, each 15 minutes	BCBA BCaBA BAI Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$19	Face-to-face	
MH	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	BCBA BCaBA BAI Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$14	Face-to-face	
MH	97154		Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients, each 15 minutes	BCBA BCaBA BAI Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$12	Face-to-face	
MH	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	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$30	Face-to-face	

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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	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	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$30	Face-to-face	
MH	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	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$10	Face-to-face	
MH	97158		ABA - Group adaptive behavior treatment with protocol modification administered by physician or other QHP	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$10	Face-to-face	
MH	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	Telephone	
MH	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	Telephone	

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MH	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	Telephone	
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead  New description effective 1/1/2021
MH	99202	AF	See 99202	DO MD	See 99202	\$117	Face-to-face	
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	99203	AF	See 99203	DO MD	See 99203	\$174	Face-to-face	
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	99204	AF	See 99204	DO MD	See 99204	\$261	Face-to-face	

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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	99205	AF	See 99205	DO MD	See 99205	\$348	Face-to-face	
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	99212	AF	See 99212	DO MD	See 99212	\$58	Face-to-face	
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	99213	AF	See 99213	DO MD	See 99213	\$87	Face-to-face	
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	99214	AF	See 99214	DO MD	See 99214	\$144	Face-to-face	



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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	99215	AF	See 99215	DO MD	See 99215	\$233	Face-to-face	
MH	99222		Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	50 minutes	\$201	Face-to-face	Effective 11/1/22
MH	99222	AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	50 minutes	\$261	Face-to-face	Effective 11/1/22
MH	99223		Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	70 minutes	\$266	Face-to-face	Effective 11/1/22
MH	99223	AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	70 minutes	\$348	Face-to-face	Effective 11/1/22
MH	99252	AF	Initial inpatient consult - 40 minute duration	DO MD	40 minutes Rounding time: 36-45 minutes	\$216	Face-to-face	
MH	99253	AF	Initial inpatient consult - 55 minute duration	DO MD	55 minutes Rounding time: 51-30 minutes	\$325	Face-to-face	

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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	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: 16-25 minutes	\$116	Face-to-face	
MH	99341	AF	See 99341	DO MD	See 99341	\$151	Face-to-face	
MH	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	\$174	Face-to-face	
MH	99342	AF	See 99342	DO MD	See 99342	\$226	Face-to-face	
MH	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	\$348	Face-to-face	
MH	99344	AF	See 99344	DO MD	See 99344	\$453	Face-to-face	
MH	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	\$434	Face-to-face	
MH	99345	AF	See 99345	DO MD	See 99345	\$565	Face-to-face	

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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	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	\$87	Face-to-face	
MH	99347	AF	See 99347	DO MD	See 99347	\$113	Face-to-face	
MH	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	\$144	Face-to-face	
MH	99348	AF	See 99348	DO MD	See 99348	\$188	Face-to-face	
MH	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	\$232	Face-to-face	
MH	99349	AF	See 99349	DO MD	See 99349	\$299	Face-to-face	
MH	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	\$348	Face-to-face	

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Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	99350	AF	See 99350	DO MD	See 99350	\$453	Face-to-face	
MH	99358		Prolonged evaluation and management service before and/or after direct patient care; first hour	DO MD ND PA PMHNP	60 minutes Rounding time: 30-74 minutes	\$92	Non face-to-face	
MH	99359		Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes	DO MD ND PA PMHNP	30 minutes Rounding time: 15-30 minutes	\$69	Non face-to-face	
MH	99366		Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	30 minutes	\$35	Face-to-face	
MH	99368		Medical team conference with nonphysician health care professionals, 30 minutes or more	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	30 minutes	\$28	Face-to-face	
MH	99407		Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	QMHA QMHP Mental Health Intern Licensed QMHP CADC	Per occurrence	\$25	Face-to-face	
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead

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MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	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	Face-to-face	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
MH	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	Telehealth	
MH	99421	AF	See 99421	DO MD	5-10 minutes	\$58	Telehealth	
MH	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	Telehealth	
MH	99422	AF	See 99422	DO MD	11-20 minutes	\$116	Telehealth	
MH	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	Telehealth	
MH	99423	AF	See 99423	DO MD	21 + minutes	\$174	Telehealth	
MH	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	Telephone	
MH	99441	AF	See 99441	DO MD	Per occurrence	\$58	Telephone	

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MH	99442		See 99441 for details; 11-20 minutes of medical discussion	PMHNP PA ND	Per occurrence	\$89	Telephone	
MH	99442	AF	See 99442	DO MD	Per occurrence	\$117	Telephone	
MH	99443		See 99441 for details; 21-30 minutes of medical discussion	PMHNP PA ND	Per occurrence	\$134	Telephone	
MH	99443	AF	See 99443	DO MD	Per occurrence	\$174	Telephone	
MH	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	Face-to-face	
MH	G0176	HQ	Activity therapy, group	See G0176	See G0176	\$25	Face-to-face	
MH	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	Face-to-face	
MH	G0177	HQ	Training and educational services, group	See G0177	See G0177	\$25	Face-to-face	
MH	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	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
MH	G2012	AF	See G2012	DO MD	5-10 minutes	\$58	Telehealth	
MH	G2012		See G2012	PMHNP PA ND	5-10 minutes	\$44	Telehealth	
MH	G2025		Telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	PMHNP PA ND	Per occurrence	\$89	Telehealth	
MH	G2025	AF	see G2025	DO MD	Per occurrence	\$117	Telehealth	

