

# Oregon Crosswalk of HealthySteps-Aligned Services with Billing Codes and Provider Types

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## About This Document

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Have you ever wanted a list of the reimbursable HealthySteps (HS)-aligned services and corresponding list of providers who can render the services to assist with hiring decisions or to quickly identify “open” codes in the Oregon Medicaid program? If so, this document will provide you with helpful guidance. Knowing the HS-aligned services open in the Oregon Medicaid program, their associated billing codes, and the professionals eligible to render the service and/or receive insurance carrier reimbursement for each service will assist your site in understanding potential billing opportunities available through Medicaid and may assist you in the decision-making process when hiring a HS Specialist.

The following table outlines HS-aligned services, the service types, and the provider types that can provide and/or render the services. At the bottom of the table, you will find a tally of the number of billable codes for each provider type.

In summary, the top provider types with the most opportunities to currently bill for HS-aligned services in Oregon, under Medicaid, are:

- Psychologists
- Licensed Clinical Social Workers
- Licensed Professional Clinical Counselors

<u>Service Description</u>	<u>Service Billing Code(s)</u>	<u>Primary Care Physician</u>	<u>Psychologist</u>	<u>Licensed Clinical Social Worker</u>	<u>Licensed Professional Clinical Counselor</u>	<u>Licensed Marriage and Family Therapist</u>	<u>Qualified Mental Health Practitioner</u>	<u>Qualified Mental Health Associate</u>	<u>Community Health Worker</u>
Developmental screenings	96110	X							
Social-emotional screenings (depression screenings)	96127	X							
Health risk assessments-patient focused (comprehensive health risk assessment using a validated questionnaire)	96160	X							
Health risk assessments-caregiver focused/ maternal depression screening (can be billed under the child's Medicaid number)	96161	X							
Mental health assessment-by non-physician	H0031		X	X	X	X	X		
Child and adolescent needs survey (CANS)	H2000		X	X	X	X	X	X	
Mental health service plan development by non-physician	H0032		X	X	X	X			X
Psychiatric diagnostic evaluation	90791		X	X	X	X	X		
Psychotherapy, individual (patient) and/or family member 30, 45, 60 minutes	90832 90834 90837		X	X	X	X	X		
Psychotherapy for crisis; first 60 minutes, and for each additional 60 minutes	90839 90840		X	X	X	X	X		
Family psychotherapy (without the patient present) 50 minutes	90846		X	X	X	X	X		
Family psychotherapy (with the patient present) 50 minutes	90847		X	X	X	X	X		
Multiple-family group psychotherapy	90849		X	X	X	X	X		
Group psychotherapy	90853		X	X	X	X	X		

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Consultation with family-explanation of psychiatric, medical examinations, procedures, and data to other than patient	90887	X	X	X	X	X	X		
Psychological testing evaluation by qualified health care professional; first 60 minutes, and for each additional 60 minutes	96130 96132		X						
Psychological or neuropsychological test administration and scoring by a qualified health care professional; first 30 minutes (not an evaluation), and for each additional 30 minutes	96136 96137		X						
Health and behavior assessment or re-assessment	96156		X	X	X	X			
Health behavior intervention, individual, face-to-face; initial 30 minutes, and for each additional 15 minutes	96158 96159		X	X	X	X			
Health and behavior intervention, group (2 or more patients) face-to-face; initial 30 minutes, and each additional 15 minutes	96164 96165		X	X	X	X			
Health and behavior intervention, family (with the patient present) face-to-face; initial 30 minutes, and for each additional 15 minutes	96167 96168		X	X	X	X			
Health and behavior intervention, family (without the patient present) face-to-face; initial 30 minutes, and for each additional 15 minutes	96170 96171		X	X	X	X			
Telephone assessment and management service provided by a qualified non-physician health care professional; 5-10 minutes of medical discussion, 11-20 minutes of medical discussion, and 21-30 minutes of medical discussion.	98966 98967 98968	Services can be reported by non-physician behavioral health providers, but approved provider types are not specified in Oregon Health Authority websites. Insurance carrier verification must be made at the site level.							
Brief communication technology-based service, e.g., virtual check-in by a physician or other qualified health care professional who can report on evaluation and management services; 5-10 minutes	G2012		X	X	X	X			
Behavioral health counseling and therapy, per 15 minutes	H0004		X	X	X	X	X		

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Skills training and development, per 15 minutes	H2014		X	X	X	X	X	X	X
Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes, and greater than 10 minutes	99406 99407								X
Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention services 15-30 minutes, and greater than 30 minutes	99408 99409								X
Education and training for patient self-management using a standard curriculum, face-to-face with the patient (could include caregiver/family); each 30 minutes with individual patient	98960								X
Education and training for patient self-management using a standard curriculum, face-to-face with the patient (could include caregiver/family); each 30 minutes for a group of 2-4 patients, and a group of 5-8 patients	98961 98962								X
Activity therapy, per 15 minutes	H2032		X	X	X	X	X	X	X
Sign language or interpreter services	T1013		X	X	X	X	X	X	
Case management, per 15 minutes	T1016		X	X	X	X	X	X	
<b>Number of Billable Codes Eligible for Reimbursement<sup>1</sup></b>		5	33	29	29	29	18	5	10

<sup>1</sup> Count based on number of discrete codes available to bill, not code sets.

