

FY 2016 Medicaid Mental Health Individuals 18 years of age and older Fee Schedule Effective January 1, 2016

Please note the rates have not changed from the July 1, 2015 fee schedule. The only change is the limits on outpatient sessions.

I. 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.

II. Practitioner Services

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners' bill using standard CPT procedure codes and are reimbursed according to the Department's RBRVS system. Please refer to <http://medicaidprovider.mt.gov/>

| CPT Code | Procedure | Time | Psychologist, LCSW, LCPC | Psychiatrist | Physician | Mid-level |
|----------|--|--------------|--------------------------|--------------------|--------------------|--------------------|
| 90791 | Psychiatric diagnostic evaluation (no medical) | Per session | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90792 | Psychiatric diagnostic evaluation (medical) | Per session | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90832 | Brief Individual psychotherapy | 16 – 37 min. | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90833 | Psychotherapy with E&M | 16 – 37 min | N/A | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90834 | Individual psychotherapy | 38 - 52 min. | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90836 | Psychotherapy with E&M | 38 – 52 min | N/A | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90837 | Individual psychotherapy | >53 min | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |

| | | | | | | |
|-------------|--|------------------|---|--------------------|--------------------|--------------------|
| | | | | | | |
| 90838 | Individual psychotherapy with E&M | >53 min | N/A | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90839 | Psychotherapy for crisis | First 60 min | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90840 | Psychotherapy for crisis | 30 min | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90785 | Interactive complexity | Per session | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90846 | Family psychotherapy without member | Per session | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90847 | Family psychotherapy with patient | Per session | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 90853 | Group psychotherapy (other than multi- family) | Per session | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule | See RBRVS Schedule |
| 96101 AH | Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities | Per hour | Psychologists only – See RBRVS Schedule | N/A | N/A | N/A |
| 96102 AH | Psychological testing by technician | Per hour | Psychologists only – See RBRVS Schedule | N/A | N/A | N/A |
| 96103 AH | Psychological testing administered by computer | Per test battery | Psychologists only – See RBRVS Schedule | N/A | N/A | N/A |

III. Mental Health Center Services

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

| Service | Procedure | Modifier | | Unit | Reimbursement | Co-pay | Limits | Management |
|---|-----------|----------|---|--------|---------------|--------|----------------|---|
| | | 1 | 2 | | | | | |
| M.H. Group Home – Adult | S5102 | | | Day | \$105.88 | None | None | Retrospective Review |
| M.H. Group Home Therapeutic Leave | S5102 | U5 | | Day | \$105.88 | None | 14 days / year | Retrospective Review |
| Adult Foster Care | S5140 | | | Day | \$84.71 | None | None | Retrospective Review |
| Adult Foster Care Therapeutic Leave | S5140 | U5 | | Day | \$84.71 | None | 14 days / year | Retrospective Review |
| Day treatment – Adult Half day | H2012 | HB | | Hour | \$13.13 | None | 3 hrs/day | Retrospective Review |
| Community-based psychiatric rehabilitation & support – individual | H2019 | HB | | 15 min | \$6.89 | None | None | Retrospective Review |
| Community-based psychiatric rehabilitation & support – group | H2019 | HQ | | 15 min | \$2.06 | None | None | Retrospective Review |
| Illness Management and Recovery – Individual | H2015 | HB | | 15 min | \$11.81 | None | None | Retrospective review |
| Illness Management and Recovery – Group | H2017 | HQ | | 15 min | \$6.59 | None | None | Retrospective review |
| Crisis intervention facility | S9485 | | | Day | \$343.81 | None | None | Prior Authorization Continued Stay Only |
| Program of Assertive Community Treatment (PACT) | H0040 | | | Day | \$46.85 | None | None | Retrospective review |
| Intensive Community Based Rehabilitation | S5102 | HE | | Day | \$250.83 | | 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.

| Service | Procedure | Modifier | | Unit | Reimbursement | Co-pay | Limits | Management |
|--|-----------|----------|---|---------|---------------|--------|--------|----------------------|
| | | 1 | 2 | | | | | |
| Targeted Case Management – Adult, Individual | T1016 | HB | | 15 min. | \$17.86 | None | None | Retrospective Review |

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 | \$168.46 | None | 28 days* | Retrospective Review |
| Acute Partial Hospitalization Half day | H0035 | U7 | Day | \$126.34 | None | 28 days* | Retrospective Review |

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

VI. Intensive Outpatient Services

A licensed mental health practitioner must provide intensive outpatient services available through Medicaid when outpatient psychotherapy is medically necessary. 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 Services | H0046 | HB | 45-50 min | \$57.04 | \$3.00 | None | Retrospective Review |
| Dialectical Behavior Therapy – Skill Development - Individual | H2014 | | 15 min | \$16.72 | \$3.00 | None | Retrospective Review |
| Dialectical Behavior Therapy – Skill Development - Group | H2014 | HQ | 15 min | \$11.14 | \$3.00 | None | Retrospective Review |