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MH	H0004		Behavioral health counseling and therapy	QMHP Licensed QMHP Mental Health Intern (RN - See tips and guidelines)	Per 15 minutes	\$38	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
MH	H0004	AF	See H0004	DO MD	Per 15 minutes	\$81	Face-to-face or telephone	See H0004
MH	H0004		See H0004	PMHNP PA ND	Per 15 minutes	\$63	Face-to-face or telephone	See H0004
MH	H0004	HN	See H0004	QMHA	Per 15 minutes	\$38	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
MH	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	\$910	Face-to-face	
MH	H0031		Mental health assessment, by non-physician	QMHP Mental Health Intern	Per occurrence	\$130	Face-to-face	Does not require above the line diagnosis
MH	H0031	GO	See H0031	OT	Per occurrence	\$154	Face-to-face	See H0031
MH	H0032		Mental health service plan development by non-physician	Licensed QMHP QMHP Mental Health Intern	Per occurrence	\$147	Face-to-face	
MH	H0034		Medication training and support	Licensed QMHP QMHP Mental Health Intern QMHA (RN - See tips and guidelines)	Per 15 minutes	\$30	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
MH	H0035		Partial hospitalization	N/A	Per diem	Variable	Face-to-face	
MH	H0036		Community psychiatric supportive treatment	Licensed QMHP QMHP Mental Health Intern QMHA	Per 15 minutes	\$11	Face-to-face	
MH	H0037		Community psychiatric supportive treatment program, per diem	NA	Per diem	\$360	Face-to-face	
MH	H0038		Self-help/peer services, individual	Peer Support Specialist	Per 15 minutes	\$25	Face-to-face or telephone	#

CareOregon MH fee schedule - for mental health services provided to Health Share of Oregon members

Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	H0038	HQ	Self-help/peer services, group	See H0038	Per occurrence	\$25	Face-to-face	
MH	H0039		Assertive Community Treatment (ACT) per 15 minutes	LMP Peer Support Specialist QMHA QMHP (RN - See tips and guidelines)	Per 15 minutes	\$42	Face-to-face or telephone	Rate effective 2/1/22 This is a Fidelity Program, providers must qualify for Fidelity Program  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
MH	H0045		Respite care services, not in the home, per diem	N/A	Per diem	\$292	Face-to-face	
MH	H2000		Comprehensive multidisciplinary evaluation with Child and Adolescent Needs Survey (CANS)	QMHA QMHP Mental Health Intern Licensed QMHP	Per occurrence	\$130	Face-to-face or telephone* (*Telephone allowed for 0-12 months only)	Does not require above the line diagnosis
MH	H2000	TG	Comprehensive multidisciplinary evaluation with Child and Adolescent Needs Survey (CANS) by non-physician	QMHP Mental Health Intern Licensed QMHP	Per occurrence	\$260	Face-to-face	
MH	H2010		Comprehensive medication services	QMHP Mental Health Intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$37	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
MH	H2011		Crisis intervention services	QMHP Mental Health Intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$40	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
MH	H2011	HN	See H2011	QMHA	Per 15 minutes	\$39	Face-to-face or telephone	See H2011
MH	H2012		Behavioral health day treatment, per hour	N/A	Per hour to a maximum of four per day	\$90	Face-to-face	Agency NPI may be noted as the provider on H2012 claims



CareOregon MH fee schedule - for mental health services provided to Health Share of Oregon members

Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	H2013		Psychiatric health facility service, per diem	N/A	Per diem	\$1,105	Face-to-face	
MH	H2014		Skills training and development, individual	QMHA QMHP Mental Health Intern Licensed QMHP Peer Support Specialist	Per 15 minutes	\$25	Face-to-face or telephone	#
MH	H2014	HQ	Skills training and development, group	See H2014	Per 15 minutes	\$6	Face-to-face or telephone	#
MH	H2021		Community based wraparound services	QMHA QMHP Mental Health Intern Licensed QMHP	Per 15 minutes	\$28	Face-to-face or telephone	#
MH	H2023		Supported employment	QMHA QMHP Mental Health Intern Licensed QMHP	Per 15 minutes	\$25	Face-to-face or telephone	
MH	H2027		Psychoeducational services, individual	QMHA QMHP Mental Health Intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$33	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
MH	H2027	HQ	Psychoeducational services, group	QMHA QMHP Mental Health Intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$8	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
MH	H2032		Activity therapy, individual	Licensed QMHP Mental Health Intern QMHP QMHA	Per 15 minutes	\$25	Face-to-face	
MH	H2032	HQ	Activity therapy, group	See H2032	See H2032	\$6	See H2032	
MH	Inpatient		Acute inpatient psychiatric care, all-inclusive	N/A	Per diem	\$945	Face-to-face	

CareOregon MH fee schedule - for mental health services provided to Health Share of Oregon members

Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	Q3014		Telehealth originating site facility fee	All	Per occurrence	\$21	Face-to-face	Facility provides in-person assistance accessing telehealth services
MH	S9453		Smoking cessation classes, non-physician provider	QMHA QMHP Mental Health Intern Licensed QMHP CADC	Per occurrence	\$24	Face-to-face	
MH	S9480		Intensive outpatient	N/A	Per diem	Variable	Face-to-face	
MH	T1005		Respite care services	QMHA QMHP Mental Health Intern Licensed QMHP	Per 15 minutes	\$25	Face-to-face	Travel time is factored into the rate and may not be billed under a separate code
MH	T1016		Case management	QMHP Mental Health Intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$33	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
MH	T1016	HN	See T1016	QMHA Peer Support Specialist	Per 15 minutes	\$30	See T1016	See T1016
MH	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	\$100	Face-to-face	Does not require above the line diagnosis
MH	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	\$100	Face-to-face	Does not require above the line diagnosis

CareOregon MH fee schedule - for mental health services provided to Health Share of Oregon members

Service Type	Code	Modifier	Service	Permissible staff^	"Time/units"	Non-par rate per unit	Mode limitations	Service criteria/tips and guidelines
MH	90899		Unlisted Service and Procedure Extended Outreach Support	All	Per 15 minutes	\$28	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. 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.</p> <p>Clinical documentation must demonstrate total duration of service/travel time.</p> <p>2 units = 30 minutes, 4 units = 60 minutes. Maximum of 4 units</p>