## Notes:

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1. If the Crosswalk indicates additional verification is required, it is because published guidance is unclear regarding applicability to HS practice types and site-specific guidelines.
2. The Oregon Health Authority (Oregon Medicaid) provides provider fee schedules which contain the medical billing services and codes that are reimbursable under the Medicaid program. The Behavioral Health Fee Schedule contains the services reimbursable when rendered by mental/behavioral health providers. The fee schedules can be located at <https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx>.
3. **A Qualified Mental Health Professional (QMHP)** is a licensed medical practitioner or any other person who holds any of the following educational degrees, and meets the following minimum qualifications:

### Educational Degrees:

- A) Graduate degree in psychology
- B) Bachelor's degree in nursing and licensed by the state of Oregon
- C) Graduate degree in social work
- D) Graduate degree in behavioral science field
- E) Graduate degree in recreational, music, or art therapy
- F) Bachelor's degree in occupational therapy and licensed by the state of Oregon

### Minimum Qualifications:

- A) Education and experience must demonstrate competency in identifying precipitating events.
- B) Must be able to gather histories of mental and physical disabilities including alcohol and drug use, and past mental health services.
- C) Must be able to assess family, social, and work relationships, conduct a mental status examination, and document a Diagnostic and Statistical Manual (DSM) diagnosis.

D) Must be able to write and supervise an individual plan of care and conduct mental health assessments.

E) Must be able to provide individual, family, or group therapy within their scope of training.

4. **A Qualified Mental Health Associate (QMHA)** must meet the following qualifications:

A) Must have a bachelor's degree in a behavioral health field or a combination of at least 3 years of relative work, education, training, or experience.

B) Must be able to implement interventions as assigned on an individual plan of care.

C) Must be able to provide behavior management and case management duties.

Oregon Statutes for QMHPs and QMHAs: [https://oregon.public.law/rules/oar\\_291-124-1030](https://oregon.public.law/rules/oar_291-124-1030)

5. **A Community Health Care Worker (CHW)** has experience in public health and working in local communities. They are trusted members of and/or have an unusually close understanding of the community served. CHWs must complete:

- Training requirements of an [approved training program](#) for certification **OR**
- They must provide documentation that they have worked or volunteered as a Traditional Health Worker (THW) for at least 3000 hours in Oregon in the past five years **OR**
- If they have completed some or all the certification training requirements, they may be able to count previously completed training toward certification.
- CHWs are required to complete [Oral Health Training for THWs Community Health Worker Training Program](#), in addition to their approved training program curriculum.
- For more information on CHWs and/or becoming a CHW, visit:
  - <https://www.oregon.gov/oha/EI/Pages/THW-CHW.aspx>
  - <https://www.oregon.gov/oha/HSD/OHP/Tools/CHW-Billing-Guide.pdf>

6. Licensed clinical social workers are among the behavioral health providers recognized for the reimbursement of specific behavioral/mental health services by the Oregon Health Authority. Licensed master social workers are usually recognized to deliver the same services under their clinical supervision, but this is not specified in the fee schedules. Verification with insurance carriers is required to determine if your site type can bill for services rendered by a licensed master social worker when clinically supervised and billed under specified approved licensed behavioral/mental health providers.
7. A mental health assessment is a required assessment for anyone seeking services through the Community Mental Health Program (CMHP). The assessment is intended to provide a full evaluation of an individual's needs based on the reason for seeking services.
8. Difference between individual psychotherapy services (90832,90834, 90837) and behavioral health counseling and therapy (H0004):
  - Psychotherapy is for patients with a mental and/or behavioral health diagnosis. It can help a patient and/or their family deal with longstanding complex issues, and an individual treatment plan with goals is required.
  - Behavioral health counseling involves a conversation between the counselor and patient/patient's family whose aim is to resolve a current issue. The purpose of the counseling session is to help either solve a problem or manage it. Unlike when rendering psychotherapy, a treatment plan is not required with counseling. Verification is needed to determine if a diagnosis is required and if there are other guidelines for the rendering and the billing for counseling versus psychotherapy.
9. Oregon Health Authority recognizes that infants and young children experience serious social, emotional, and behavioral problems. They will reimburse behavioral/mental health services for infants/children under the age of six where treatment should include caregiver(s). The following services are recognized (verification required if services are reported with psychotherapy codes):
  - Child-Parent Psychotherapy (CPP)
  - Generational Parent Management Training, Oregon Model (PMTO)
  - Parent-Child Interaction Therapy (PCIT)
10. Health risk assessments that are caregiver-focused (96161) are used to report maternal depression screenings rendered to a mother during a well-child visit and can be billed under the child.
- 10a. According to the Oregon Health Authority, while a diagnosis is generally needed for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, Oregon does allow the use of Z-codes to document potential health risks and access necessary services under EPSDT, if those services are deemed medically necessary and appropriate for the child. Z codes are used to document social or environmental factors impacting health.

