

Medicaid Mental Health
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

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	Time	Psychologist	LCSW	LCPC
90801	Psychiatric diagnostic interview examination		\$98.82	\$98.82	\$98.82
90804*	Individual psychotherapy	20 - 30 min.	\$40.97	\$40.97	\$40.97
90806*	Individual psychotherapy	45 - 50 min.	\$57.26	\$57.26	\$57.26
90816*	Individual psychotherapy, inpatient, partial hospital, or residential	20 - 30 min.	\$37.84	\$37.84	\$37.84
90818*	Individual psychotherapy, inpatient, partial hospital, or residential	45 - 50 min.	\$56.47	\$56.47	\$56.47
90846*	Family psychotherapy without patient		\$56.32	\$56.32	\$56.32
90847*	Family psychotherapy with patient		\$69.99	\$69.99	\$69.99
90849	Multi family group psychotherapy		\$21.07	\$21.07	\$21.07
90853	Group psychotherapy (other than multi-family)		\$20.44	\$20.44	\$20.44
96101 AH	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	\$78.63	N/A	N/A
96102 AH	Psychological testing by technician	Per hour	\$47.65	N/A	N/A
96103 AH	Psychological testing administered by computer	Per test battery	\$44.95	N/A	N/A
96105	Assessment of Aphasia	Per hour	\$44.49	N/A	N/A
96116 AH	Neurobehavioral status exam	Per hour	\$86.01	N/A	N/A
96118 AH	Neuropsychological testing battery by Psychiatrist or Psychologist	Per hour	\$93.96	N/A	N/A
96119 AH	Neuropsychological testing battery by tech	Per hour	\$60.74	N/A	N/A
96120 AH	Neuropsychological testing battery administered by computer	Per test battery	\$64.95	N/A	N/A

* Individuals may not receive more than a combined total of 24 sessions per year (July 1 through June 30).

II. Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid beneficiaries under the Montana Medicaid program's Diagnosis Related Group (DRG) reimbursement system. All admissions of Medicaid recipients require prior authorization.

Acute care inpatient treatment is not a benefit under the Mental Health Services Plan.

III. Mental Health Center Services (in addition to practitioner services):

The following table summarizes services available through licensed mental health centers.

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Respite Care – Adult	S5150	HB	15 min	\$2.76	None	24 units/24 hours 48 units/mo	Retrospective
M.H. Group Home – Adult	S5102		Day	\$101.78	None	None	Retrospective
M.H. Group Home Therapeutic Leave	S5102	U5	Day	\$101.78	None	14 days / year	Retrospective
Adult Foster Care	S5140		Day	\$81.43	None	None	Retrospective
Adult Foster Care Therapeutic Leave	S5140	U5	Day	\$81.43	None	14 days / year	Retrospective
Day treatment – Adult Half day	H2012	HB	Hour	\$12.63	None	3 hrs/day	Retrospective
Community-based psychiatric rehabilitation & support – individual	H2019		15 min	\$6.62	None	None	Retrospective
Community-based psychiatric rehabilitation & support – group	H2019	HQ	15 min	\$1.98	None	None	Retrospective
Illness Management and Recovery (the evidence-based practice only) – Individual	H2015	HB	15 min	\$11.13	None	4 units/per day cannot bill H2017 HQ same day	Retrospective review
Illness Management and Recovery (the evidence-based practice only) – Group	H2017	HQ	15 min	\$6.22	None	4 units/per day cannot bill H2015 HB same day	Retrospective review
Crisis intervention facility	S9485		Day	\$330.47	None	None	Prior Authorization
Program of Assertive Community Treatment (PACT)	H0040		Day	\$45.04	None	None	Retrospective review
Intensive Community Based Rehabilitation	S5102	HE	Day	\$241.10	None	None	Prior Authorization

IV. Case Management Services

Adult case management services available through the Medicaid program must be provided by a licensed mental health center with case management endorsement. Case management rates will remain at the FY 2009 level until the case management rate is approved by Center for Medicare Medicaid Services (CMS).

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Targeted Case Management – Adult, Individual	T1016	HB	15 min.	\$18.91	None	None	Retrospective

V. Partial Hospitalization

Partial hospitalization services are available to Medicaid beneficiaries according to the following schedule:

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Acute Partial Hospitalization Full day	H0035	U8	Full Day	\$161.93	None	28 days*	Prior auth. CON
Acute Partial Hospitalization Half day	H0035	U7	Day	\$121.45	None	28 days*	Prior auth. CON

* Maximum recommended to utilization review agency; may be extended if medically necessary.

VI. Intensive Outpatient Services

Intensive outpatient services available through the Medicaid and Mental Health Services Plan must be provided by a licensed mental health practitioner when outpatient psychotherapy is medically necessary for more than 24 sessions per year. Dialectical Behavior Therapy Skill Development may be reimbursed to mental health center and/or mental health practitioner provider types.

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Intensive Outpatient Psychotherapy – Individual and Family	H0046	HB	45-50 min	\$54.84	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Individual	H2014		15 min	\$16.08	\$3.00	Cannot bill T1016 HB same day	Prior authorized
Dialectical Behavior Therapy – Skill Development - Group	H2014	HQ	15 min	\$10.71	\$3.00	None	Prior authorized