

Culturally and Linguistically Specific Services (CLSS) Billing Guide



HEALTH SYSTEMS DIVISION

Guidance for coordinated care
organizations and direct service
providers

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Introduction

Effective February 1, 2023, the Oregon Health Authority (OHA) will implement enhanced payments for non-residential behavioral health Culturally and Linguistically Specific Services (CLSS) provided to members of the Oregon Health Plan (OHP).

- For services rendered to coordinated care organization (CCO) members, CCOs will reimburse eligible providers through a CCO Behavioral Health Directed Payment.
- OHA will reimburse providers for services rendered to fee-for-service (FFS) members retroactive to July 1, 2022.

Both CCO and FFS coverage will provide a uniform payment increase to eligible providers.

About this guide

This guide is for non-residential behavioral health services providers to learn how to:

- Enroll as an Oregon Medicaid provider
- Apply and become eligible to receive enhanced payments for providing culturally and linguistically specific services.
- Bill for eligible culturally and linguistically specific services provided to OHP members.

Provider Enrollment

Provider types

Eligible providers are non-residential behavioral health service providers who are:

- Enrolled with OHA as an OHP (Oregon Medicaid) provider, and
- Deemed eligible by OHA to receive enhanced payments for culturally and linguistically specific services as one of the following eligible CLSS Provider types:
 - Culturally and Linguistically Specific Services Behavioral Health Organization
 - Culturally and Linguistically Specific Services Behavioral Health Program
 - Culturally and Linguistically Specific Service Behavioral Health Individual Provider
 - Individual Bilingual Service Provider
 - Individual Sign Language Provider

Please refer to Oregon Administrative Rules (OARs) [309-065-0000 to 309-065-0040](#) for specific provider requirements.

How new providers can enroll with OHA

To enroll with OHA as an OHP provider, [visit the Provider Enrollment page](#). Click on the Provider Description that describes you (*e.g.*, Behavioral Health Outpatient Program or Substance Use Disorder Program) to find the required forms and documents.

To provide outpatient SUD services you must obtain a Certificate of Approval from OHA as outlined in OAR [309-008-0100](#).

If you have questions about enrolling with OHA:

If you have questions about how to enroll, contact Provider Enrollment at 1-800-422-5047 or email provider.enrollment@odhsoha.oregon.gov.

How enrolled providers can become eligible for enhanced payments

All organizations, programs, or individual providers must become eligible to receive enhanced payments for culturally and linguistically specific services and [apply for eligibility using OHA's online application](#).

CLSS enhanced payments for organizations, programs and individual providers

When completing the application, be sure to indicate if you are applying as an organization, program, or individual provider.

1. “CLSS Organization” means an organization that provides culturally and linguistically specific services to its clients.
2. “CLSS Program” means a program that that exists within a larger organization and provides culturally and linguistically specific services to its clients.
3. “CLSS Individual Provider” means an individual that provides culturally and linguistically specific services to their clients.

Enhanced payments for bilingual and sign language services

Individual providers can apply to receive enhanced payments for delivering behavioral health services in a language other than English or in sign language. When completing the application, be sure to indicate if you are applying as an individual bilingual service provider or an individual sign language provider.

CCO participation

OHA will make available to CCOs a list of providers eligible for the CLSS enhanced rates on OHA’s [Behavioral Health Rate Increase website](#).

- CCOs must reimburse their contracted CLSS providers deemed eligible by OHA to receive enhanced payments for CLSS services at the enhanced rate or higher.

Billing for Covered Services

Covered services

Except for residential services, all medically necessary and medically appropriate services listed in the current [Behavioral Health Fee Schedule](#), effective January 1, 2023, are eligible for the enhanced payment if they are.

- Culturally and linguistically specific services delivered by staff within an approved CLSS Organization or Program.
- Culturally and linguistically specific services delivered by an approved CLSS Individual Provider that **does not bill** through another entity (e.g., a CLSS Organization or Program);
- Delivered directly in a language other than English by an approved CLSS Bilingual Service Provider; or
- Delivered directly in sign language by an approved Sign Language Provider.

Interpretation is not a service in the Behavioral Health Fee Schedule, so it is not eligible for enhanced payment.

Billing and coding

To receive the enhanced payment, each eligible service on the claim must be billed in two separate detail lines. The first detail line is billed following current billing practice for the service, including any required modifiers, and reimburses at the OHA FFS rate. The second detail line is a duplicate of the first and must also include either the modifier U9 or TN.

- **U9:** For non-rural providers will reimburse at 22 percent of OHA's FFS rate.
- **TN:** For rural providers (as confirmed by OHA during the application process) will reimburse at 27 percent of OHA's FFS rate.

Note: Some CCOs may use a different payment methodology. Please verify with your CCO how they will structure reimbursement. CCOs must reimburse at or above OHA's FFS rates.

To receive CLSS enhanced payments for previously submitted claims:

For services provided on or after July 1, 2022, providers can adjust eligible claims as follows:

- For each eligible service on a paid detail line, add a second detail line including either the U9 or TN modifier and adjust the claim.

Eligibility and enrollment

Please verify OHP eligibility and enrollment prior to rendering service or billing. Go to the [OHP Eligibility Verification page](#) to learn more.

If you have billing questions or concerns:

For services to CCO members, [contact the member's CCO](#).

For services to fee-for-service members, please review this guide, notices received from OHA, and the [OHP Billing Tips page](#). If you still have questions or concerns, call the Provider Services Unit at 1-800-336-6016.