# Substance Use Disorder
# Non-Medicaid Provider Fee Schedule
# Effective July 1, 2022

## Evaluation and Management Services

Evaluation and management (E/M) services may be provided by physicians and other qualified health care professionals. Providers will bill using standard CPT E/M procedure codes and are reimbursed according to the Department's RBRVS system. Please refer to https://medicaidprovider.mt.gov

## Non-Medicaid Procedure Codes and Rates for Individuals
## 0-138% of Poverty

| Procedure Code | Modifier 1 | Description | Unit | Rate | Limits |
|---|---|---|---|---|---|
| H2034 | HD | SUD Clinically Managed Low Intensity (ASAM 3.1) (Women/children room & board) | per day | $141.82 | None |
| H2034 | | SUD Clinically Managed Low Intensity (ASAM 3.1) (room & board) | per day | $38.85 | None |
| H0003 | | CLIA Laboratory Performed Blood or Urine Test | per test | Up to $24.22 | None |
| SBS | | School Based Services | 15 min | $17.88 | None |
| H2017 | | Psychosocial Rehabilitation | 15 min | $12.65 | None |
| H0038 | HQ | Peer Support (Certified) Group – (Up to eight members per group.) | 15 min | $2.81 | 8 units per week per member. |

# Non-Medicaid Procedure Codes and Rates for Individuals

## 139-200% of Poverty

### Intensive Outpatient Bundled Rates

| Procedure Code | Modifier 1 | Modifier 2 | Description | Unit | Rate | Limits |
|---|---|---|---|---|---|---|
| H0015 | See below | - | Adult High Tier SUD Intensive Outpatient | per day | $100.53 | Four billable days per week |
| H2036 | See below | - | Adult Low Tier SUD Intensive Outpatient | per day | $83.09 | Four billable days per week |
| H0015 | See below | HA | Adolescent SUD Intensive Outpatient | per day | $100.53 | Four billable days per week |

Modifier HH may be used when an individual with a mental health diagnosis from the Diagnostic and Statistical Manual of Mental Disorders receives therapeutic mental health services by the SUD IOP provider. Please note that modifier HH must always be in the first modifier position to trigger payment. Modifier HH will not trigger payment if used in the second modifier position. Using modifier HH will enhance the unit rate by $23.36. For Adolescents, Modifier HA must be the in the first modifier position when Modifier HH is NOT being used.

## Medication-Assisted Therapy (MAT)

| Procedure Code | Modifier 1 | Description | Unit | Rate | Limits |
|---|---|---|---|---|---|
| H0016 | - | Medication-Assisted Therapy (MAT) Intake | first week of enrollment | $363.57 | See Below* |
| H0016 | HG | Medication-Assisted Therapy (MAT) | per week | $129.84 | None |

*The Medication-Assisted Therapy (MAT) Intake bundled rate is limited to one use per individual per 4-week period. MAT Intake can only be reimbursed for the first week of member's enrollment into the MAT program.

## Non-Medicaid Procedure Codes and Rates for Individuals
## 139-200% of Poverty

| Procedure Code | Modifier 1 | Description | Unit | Rate | Limits |
|---|---|---|---|---|---|
| H0010 | | SUD Medically Monitored Intensive Inpatient (ASAM 3.7) | per day | $248.51 | None |
| H0018 | | SUD Clinically Managed High-Intensity (Adult)/Medium-Intensity (Adolescent) Residential (ASAM 3.5) | per day | $248.51 | None |
| H0012 | | SUD Partial Hospitalization (ASAM 2.5) | per day | $124.25 | None |