**CareOregon fee schedule - Mental Health - for mental health services provided to Health Share of Oregon**

PLACE OF SERVICE CODES			MODIFIERS	
<b>02</b>	Telehealth provided other than in patient's home	<b>33</b>	Custodial care facility	22 - Approved evidence based practice rate
<b>03</b>	School	<b>34</b>	Hospice	AF - MD
<b>04</b>	Homeless shelter	<b>50</b>	Federally qualified health center	CC - Client coordination non-billable service
<b>10</b>	Telehealth provided in patient's home	<b>51</b>	Inpatient psychiatric facility	GT - Via interactive simultaneous audio and telecommunications systems
<b>11</b>	Office	<b>52</b>	Psychiatric hospital partial hospitalization	GO - Occupational Therapist
<b>12</b>	Home	<b>53</b>	Community mental health center	H9 - Court ordered (for services related to court ordered diversion)
<b>15</b>	Mobile unit	<b>54</b>	Intermediate care facility/mentally retarded	HE - Mental health program
<b>16</b>	Temporary lodging	<b>55</b>	Residential substance abuse treatment center	HH - Integrated co-occurring disorders (ICD) program, services rendered by QMHAs, peer support specialists and SUD treatment staff. ICD claims must contain at least 2 OHA ICD approved diagnoses
<b>20</b>	Urgent care facility	<b>56</b>	Psychiatric residential treatment center	HN - QMHA: A bachelor's degree in a behavioral sciences field OR a combination of at least three years relevant work, education, training or experience
<b>21</b>	Inpatient hospital	<b>61</b>	Comprehensive inpatient rehabilitation center	HO - Integrated co-occurring disorders (ICD) program, services rendered by QMHPs, LMPs, and mental health interns. ICD claims must contain at least 2 OHA ICD approved diagnoses
<b>22</b>	Outpatient hospital	<b>62</b>	Comprehensive outpatient rehabilitation center	HQ - Group service
<b>23</b>	Emergency room-hospital	<b>71</b>	State or local public health center	UB - Services provided in a school based health center (informational modifier)
<b>31</b>	Skilled nursing facility	<b>99</b>	Other place of service	TG - Complex/high tech level of care
<b>32</b>	Nursing facility			TN - Culturally and linguistically specific services for rural providers
				U9 - Culturally and linguistically specific services for non-rural providers

^ = 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.

# = Service may be provided to a client's family member or care giver when the client is not 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, 90849 22, 90853 22, 90882, 90882 HN, 90887, G0176, G0176 GO, G0176 HQ, G0177, G0177 HQ , and S9480

**MEDICAID ENROLLMENT/DMAP NOTE:** All clinicians providing MH services must be enrolled in Oregon Medicaid as a MH provider type in order to be reimbursed for MH services rendered

**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

# CareOregon SUD Fee Schedule

for substance use disorder services provided to Health Share of Oregon members

Last published 09/22/2023

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 at [careoregon.org/bhproviders](https://careoregon.org/bhproviders)

Service type	Code	Required modifier	Service	Permissible staff <sup>^</sup>	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	90791	HF	Psychiatric diagnostic evaluation	CADC Candidate CADC	Per occurrence	\$140	Face-to-face	Does not require above the line diagnosis
<b>SUD</b>	90791	HG	Psychiatric diagnostic evaluation	CADC Candidate CADC	Per occurrence	\$140	Face-to-face	Does not require above the line diagnosis
<b>SUD</b>	90832	HF	Psychotherapy, 30 minutes with patient	CADC Candidate CADC	30 minutes Rounding time: 16-37 minutes	\$66	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
<b>SUD</b>	90832	HG	Psychotherapy, 30 minutes with patient	CADC Candidate CADC	30 minutes Rounding time: 16-37 minutes	\$66	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
<b>SUD</b>	90834	HF	Psychotherapy, 45 minutes with patient	CADC Candidate CADC	45 minutes Rounding time: 38- 52 minutes	\$99	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
<b>SUD</b>	90834	HG	Psychotherapy, 45 minutes with patient	CADC Candidate CADC	45 minutes Rounding time: 38- 52 minutes	\$99	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
<b>SUD</b>	90837	HF	Psychotherapy, 60 minutes with patient	CADC Candidate CADC	60 minutes Rounding time: 53+ minutes	\$130	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
<b>SUD</b>	90837	HG	Psychotherapy, 60 minutes with patient	CADC Candidate CADC	60 minutes Rounding time: 53+ minutes	\$130	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
<b>SUD</b>	90846	HF	Family psychotherapy (without the patient present)	CADC Candidate CADC	Per occurrence	\$130	Face-to-face	
<b>SUD</b>	90846	HG	Family psychotherapy (without the patient present)	CADC Candidate CADC	Per occurrence	\$130	Face-to-face	
<b>SUD</b>	90847	HF	Family psychotherapy (with patient present)	CADC Candidate CADC	Per occurrence	\$130	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

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	90847	HG	Family psychotherapy (with patient present)	CADC Candidate CADC	Per occurrence	\$130	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
SUD	90853	HF	Group psychotherapy (other than of a multiple-family group)	CADC Candidate CADC	Per occurrence	\$40	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
SUD	90853	HG	Group psychotherapy (other than of a multiple-family group)	CADC Candidate CADC	Per occurrence	\$40	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
SUD	99358	HF	Prolonged evaluation and management service before and/or after direct patient care; first hour	CADC Candidate CADC	60 Minutes Rounding time: 30-74 minutes	\$93	Non face-to-face	
SUD	99358	HG	Prolonged evaluation and management service before and/or after direct patient care; first hour	CADC Candidate CADC	60 Minutes Rounding time: 30-74 minutes	\$93	Non face-to-face	
SUD	99359	HF	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes	CADC Candidate CADC	30 minutes Rounding time: 15-30 minutes	\$69	Non face-to-face	
SUD	99359	HG	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes	CADC Candidate CADC	30 minutes Rounding time: 15-30 minutes	\$69	Non face-to-face	
SUD	90849	HF	Multiple-family group psychotherapy	CADC Candidate CADC	Per occurrence	\$65	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
SUD	90849	HG	Multiple-family group psychotherapy	CADC Candidate CADC	Per occurrence	\$65	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
SUD	90887	HF	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	\$91	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

