

**December 23, 2003**  
**Montana Medicaid Notice**  
**Chemical Dependency Providers**

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**Montana Chemical Dependency Procedure Codes Effective  
January 1, 2004**

Effective January 1, 2004 the Chemical Dependency Bureau has adopted new Medicaid procedure codes for substance abuse services. These codes are being adopted as a result of the Health Insurance Portability and Accounting Act (HIPAA), which requires that all states use nationally recognized procedure codes for billing.

These new procedure codes should be used for all dates of service on or after January 1, 2004. The old or former procedure codes should be used for services provided prior to this date.

**Please note the following changes especially:**

1. Frontier Rates are denoted by the modifier HF
2. Case management is identified in 15 minute units at the former frontier rate of \$10.63 identified by modifier TG
3. Group Counseling will have a regular rate and a frontier rate, billable in hourly increments of \$18.00, \$36.00, and \$54.00 for the regular rate and \$22.00, \$44.00, and \$66.00 for the frontier rate. Reimbursement can only be made once per calendar day at the rate specified for the appropriate billing rate for the time spent in service (i.e. a client is in a two hour group on January 12, 2004 in Superior, MT. The provider would bill this service using procedure code H0005 HF and the rate of \$44.00. No other Group Counseling can be reimbursed for January 12, 2004 for this patient. Higher rates will be reconciled with enrollment in the ADIS system for Intensive Outpatient (IOP) services.

**See procedure code crosswalk and contact information on back**

The new procedure codes will be effective for dates of service on or after January 1, 2004.

<b>Service Description</b>	<b>Old Proc Code</b>	<b>New Proc Code</b>	<b>Modifier 1</b>	<b>Regular Rate</b>	<b>Frontier Rate (with HF) Unit</b>	<b>New Unit</b>	<b>Max Unit Allowed /Day</b>
Complete Assessment/ Placement	Z0783	H0001		\$257.00	\$257.00	per visit	1
Family Therapy (without patient present)	90846	90846	HF	\$51.38	\$61.66	per visit	1
Family Therapy (with patient present)	90847	90847	HF	\$51.38	\$61.66	per visit	1
Multiple Family Group Therapy	90849	90849	HF	\$18.01	\$21.61	per visit	1
Individual Therapy	Z0775	H0004	HF	\$12.84	\$15.41	per 15 min	6
Group Counseling	Z0776	H2035	HF	\$54.00	\$66.00	max per visit **	1
Liasion/ Case Management	Z0662	T1016	HF	\$10.63	\$10.63	per 15 min	8
Inpatient Residential Therapy	Z0785	H0010		\$208.48	na	per day	1
Inpatient Day Treatment	Z0786	H0012		\$104.24	na	per day	1
Individual Monitoring Waiting List	CD0789	H2036		\$20.00	\$20.00	per visit	1
Group Monitoring Waiting List	CD0790	H2036	HQ	\$10.00	\$10.00	per visit	1
To receive higher payment for the frontier rate the provider will need to use the HF modifier							
TG is the modifier for higher level of care							
HQ is the modifier for the group rate							
**Based on time in group billed as 1 unit							

## Contact Information

If you have any questions concerning the information that has been presented, please contact Chuck Michaud in the Chemical Dependency Bureau at 406-444-7924 or email him at [cmichaud@state.mt.us](mailto:cmichaud@state.mt.us).

For claims questions or additional information, contact Provider Relations:

**Provider Relations in Helena and out-of-state: (406) 442-1837**

**In-state toll-free: 1-800-624-3958**

For more information, visit the Provider Information website:

**<http://www.mtmedicaid.org>**