

72-Hour Presumptive Eligibility Program for Crisis Stabilization
 Individuals 18 Years of Age and Older Fee Schedule
 July 1, 2010

The 2% provider rate increase was allocated as a one-time appropriation for SFY2010 and 2011. A one-time appropriation means that it will not be included in the Department's base budget for the next biennium. If the next legislative session does not take specific action to continue this provider rate increase, rates will be decreased to the SFY 2009 levels.

I. Practitioner Services – Psychiatric Procedures

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners bill using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system.

CPT Code	Procedure	Unit Time	Unit Limits	Psychologist / LCSW / LCPC	Psychiatrist / Physician / Mid-level Practitioner
90801	Psychiatric diagnostic interview examination (Assessment)	Per session	1 / 72 hour period	\$98.82	Same as Medicaid
90804	Individual psychotherapy, office	20 - 30 min.	1 / day	\$40.97	
90805	Individual psychotherapy, office, w/ E&M	20 - 30 min.	1 / day	N/A	Same as Medicaid
90806	Individual psychotherapy	45 - 50 min.	1 / day	\$57.26	
90807	Individual psychotherapy, office, w/ E&M	45 - 50 min.	1 / day	N/A	Same as Medicaid
90816	Individual psychotherapy, inpatient, partial hospital, or residential	20 - 30 min.	1 / day	\$37.84	
90817	Individual psychotherapy, inpatient, partial hospital, or residential, w/ E&M	20 - 30 min.	1 / day	N/A	Same as Medicaid
90818	Individual psychotherapy, inpatient, partial hospital, or residential	45 - 50 min.	1 / day	\$56.47	
90819	Individual psychotherapy, inpatient, partial hospital, or residential, w/ E&M	45 - 50 min.	1 / day	N/A	Same as Medicaid
90846	Family psychotherapy without patient	Per session	1 / day	\$56.32	
90847	Family psychotherapy with patient	Per session	1 / day	\$69.99	
90853	Group psychotherapy	Per session	1 / day	\$20.44	

II. Practitioner Services – Evaluation & Management

Evaluation and Management Services may be provided by physicians, physician assistants, and nurse practitioners. Services are billed using standard CPT-4 procedure codes and are reimbursed according to the Department’s RBRVS system.

CPT Codes	Procedure	Unit Time	Unit Limits	Psychiatrist / Physician / Mid-Level Practitioner
99201 – 99205	Office/Outpatient Visit, New Patient	Per visit	1 / day	Same as Medicaid
99211 – 99215	Office/Outpatient Visit, Established Patient	Per visit	1 / day	Same as Medicaid
99217 – 99220	Observation Care	Per visit	1 / day	Same as Medicaid
99221 – 99223	Initial Hospital Care	Per visit	1 / day	Same as Medicaid
99231 – 99233	Subsequent Hospital Care	Per visit	1 / day	Same as Medicaid
99238 – 99239	Hospital Discharge Day	Per visit	1 / day	Same as Medicaid
99281 – 99285	Emergency Department Visit	Per visit	1 / day	Same as Medicaid

III. Acute Inpatient Services

Acute care hospital services are reimbursed by contract to enrolled hospitals. Please contact the Addictive & Mental Disorders Division at 1-406-444-3964 for information.

IV. Care Coordination, Community-based Psychiatric Rehabilitation, and Crisis Management Services

Crisis management services are paid on an all-inclusive bundled hourly rate to enrolled hospitals and enrolled facilities such as licensed mental health centers. Reimbursement is subject to payment authorization (PA) and limits.

Service	Procedure Code	Modifier	Unit Time	Reimbursement	Limits	Management
Care Coordination	H2011		15 min	\$12.24	12	Retrospective Review
Community-Based Psychiatric Rehabilitation & Support – individual	H2019		15 min	\$6.62	None	Retrospective Review
Crisis Management Mental Health Center Day One	S9484	U1	1 hour	\$17.01	24	Payment Authorized
Crisis Management Mental Health Center Day Two	S9484	U2	1 hour	\$10.63	24	Payment Authorized
Crisis Management Mental Health Center Day Three	S9484	U3	1 hour	\$6.38	24	Payment Authorized

Service	Procedure Code	Modifier	Unit Time	Reimbursement	Limits	Management
Crisis Management Outpatient Hospital Day One	S9484 Revenue Code 762	U1	1 hour	\$25.50	23	Payment Authorized
Crisis Management Inpatient Hospital Day One	S9484	U1	1 hour	\$25.50	24	By Contract
Crisis Management Inpatient Hospital Day Two	S9484	U2	1 hour	\$12.75	24	By Contract
Crisis Management Inpatient Day Three	S9484	U3	1 hour	\$8.50	24	By Contract