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	90887	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	\$91	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
<b>SUD</b>	97810	HF	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	\$20	Face-to-face	
<b>SUD</b>	97810	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	\$20	Face-to-face	
<b>SUD</b>	97811	HF	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	\$10	Face-to-face	
<b>SUD</b>	97811	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	\$10	Face-to-face	
<b>SUD</b>	97813	HF	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	\$20	Face-to-face	
<b>SUD</b>	97813	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	\$20	Face-to-face	
<b>SUD</b>	97814	HF	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	\$10	Face-to-face	
<b>SUD</b>	97814	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	\$10	Face-to-face	

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	98966	HF	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	Telephone	
SUD	98966	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	Telephone	
SUD	98967	HF	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	Telephone	
SUD	98967	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	Telephone	



CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	98968	HF	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	Telephone	
SUD	98968	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	Telephone	
SUD	99202	HF	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	Face-to-face, telehealth	
SUD	99202	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	Face-to-face, telehealth	
SUD	99202	HF + AF	See 99202 HF/HG	MD** DO**	See 99202 HF/HG	\$117	Face-to-face, telehealth	
SUD	99202	HG + AF	See 99202 HF/HG	MD** DO**	See 99202 HF/HG	\$117	Face-to-face, telehealth	

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	99203	HF	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	Face-to-face, telehealth	
SUD	99203	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	Face-to-face, telehealth	
SUD	99203	HF + AF	See 99203 HF/HG	MD** DO**	See 99203 HF/HG	\$174	See 99203 HF/HG	
SUD	99203	HG + AF	See 99203 HF/HG	MD** DO**	See 99203 HF/HG	\$174	See 99203 HF/HG	
SUD	99204	HF	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	Face-to-face, telehealth	
SUD	99204	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	Face-to-face, telehealth	
SUD	99204	HF + AF	See 99204 HF/HG	MD** DO**	See 99204 HF/HG	\$261	See 99204 HF/HG	
SUD	99204	HG + AF	See 99204 HF/HG	MD** DO**	See 99204 HF/HG	\$261	See 99204 HF/HG	

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	99205	HF	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	Face-to-face, telehealth	
SUD	99205	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	Face-to-face, telehealth	
SUD	99205	HF + AF	See 99205 HF/HG	MD** DO**	See 99205 HF/HG	\$348	See 99205 HF/HG	
SUD	99205	HG + AF	See 99205 HF/HG	MD** DO**	See 99205 HF/HG	\$348	See 99205 HF/HG	
SUD	99211	HF	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	\$21	Face-to-face, telehealth	
SUD	99211	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	\$21	Face-to-face, telehealth	
SUD	99211	HF + AF	See 99211 HF/HG	MD** DO**	See 99211 HF/HG	\$21	See 99211 HF/HG	
SUD	99211	HG + AF	See 99211 HF/HG	MD** DO**	See 99211 HF/HG	\$21	See 99211 HF/HG	
SUD	99212	HF	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	Face-to-face, telehealth	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	99212	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	Face-to-face, telehealth	
<b>SUD</b>	99212	HF + AF	See 99212 HF/HG	MD** DO**	See 99212 HF/HG	\$58	See 99212 HF/HG	
<b>SUD</b>	99212	HG + AF	See 99212 HF/HG	MD** DO**	See 99212 HF/HG	\$58	See 99212 HF/HG	
<b>SUD</b>	99213	HF	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	Face-to-face, telehealth	
<b>SUD</b>	99213	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	Face-to-face, telehealth	
<b>SUD</b>	99213	HF + AF	See 99213 HF/HG	MD** DO**	See 99213 HF/HG	\$87	See 99213 HF/HG	
<b>SUD</b>	99213	HG + AF	See 99213 HF/HG	MD** DO**	See 99213 HF/HG	\$87	See 99213 HF/HG	
<b>SUD</b>	99214	HF	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	Face-to-face, telehealth	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	99214	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	Face-to-face, telehealth	
SUD	99214	HF + AF	See 99214 HF/HG	MD** DO**	See 99214 HF/HG	\$144	See 99214 HF/HG	
SUD	99214	HG + AF	See 99214 HF/HG	MD** DO**	See 99214 HF/HG	\$144	See 99214 HF/HG	
SUD	99215	HF	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	Face-to-face, telehealth	
SUD	99215	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	Face-to-face, telehealth	
SUD	99215	HF + AF	See 99215 HF/HG	MD** DO**	See 99215 HF/HG	\$233	See 99215 HF/HG	
SUD	99215	HG + AF	See 99215 HF/HG	MD** DO**	See 99215 HF/HG	\$233	See 99215 HF/HG	
SUD	99222	HF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	50 minutes	\$201	Face-to-face	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	99222	HG	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	50 minutes	\$201	Face-to-face	
SUD	99222	HF + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	50 minutes	\$261	Face-to-face	
SUD	99222	HG + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	50 minutes	\$261	Face-to-face	
SUD	99223	HF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	70 minutes	\$266	Face-to-face	
SUD	99223	HG	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	70 minutes	\$266	Face-to-face	
SUD	99223	HF + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	70 minutes	\$348	Face-to-face	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	99223	HG + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	70 minutes	\$348	Face-to-face	
SUD	99415	HF	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	\$8	Face-to-face, telehealth	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
SUD	99415	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	\$8	Face-to-face, telehealth	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
SUD	99416	HF	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	\$4	Face-to-face, telehealth	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
SUD	99416	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	\$4	Face-to-face, telehealth	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
SUD	99417	HF	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	\$35	Face-to-face, telehealth	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	99417	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	\$35	Face-to-face, telehealth	Will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead
<b>SUD</b>	99421	HF	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	Telehealth	
<b>SUD</b>	99421	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	Telehealth	
<b>SUD</b>	99421	HF + AF	See 99421	MD** DO**	5-10 minutes	\$58	Telehealth	
<b>SUD</b>	99421	HG + AF	See 99421	MD** DO**	5-10 minutes	\$58	Telehealth	
<b>SUD</b>	99422	HF	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	Telehealth	
<b>SUD</b>	99422	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	Telehealth	
<b>SUD</b>	99422	HF + AF	See 99422	MD** DO**	11-20 minutes	\$116	Telehealth	
<b>SUD</b>	99422	HG + AF	See 99422	MD** DO**	11-20 minutes	\$116	Telehealth	
<b>SUD</b>	99423	HF	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	Telehealth	
<b>SUD</b>	99423	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	Telehealth	



