

# Medicaid Youth Mental Health Fee Schedule

~~January 1st 2017~~ October 1<sup>st</sup> 2017

## I. Practitioner Services

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners' bill using standard Current Procedural Terminology (CPT) procedure codes and are reimbursed according to the Department's RBRVS system. Interactive psychotherapy codes are restricted to individuals 12 years of age and younger. The conversion factor for psychologists, social workers, and professional counselors in calculating reimbursement rates can be found at 37.85.~~212-(1)(e)(i)~~.

The current RBRVS fee schedule is available at <http://medicaidprovider.mt.gov/>

Youth may receive a combined total of 24 sessions per state fiscal year (July 1 thru June 30), without having a Serious Emotional Disturbance (SED). Additional sessions must be medically necessary, and youth must be SED.

~~To obtain a description of Children's Mental Health services refer to the current.~~ It is the responsibility of all providers to be familiar with the Children's Mental Health Bureau (CMHB) Medicaid Services Provider Manual, referenced in ARM 37.87.903, which includes medical necessity criteria, clinical guidelines and prior authorization information. ~~"CMHB Medicaid Services Provider Manual" referenced in ARM 37.87.903(9).~~

Children's Mental Health Medicaid services do not require co-pay.

## II. Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid beneficiaries under the Montana Medicaid program's All Patient Refined Diagnosis Related Groups (APR-DRG) reimbursement system.

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

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

Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Unit Limits
Non Medicaid Respite Care – Youth	S5150	HA	<u>No Modifier</u>	15 min.	\$2.76	Up to 24 units/24 hrs and 48 units/mo
Youth Day Treatment	H2012	HA	<u>No Modifier</u>	Hour	<del>\$11.28</del> <u>\$10.89</u>	6 hours/day
Community-based psychiatric rehabilitation & support – individual	H2019	HA	<u>No Modifier</u>	15 min.	<del>\$6.99</del> <u>\$6.75</u>	None
Community-based psychiatric rehabilitation & support – group	H2019	<u>No Modifier</u>	<u>No Modifier</u>	15 min.	<del>\$2.09</del> <u>\$2.02</u>	<del>None</del> <u>2 hours per day</u>
Comprehensive School and Community Treatment (CSCT)	H0036	<u>No Modifier</u>	<u>No Modifier</u>	15 min.	<del>\$26.54</del> <u>\$25.62</u>	720 units/mo per Team. CSCT and CSCT IAR combined are limited to 720 Units/Month per Team.
CSCT Intervention, Assessment and Referral (IAR)	H2027	<u>No Modifier</u>	<u>No Modifier</u>	15 min.	<del>\$26.54</del> <u>\$25.62</u>	20 Units/youth per SFY. CSCT and CSCT IAR combined are limited to 720 Units/Month per Team.

#### **~~IV. Targeted Case Management Services~~**

~~Targeted case management (TCM) services for youth are available through the Medicaid program when provided by a licensed mental health center with a case management endorsement.~~

<b>Service</b>	<b>Procedure</b>	<b>Modifier 1</b>	<b>Modifier 2</b>	<b>Unit</b>	<b>Reimburse- ment</b>	<b>Limits</b>
<del>Targeted Case Management – Youth</del>	<del>T1016</del>	<del>HA</del>	<del>-</del>	<del>15 min.</del>	<del>\$19.45</del>	<del>None</del>

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### **V-IV. Therapeutic Youth Group Home Services**

This table summarizes Therapeutic Group Home services available to Medicaid beneficiaries.

Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
Therapeutic Youth Group Home	S5145	<u>No Modifier</u>	<u>No Modifier</u>	Day	<del>\$194.46</del> <u>\$187.71</u>	<u>* Prior Authorized</u>
Therapeutic Youth Group Home Therapeutic home leave	S5145	U5	<u>No Modifier</u>	Day	<del>\$194.46</del> <u>\$187.71</u>	14 days/year
Extraordinary Needs Aide Services	H2019	TG	<u>No Modifier</u>	15 min.	<del>\$3.92</del> <u>\$3.78</u>	<u>Prior Authorized</u>

### **VI-V. Home Support Services and Therapeutic Foster Care Services**

This table summarizes the services available to Medicaid beneficiaries through the Home Support Services (formally therapeutic family care) and Therapeutic Foster Care Services.

Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
Home Support Services	H2020	<u>No Modifier</u>	<u>No Modifier</u>	Day	<del>\$49.05</del> <u>\$47.35</u>	<u>** Prior Authorized after 365 lifetime limit</u>
Therapeutic Foster Care	S5145	HR	<u>No Modifier</u>	Day	<del>\$49.05</del> <u>\$47.35</u>	None
Permanency Therapeutic Foster Care	S5145	HE	<u>No Modifier</u>	Day	<del>\$135.75</del> <u>\$131.04</u>	None

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## VII VI. Partial Hospitalization

This table summarizes partial hospitalization services available to Medicaid beneficiaries.

Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
<b>Acute</b> Partial Hospitalization Full day	H0035	U8	<u>No Modifier</u>	Full Day	<del>\$171.14</del> <u>\$165.20</u>	<u>*None</u>
<b>Acute</b> Partial Hospitalization Half day	H0035	U7	<u>No Modifier</u>	Half Day	<del>\$128.35</del> <u>\$123.90</u>	<u>*None</u>
<b>Sub-acute</b> Partial Hospitalization Full day	H0035	U6	<u>No Modifier</u>	Full Day	<del>\$108.70</del> <u>\$104.93</u>	<u>*None</u>
<b>Sub-acute</b> Partial Hospitalization Half day	H0035	<u>No Modifier</u>	<u>No Modifier</u>	Half Day	<del>\$81.52</del> <u>\$78.69</u>	<u>*None</u>

## VIII VII. In-State Psychiatric Residential Treatment Facility (PRTF) Services

This table summarizes PRTF services available to Medicaid beneficiaries.

Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
In-State PRTF	Revenue Code 124	<u>No Modifier</u>	<u>No Modifier</u>	Day	<del>\$327.48</del> <u>\$316.12</u>	<u>** Prior Authorized</u>
In-State PRTF Therapeutic Home Visit	Revenue Code 183	<u>No Modifier</u>	<u>No Modifier</u>	Day	<del>\$327.48</del> <u>\$316.12</u>	14 days/year
In-State PRTF Assessment Services	Revenue Code 220	<u>No Modifier</u>	<u>No Modifier</u>	Day	<del>\$376.61</del> <u>\$363.54</u>	<u>** Prior Authorized</u>

Reimbursement for Out of State PRTF Services is ~~50%~~ 48.27% of their usual and customary charges.