The following websites can help with information on EPSDT services:

- <https://www.oregon.gov/oha/hsd/ohp/pages/epsdt.aspx>
- <https://www.oregon.gov/oha/HSD/OHP/Tools/EPSDT-FAQ.pdf>

10b. According to the National Center for Children in Poverty, health care providers often see children who do not meet the full criteria for a mental health diagnosis, but who experience conditions and family circumstances that place them at a high risk for the development of mental health disorders. Because of this, Oregon Medicaid will reimburse children's mental health services under ICD-10 code Z63.8 (Other specified problems related to the primary support group) for children who are experiencing significant changes in their immediate family environment that present risks for the development of mental health conditions. Situations included in the reporting of this code include the following:

- Family discord
- High expressed emotional level within the family
- Inadequate family support(s) and/or resources
- Inadequate or distorted communication within the family

Additional lesser-known reimbursable codes that can be used as a primary diagnosis that is recognized for reimbursement by Oregon Medicaid are:

- Z69.019-Victim of child neglect or abuse by parent
- Z69.020-Victim of non-parental child abuse child
- Z62.820-parent child relational problem
- F43.8-Other specified trauma and stressor related disorder/ other reactions to severe stress

Additional guidelines regarding the services these codes can be reported with and if there are any age limitations associated with the billing of these codes must be verified at the site level with insurance carriers.



## Sources

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Oregon Health Authority. Oregon Health Authority Fee Schedule Files. (August 2024). Retrieved October 2024 from <https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx>.

Oregon Public Laws-Oregon Administrative Rules-Oregon Revised Statutes. Qualified Mental Health Associate and Qualified Mental Health Professional Standards (2024). Retrieved October 2024 from [https://oregon.public.law/rules/oar\\_291-124-1030](https://oregon.public.law/rules/oar_291-124-1030).

Oregon Health Authority Health Systems Division Medicaid Programs. Oregon Health Plan Coverage of Telephone/Telemedicine/Telehealth Services. (March 20, 2020). Retrieved October 2024 from <https://www.oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf>.

Centers of Medicare and Medicaid Services. Telemedicine Health Care Provider Fact Sheet. (March 2020). Retrieved October 2024 from <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet#:~:text=Doctors%20and%20certain%20practitioners%20may,service%20prior%20to%20patient%20agreement>.

Oregon Health Authority Health Systems Division Medicaid Programs. Behavioral Health Entry, Assessment, and Service Planning. (June 2022). Retrieved October 2024 from <https://www.oregon.gov/oha/HSD/OHP/Tools/Rapid-Engagement-Technical-Assistance.pdf>.

Oregon Judicial Department Citizen Review Board. Child and Adolescent Needs and Strengths-CANS Assessments. (2024). Retrieved October 2024 from <https://www.courts.oregon.gov/programs/crb/volunteer/Documents/CANS%20Informational%20Guide.pdf>.

Oregon Health Authority Health Systems Division. Community Health Worker (CHW) Fee-for-Service Billing Guide. (January 2024). Retrieved October 2024 from <https://www.oregon.gov/oha/HSD/OHP/Tools/CHW-Billing-Guide.pdf>.

The American Academy of Professional Coders. Meet Documentation Requirements for Psychotherapy Services. (2024). Retrieved November 2024 from [https://www.aapc.com/blog/88200-meet-documentation-requirements-for-psychotherapy-services/?srsltid=AfmBOoqtneheDYxqG9NxP7tB\\_WNWUnJZ50jGor9lBxRZH4zIO35uDmon](https://www.aapc.com/blog/88200-meet-documentation-requirements-for-psychotherapy-services/?srsltid=AfmBOoqtneheDYxqG9NxP7tB_WNWUnJZ50jGor9lBxRZH4zIO35uDmon).

Medical News Today. Psychotherapy Vs. Counseling. (2024). Retrieved November 2024 from <https://www.medicalnewstoday.com/articles/psychotherapy-vs-therapy#psychotherapy>.

National Academy for State Health Policy (NASHP) Medicaid Policies for Caregiver and Maternal Depression Screening during Well-Child Visit, by State. (March 17, 2023). Retrieved November 2024 from <https://nashp.org/state-tracker/maternal-depression-screening/>.

Oregon Health Authority. Early Childhood Mental Health. (2024). Retrieved November 2024 from <https://www.oregon.gov/oha/hsd/bh-child-family/pages/early-childhood.aspx>.

National Center for Children in Poverty. Selected State Infant-Early Childhood Mental Health (IECMH) Medicaid Services Billing Codes and Eligibility. (April 2022). Retrieved December 2024 from <https://www.nccp.org/wp-content/uploads/2022/04/State-Medicaid-Billing-Codes-Notes-and-Table-for-PRISM-Site.pdf>.

Oregon Health Authority. Early Childhood Mental Health Assessment, Diagnosis and Reimbursement. (February 2020). Retrieved December 2024 from <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CCO.%202.0%20Webinar%205%20ECMH.pdf>.