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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	99423	HF + AF	See 99423	MD** DO**	21+ minutes	\$174	Telehealth	
SUD	99423	HG + AF	See 99423	MD** DO**	21+ minutes	\$174	Telehealth	
SUD	99441	HF	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	Telephone	
SUD	99441	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	Telephone	
SUD	99441	HF + AF	See 99441 HF/HG	MD** DO**	5-10 minutes	\$58	Telephone	
SUD	99441	HG + AF	See 99441 HF/HG	MD** DO**	5-10 minutes	\$58	Telephone	
SUD	99442	HF	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	Telephone	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	99442	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	Telephone	
<b>SUD</b>	99442	HF + AF	See 99442 HF/HG	MD** DO**	11-20 minutes	\$116	Telephone	
<b>SUD</b>	99442	HG + AF	See 99442 HF/HG	MD** DO**	11-20 minutes	\$116	Telephone	
<b>SUD</b>	99443	HF	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	Telephone	
<b>SUD</b>	99443	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	Telephone	
<b>SUD</b>	99443	HF + AF	See 99443	MD** DO**	21+ minutes	\$174	Telephone	
<b>SUD</b>	99443	HG + AF	See 99443	MD** DO**	21+ minutes	\$174	Telephone	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	G2012	HF	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	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
<b>SUD</b>	G2012	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	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
<b>SUD</b>	G2012	HF + AF	See G2012 HF/HG	DO MD	5-10 minutes	\$58	Telehealth	
<b>SUD</b>	G2012	HG + AF	See G2012 HF/HG	DO MD	5-10 minutes	\$58	Telehealth	
<b>SUD</b>	G2012	HF	See G2012 HF/HG	PMHNP PA ND	5-10 minutes	\$44	Telehealth	
<b>SUD</b>	G2012	HG	See G2012 HF/HG	PMHNP PA ND	5-10 minutes	\$44	Telehealth	
<b>SUD</b>	G2025	HF	Telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	PA** NP** ND	Per occurrence	\$88	Telehealth	
<b>SUD</b>	G2025	HG	Telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	PA** NP** ND	Per occurrence	\$88	Telehealth	
<b>SUD</b>	G2025	HF + AF	See G2025	MD** DO**	Per occurrence	\$116	Telehealth	
<b>SUD</b>	G2025	HG + AF	See G2025	MD** DO**	Per occurrence	\$116	Telehealth	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	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	Face-to-face	
SUD	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	\$256	Face-to-face	
SUD	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	\$1,821	Face-to-face	
SUD	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	\$4,961	Face-to-face	
SUD	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	\$434	Face-to-face	
SUD	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	\$5,183	Face-to-face	
SUD	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	\$1,411	Face-to-face	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	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	\$164	Face-to-face	
<b>SUD</b>	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	\$182	Face-to-face	
<b>SUD</b>	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	\$112	Face-to-face	
<b>SUD</b>	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	\$38	Face-to-face	
<b>SUD</b>	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	\$79	Face-to-face	
<b>SUD</b>	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	\$32	Face-to-face	
<b>SUD</b>	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	\$395	Face-to-face	

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SUD	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	\$352	Face-to-face	
SUD	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	\$67	Face-to-face	
SUD	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	\$93	Face-to-face	
SUD	G9012	HF	Other specified case management service not elsewhere classified	CADC Candidate CADC CRM* PSS* PWS*	Per occurrence	\$128	Face-to-face or telephone	This code is to be used by residential providers only at time of discharge for transition to lower level of care. Coverage is limited to one unit per person per discharge
SUD	G9012	HG	Other specified case management service not elsewhere classified	CADC Candidate CADC CRM* PSS* PWS*	Per occurrence	\$128	Face-to-face or telephone	This code is to be used by residential providers only at time of discharge for transition to lower level of care. Coverage is limited to one unit per person per discharge
SUD	H0001	HF	Alcohol and/or drug assessment	CADC Candidate CADC	Per occurrence	\$215	Face-to-face	Does not require above the line diagnosis
SUD	H0001	HG	Alcohol and/or drug assessment	CADC Candidate CADC	Per occurrence	\$215	Face-to-face	Does not require above the line diagnosis
SUD	H0002	HF	Behavioral health screening to determine eligibility for admission to treatment program(s)	CADC Candidate CADC	Per occurrence	\$44	Face-to-face	
SUD	H0002	HG	Behavioral health screening to determine eligibility for admission to treatment program(s)	CADC Candidate CADC	Per occurrence	\$44	Face-to-face	
SUD	H0004	HF	Behavioral health counseling and therapy, per 15 minutes	CADC Candidate CADC	Per 15 minutes	\$38	Face-to-face	
SUD	H0004	HG	Behavioral health counseling and therapy, per 15 minutes	CADC Candidate CADC	Per 15 minutes	\$38	Face-to-face	
SUD	H0005	HF	Alcohol and/or drug services; group counseling by a clinician	CADC Candidate CADC	Per occurrence	\$55	Face-to-face	
SUD	H0005	HG	Alcohol and/or drug services; group counseling by a clinician	CADC Candidate CADC	Per occurrence	\$55	Face-to-face	

