

PG NET SERVICE CODES

APRIL 2022

In PG Net, there are 2 different types of Procedure codes, the *Per Occurrence* code, and the *Actual Cost* code.

Per Occurrence Codes

For *Per Occurrence* codes, enter the number of units (number of occurrences) and the amount billed. *Per Occurrence* codes will only provide credit to the amount that OHA allows for the code. If the amount billed is greater than the allowable amount, the remainder of what was billed will show as **Denied**.

Service Date*	09/01/2021
Counselor*	Select a Service Provider
Place of Service Type*	Select a Place of Service Type
Service Type*	H0032- Gambling Service Plan Development
Modifier	
Units*	1
Billed*	106.40

Status: Not Submitted	
H0032- Gambling Service Plan Development	106.40
	x 1
	\$106.40

Code	Description
H0001	Problem Gambling Assessment
H0001HF	Assessment Complexity – Co-Occurring Substance Use Disorders and Problem Gambling
90785	Assessment Complexity Add On, per 15 min
H0001HE	Assessment Complexity – Co-Occurring Mental Health & Problem Gambling Assessment
H0001HH	Assessment Complexity – Co-Occurring Mental Health, SUD and Problem Gambling Assessment
H0032	Gambling Service Plan Development
H0032HF	Gambling/SUDs Service Plan Development
H0032HE	Gambling/Co-Occurring MH Service Plan Development
H0032HH	Gambling/Co-Occurring MH/SUD Service Plan Development
T1023	Behavioral Health Screening, per 15 min
H0004	Individual Gambling Counseling and therapy, per 15 min
H0004TF	Intensive Outpatient Gambling Treatment Individual Gambling Counseling, per 15 minutes
H0004HF	Co-Occurring Gambling and SUD’s counseling and therapy, per 15 minutes
H0004HE	Co-Occurring Gambling / Mental Health Counseling and therapy, per 15 minutes

H0004HH	Co-Occurring Gambling / SUD/ Mental Health Counseling and therapy, per 15 minutes
H0005	Gambling Treatment counseling, group per 15 min
H0005HF	SUD's group per 15 minutes
H0005HE	Mental Health Group Counseling per 15 minutes
H0005TF	Intensive Outpatient Gambling Treatment counseling group, per 15 minutes
90846	Family Psychotherapy (without the patient present), per service. Service must be longer than 26 minutes.
90847	Family Psychotherapy (conjoint psychotherapy) with the patient present, per service. Service must be longer than 26 minutes.
90849	Multiple-family group psychotherapy, per service. Service must be longer than 26 minutes.
90792	Psychiatric Diagnostic Interview, with medication services
90832	Psychotherapy, with patient and/or family member, per 30 minutes
90837	Psychotherapy, with patient and/or family member, per 60 minutes
96131	Psychological Testing with interpretation and report, per hour
90833	Medication Management, 30 minutes
90836	Medication Management, 45 minutes
90838	Medication Management, 60 minutes
H2027	Individual counseling continuing care, per 15 min
G2100	Continuing Care Group Services, per 15 min for gambler and/or family member
H0038	Peer Delivered Services, per 15 min
H2013	Psychiatric health facility service, per diem Josephine County Respite Services
H0012	Problem Gambling Respite services; acute/sub-acute (residential addiction program), per diem for Baker County Respite Services
H0019	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program Only. For occupied beds only
H0019RB	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program only. For reserved beds only.
T1016	Case management, per 15 min
T1013	Sign language/oral interpreter service, per 15 min
99203	Eval & management-physical health visit-new patient, 30 minutes max length
99213	Evaluation and management physical health visit, established patient, 15 minutes maximum length
E0001	Engagement referral/consultation services, per 15 minutes
E0011	Engagement with referral, 7 minutes or less. Per Occurrence
G2012	Engagement with current client, per occurrence 0-15 minutes.
D0001	Program Development, per 15 min
P0001	Pathways. Referral Pathway Activities per 15 min
T0001	Training Time, Per 15 minutes

Actual Cost Codes

For the Actual Cost codes, enter the amount billed rounded up to the next whole dollar amount in the number of units and the amount billed.

Counselor*

Place of Service Type*

Service Type*

Modifier

Units*

Billed*

Diagnostic Codes

Primary *

Secondary

Informational

Informational

Code	Description
G0035	Training Costs
G0030	Mileage
F0001	Flex: Non-traditional Services or Activities
F0005	Flex: Nutrition for Events
F0006	Flex: Temporary Housing

Questions? A link to the demonstration will be sent out to all providers. If you have any questions, email us at COMPASS.Support@dhsosha.state.or.us.



OHA COVID-19

Get the latest information on what's happening in Oregon.



Healthcare Partner Resources

Updates for our community partners and more.



Got questions?

Email us at Compass Support.