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SUD	H0006	HF	Alcohol and/or drug services; case management	CADC Candidate CADC	Per 15 minutes	\$33	Face-to-face or telephone	
SUD	H0006	HG	Alcohol and/or drug services; case management	CADC Candidate CADC	Per 15 minutes	\$33	Face-to-face or telephone	
SUD	H0006	HF + HN	Alcohol and/or drug services; case management	CRM* PSS* PWS*	Per 15 minutes	\$25	Face-to-face or telephone	
SUD	H0006	HG + HN	Alcohol and/or drug services; case management	CRM* PSS* PWS*	Per 15 minutes	\$25	Face-to-face or telephone	
SUD	H0010	HF	Alcohol/drug services; sub-acute, medically monitored detoxification	AMH substance use disorder program licensure	Per diem	\$891	Face-to-face	
SUD	H0010	HG	Alcohol/drug services; sub-acute, medically monitored detoxification	AMH substance use disorder program licensure	Per diem	\$891	Face-to-face	
SUD	H0011	HF	Alcohol/drug services; acute, medically monitored detoxification	AMH substance use disorder program licensure	Per diem	\$891	Face-to-face	
SUD	H0011	HG	Alcohol/drug services; acute, medically monitored detoxification	AMH substance use disorder program licensure	Per diem	\$891	Face-to-face	
SUD	H0012	HF	Alcohol/drug services; sub-acute, clinically managed detoxification	AMH substance use disorder program licensure	Per diem	\$189	Face-to-face	
SUD	H0012	HG	Alcohol/drug services; sub-acute, clinically managed detoxification	AMH substance use disorder program licensure	Per diem	\$189	Face-to-face	
SUD	H0013	HF	Alcohol/drug services; acute, clinically managed detoxification	AMH substance use disorder program licensure	Per diem	\$189	Face-to-face	
SUD	H0013	HG	Alcohol/drug services; acute, clinically managed detoxification	AMH substance use disorder program licensure	Per diem	\$189	Face-to-face	
SUD	H0014	HF	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse	AMH substance use disorder program certification	Per diem	\$74	Face-to-face	
SUD	H0014	HG	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse	AMH substance use disorder program certification	Per diem	\$74	Face-to-face	

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	H0015	HF	Alcohol and/or drug services; intensive outpatient	AMH substance use disorder program certification	Per diem	\$113	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)
<b>SUD</b>	H0015	HG	Alcohol and/or drug services; intensive outpatient	AMH substance use disorder program certification	Per diem	\$113	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)



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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	H0016	HF	Alcohol and/or drug services; medical/somatic intervention in ambulatory setting	CMA LMP**  (RN and LPN - See tips and guidelines)	Per occurrence	\$96	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>

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	H0016	HG	Alcohol and/or drug services; medical/somatic intervention in ambulatory setting	CMA LMP**  (RN and LPN - See tips and guidelines)	Per occurrence	\$96	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>
<b>SUD</b>	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	\$319	Face-to-face	
<b>SUD</b>	H0018	U1	Adult behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem  Specialty programs (e.g., parenting)	AMH substance use disorder program licensure	Per diem	\$401	Face-to-face	
<b>SUD</b>	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	\$416	Face-to-face	
<b>SUD</b>	H0018	HB + HH	Adult A&D dual diagnosis residential treatment	AMH substance use disorder program licensure	Per diem	\$319	Face-to-face	Both modifiers are required to generate correct rate

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	H0018	HB + HT	A&D medically monitored residential treatment	AMH substance use disorder program licensure	Per diem	\$325	Face-to-face	Both modifiers are required to generate correct rate
SUD	H0018	UA + HH	Youth A&D dual diagnosis residential treatment	AMH substance use disorder program licensure	Per diem	\$416	Face-to-face	Both modifiers are required to generate correct rate
SUD	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	\$319	Face-to-face	Age 18 and above
SUD	H0019	U1	Adult behavioral health; long-term residential (nonmedical, nonacute care longer than 30 days), without room and board, per diem  Specialty programs (e.g., parenting)	AMH substance use disorder program licensure	Per diem	\$401	Face-to-face	Age 18 and above
SUD	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	\$416	Face-to-face	Age 17 and below
SUD	H0019	HB + HH	Adult A&D dual diagnosis residential treatment	AMH substance use disorder program licensure	Per diem	\$319	Face-to-face	Both modifiers are required to generate correct rate
SUD	H0019	HB + HT	A&D medically monitored residential treatment	AMH substance use disorder program licensure	Per diem	\$325	Face-to-face	Both modifiers are required to generate correct rate
SUD	H0019	UA + HH	Youth A&D dual diagnosis residential treatment	AMH substance use disorder program licensure	Per diem	\$416	Face-to-face	Both modifiers are required to generate correct rate
SUD	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	\$13	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
SUD	H0022	HF	Alcohol and/or drug intervention service (planned facilitation)	CADC Candidate CADC	Per 15 minutes	\$16	Face-to-face or telephone	Does not require above the line diagnosis

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	H0022	HG	Alcohol and/or drug intervention service (planned facilitation)	CADC Candidate CADC	Per 15 minutes	\$16	Face-to-face or telephone	Does not require above the line diagnosis
SUD	H0023	HF	Behavioral health outreach service (planned approach to reach a targeted population)	CADC Candidate CADC	Per occurrence	\$59	Face-to-face or telephone	Does not require above the line diagnosis
SUD	H0023	HG	Behavioral health outreach service (planned approach to reach a targeted population)	CADC Candidate CADC	Per occurrence	\$59	Face-to-face or telephone	Does not require above the line diagnosis
SUD	H0033	HF	Oral medication administration, direct observation	CMA LMP**  (RN and LPN - See tips and guidelines)	Per occurrence	\$14	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
SUD	H0033	HG	Oral medication administration, direct observation	CMA LMP**  (RN and LPN - See tips and guidelines)	Per occurrence	\$14	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
SUD	H0034	HF	Medication training and support	CADC Candidate CADC	Per 15 minutes	\$24	Face-to-face or telephone	
SUD	H0034	HG	Medication training and support	CADC Candidate CADC	Per 15 minutes	\$24	Face-to-face or telephone	
SUD	H0038	HF	Self-help/peer services, individual	CRM* PSS* PWS*	Per 15 minutes	\$25	Face-to-face or telephone	
SUD	H0038	HG	Self-help/peer services, individual	CRM* PSS* PWS*	Per 15 minutes	\$25	Face-to-face or telephone	
SUD	H0038	HF + HQ	Self-help/peer services, group	CRM* PSS* PWS*	Per occurrence	\$25	Face-to-face	Requires SUD specific modifier as well as HQ modifier
SUD	H0038	HG + HQ	Self-help/peer services, group	CRM* PSS* PWS*	Per occurrence	\$25	Face-to-face	Requires SUD specific modifier as well as HQ modifier

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
<b>SUD</b>	H0048	HF	Alcohol and/or drug testing; collection and handling only, specimens other than blood	CRM* CADC Candidate CADC LMP** PSS* PWS*  (RN and LPN - See tips and guidelines)	Per occurrence	\$23	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
<b>SUD</b>	H0048	HG	Alcohol and/or drug testing; collection and handling only, specimens other than blood	CRM* CADC Candidate CADC LMP** PSS* PWS*  (RN and LPN - See tips and guidelines)	Per occurrence	\$23	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
<b>SUD</b>	H0050	HF	Alcohol and/or drug services, brief intervention	CADC Candidate CADC	Per 15 minutes	\$46	Face-to-face	Does not require above the line diagnosis
<b>SUD</b>	H0050	HG	Alcohol and/or drug services, brief intervention	CADC Candidate CADC	Per 15 minutes	\$46	Face-to-face	Does not require above the line diagnosis
<b>SUD</b>	H2010	HF	Comprehensive medication services	LMP**  (RN and LPN - See tips and guidelines)	Per 15 minutes	\$33	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
<b>SUD</b>	H2010	HG	Comprehensive medication services	LMP**  (RN and LPN - See tips and guidelines)	Per 15 minutes	\$33	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
<b>SUD</b>	H2011	HF	Crisis intervention services	CADC Candidate CADC	Per 15 minutes	\$39	Face-to-face or telephone	
<b>SUD</b>	H2011	HG	Crisis intervention services	CADC Candidate CADC	Per 15 minutes	\$39	Face-to-face or telephone	

CareOregon SUD fee schedule - for substance use disorder services provided to Health Share of Oregon members

Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	H2014	HF	Skills training and development	CADC Candidate CADC CRM* PSS* PWS*	Per 15 minutes	\$25	Face-to-face or telephone	
SUD	H2014	HG	Skills training and development	CADC Candidate CADC CRM* PSS* PWS*	Per 15 minutes	\$25	Face-to-face or telephone	
SUD	H2014	HF + V1	Supported employment	See H2014 HF/HG	See H2014 HF/HG	\$25	See H2014 HF/HG	
SUD	H2014	HG + V1	Supported employment	See H2014 HF/HG	See H2014 HF/HG	\$25	See H2014 HF/HG	
SUD	H2014	HF + V2	Supported housing	See H2014 HF/HG	See H2014 HF/HG	\$25	See H2014 HF/HG	
SUD	H2014	HG + V2	Supported housing	See H2014 HF/HG	See H2014 HF/HG	\$25	See H2014 HF/HG	
SUD	H2032	HF	Activity therapy	CADC Candidate CADC	Per 15 minutes	\$25	Face-to-face	
SUD	H2032	HG	Activity therapy	CADC Candidate CADC	Per 15 minutes	\$25	Face-to-face	
SUD	J0571	HF	Buprenorphine (Subutex), oral, 1 mg.	AMH substance use disorder program certification	Per mg	\$2	Face-to-face	The tablet is available in 2 mg and 8 mg dose strengths; billed in 1 mg increments
SUD	J0571	HG	Buprenorphine (Subutex), oral, 1 mg.	AMH substance use disorder program certification	Per mg	\$2	Face-to-face	The tablet is available in 2 mg and 8 mg dose strengths; billed in 1 mg increments
SUD	J0572	HF	Buprenorphine/Naloxone (Suboxone), oral, <= 3mg.	AMH substance use disorder program certification	Per tablet	\$5	Face-to-face	
SUD	J0572	HG	Buprenorphine/Naloxone (Suboxone), oral, <= 3mg.	AMH substance use disorder program certification	Per tablet	\$5	Face-to-face	
SUD	J0572	HF + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 3mg.	AMH substance use disorder program certification	Per film	\$5	Face-to-face	Use of this code requires either HF or HG modifier and the KO modifier
SUD	J0572	HG + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 3mg.	AMH substance use disorder program certification	Per film	\$5	Face-to-face	Use of this code requires either HF or HG modifier and the KO modifier
SUD	J0573	HF	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	\$9	Face-to-face	
SUD	J0573	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	\$9	Face-to-face	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	J0574	HF	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	\$7	Face-to-face	
SUD	J0574	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	\$7	Face-to-face	
SUD	J0574	HF + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 10mg.	AMH substance use disorder program certification	Per film	\$7	Face-to-face	Use of this code requires either HF or HG modifier and the KO modifier
SUD	J0574	HG + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 10mg.	AMH substance use disorder program certification	Per film	\$7	Face-to-face	Use of this code requires either HF or HG modifier and the KO modifier
SUD	J0575	HF	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	AMH substance use disorder program certification	Per tablet or film	\$17	Face-to-face	
SUD	J0575	HG	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	AMH substance use disorder program certification	Per tablet or film	\$17	Face-to-face	
SUD	J2315	HF	Naltrexone (Vivitrol) medication cost	LMP**  (RN and LPN - See tips and guidelines)	1mg/unit	Cost reimbursement to \$2,000	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
SUD	J2315	HG	Naltrexone (Vivitrol) medication cost	LMP**  (RN and LPN - See tips and guidelines)	1mg/unit	Cost reimbursement to \$2,000	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
SUD	Q3014	HF	Telehealth originating site facility fee	All	Per occurrence	\$21	Face-to-face	Facility provides in-person assistance accessing telehealth services
SUD	Q3014	HG	Telehealth originating site facility fee	All	Per occurrence	\$21	Face-to-face	Facility provides in-person assistance accessing telehealth services
SUD	Q9991	HF	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	AMH substance use disorder program certification	Per occurrence	\$1,843	Face-to-face	
SUD	Q9991	HG	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	AMH substance use disorder program certification	Per occurrence	\$1,843	Face-to-face	

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Service type	Code	Required modifier	Service	Permissible staff^	Time/units	Rate for contracted provider	Mode limitations	Service criteria/tips and guidelines
SUD	Q9992	HF	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	AMH substance use disorder program certification	Per occurrence	\$1,843	Face-to-face	
SUD	Q9992	HG	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	AMH substance use disorder program certification	Per occurrence	\$1,843	Face-to-face	
SUD	T1006	HF	Alcohol and/or substance abuse services; family/couple counseling	CADC Candidate CADC	Per occurrence	\$130	Face-to-face	
SUD	T1006	HG	Alcohol and/or substance abuse services; family/couple counseling	CADC Candidate CADC	Per occurrence	\$130	Face-to-face	
SUD	T1007	HF	Alcohol and/or substance abuse services, treatment plan development and/or modification	CADC Candidate CADC	Per occurrence	\$96	Face-to-face	
SUD	T1007	HG	Alcohol and/or substance abuse services, treatment plan development and/or modification	CADC Candidate CADC	Per occurrence	\$96	Face-to-face	
SUD	T1016	HF	Case management	CADC Candidate CADC	Per 15 minutes	\$33	Face-to-face or telephone	
SUD	T1016	HG	Case management	CADC Candidate CADC	Per 15 minutes	\$33	Face-to-face or telephone	
SUD	T1016	HF + HN	Case management	CRM* PSS* PWS*	Per 15 minutes	\$30	Face-to-face or telephone	
SUD	T1016	HG + HN	Case management	CRM* PSS* PWS*	Per 15 minutes	\$30	Face-to-face or telephone	
SUD	T1502	HF	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	LMP**  (RN and LPN - See tips and guidelines)	Per occurrence	\$8	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
SUD	T1502	HG	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	LMP**  (RN and LPN - See tips and guidelines)	Per occurrence	\$8	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



CareOregon Fee Schedule - Substance Use Disorder (SUD) - for SUD Services Provided to Health Share of Oregon Members

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	22 - Approved evidence-based practice rate
20	Urgent care facility	55	Residential substance abuse treatment center	AF - MD
21	Inpatient hospital	56	Psychiatric residential treatment center	GO - Occupational therapist
22	Outpatient hospital	57	Non-residential substance abuse treatment facility	HN - QMHA: A bachelor's degree in a behavioral sciences field OR a combination of at least three years relevant work, education, training or experience
23	Emergency room-hospital	58	Non-residential opioid treatment facility	
31	Skilled nursing facility	61	Comprehensive inpatient rehabilitation center	<b>SERVICES PROVIDED WITHIN:</b>
32	Nursing facility	62	Comprehensive outpatient rehabilitation center	HB - Adult SUD residential program
33	Custodial care facility	71	State or local public health center	HF - AMH-certified chemical dependency facility
34	Hospice	99	Other place of service	HG - AMH-certified opioid treatment program
				HH- Integrated co-occurring disorders (ICD) program, services rendered by QMHAs, Peer Support Specialists and SUD treatment staff. ICD claims must contain at least 2 OHA ICD approved diagnoses
				HO - Integrated co-occurring disorders (ICD) program, services rendered by QMHPs, LMPs, and Mental Health Interns. ICD claims must contain at least 2 OHA ICD approved diagnoses
				UA - Adolescent SUD residential program
				U1 - Specialty SUD residential program
				U2 - Integrated co-occurring disorders (ICD) residential treatment services. ICD claims must contain at least 2 OHA ICD approved diagnose
				TN - Culturally and linguistically specific services for rural providers
				U9 - Culturally and linguistically specific services for non-rural providers
				V1 - 1115 SUD demonstration modifier supported employment services
				V2 - 1115 SUD demonstration modifier supported housing services
<b>MODIFIER NOTE:</b> HF & HG modifiers determine rate if other modifiers are present				
<b>NCCI NOTE:</b> The following modifiers are valid NCCI modifiers where relevant: XP/XE (XE is for FQHC providers), 25 and 59				
<b>TPL NOTE:</b> 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, and 97814				
<b>MEDICAID ENROLLMENT/DMAP NOTE:</b> 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				
* <b>CRM/PSS/PWS</b> - 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. Peer Wellness Specialists are required to complete approved training programs 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))				
<b>DMAP NOTE RE:</b> 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				