| | | | | | |
|---|---|---|---|---|---|
| H2034 | HD | SUD Clinically Managed Low Intensity (ASAM 3.1) (Women/children room & board) | per day | $141.82 | None |
| H2034 | | SUD Clinically Managed Low Intensity (ASAM 3.1) (room & board) | per day | $38.85 | None |
| H0048 | | Dip Strip or Saliva Collection, Handling, and Testing | per test | $8.54 | None |
| H0003 | | CLIA Laboratory Performed Blood or Urine Test | per test | Up to $24.22 | None |
| SBS | | School Based Services | 15 min | $17.88 | None |
| H2017 | | Psychosocial Rehabilitation | 15 min | $12.65 | None |
| H0038 | | Peer Support (Certified) Individual | 15 min | $14.01 | None |
| H0038 | HH | Peer Support (Certified) Individual (co-occurring) | 15 min | $14.01 | None |
| H0038 | HQ | Peer Support (Certified) Group – (Up to eight members per group.) | 15 min | $2.81 | 8 units per week per member. |

## Non-Medicaid Co-occurring Procedure Codes and Rates for Individuals 0-200% of Poverty

| Procedure Code | Description | Unit | Rate |
|---|---|---|---|
| CC | Case Consultation by Psychologist/LCPC | 15 min | $15.38 |

## Non-Medicaid Procedure Codes and Rates for Individuals – Pharmacy 0-200% of Poverty

| Procedure Code | Description | Unit | Rate |
|---|---|---|---|
| J0571-HG | Buprenorphine Oral 1 mg (Subutex) | 1 mg | Medicaid Pharmacy Rate |
| J0572-HG | Buprenorphine/Naloxone up to 3 mg (Suboxone) | Up to 3mg | Medicaid Pharmacy Rate |
| J0573-HG | Buprenorphine/Naloxone >3.1 <= 6 mg (Suboxone) | 3.1- 6 mg | Medicaid Pharmacy Rate |
| J0574-HG | Buprenorphine/Naloxone >6.1 <= 10 mg (Suboxone) | 6.1-10 mg | Medicaid Pharmacy Rate |
| J0575-HG | Buprenorphine/Naloxone >10 mg (Suboxone) | 10.1 mg and up | Medicaid Pharmacy Rate |

| | | | |
|---|---|---|---|
| Q9991 | Buprenorphine XR, <= 100 mg | 100 mg or less | Medicaid Pharmacy Rate |
| Q9992 | Buprenorphine XR, >100 mg | Over 100 mg | Medicaid Pharmacy Rate |
| J2315 | Naltrexone Injection 1 mg (Vivitrol) | 1 mg | Medicaid Pharmacy Rate |
| S0109-HG | Methadone, oral, 5 mg | 5 mg | Medicaid Pharmacy Rate |
| NDC | Disulfiram, 250 mg | 250 mg | Medicaid Pharmacy Rate |
| NDC | Acamprosate, 333 mg | 333 mg | Medicaid Pharmacy Rate |
| NDC | Chlordiazepoxide, 10 mg | 10 mg | Medicaid Pharmacy Rate |

## Non-Medicaid Procedure Codes and Rates for Individuals - RBRVS 139-200% of Poverty

| Procedure Code | Description | Unit | Rate |
|---|---|---|---|
| 99408 | SBIRT/ATOD Screening – (e.g. Audit, DAST) and brief intervention - 15-30 Minutes | per visit | See RBRVS Schedule |
| 99409 | SBIRT/ATOD Screening – (e.g. Audit, DAST) and brief intervention - 30 Minutes or more | per visit | See RBRVS Schedule |
| 90832-HF | Individual Psychotherapy with patient | 30 min | See RBRVS Schedule |
| 90834-HF | Individual Psychotherapy with patient | 45 min | See RBRVS Schedule |
| 90837-HF | Individual Psychotherapy with patient | 60 min | See RBRVS Schedule |
| 90853-HF | Group Psychotherapy | per visit | See RBRVS Schedule |
| 90849 | Multi-Family Group Therapy | per visit | See RBRVS Schedule |
| 90847 | Family Therapy with Patient | per visit | See RBRVS Schedule |
| 90846 | Family Therapy without Patient | per visit | See RBRVS Schedule |
| 90791 | Psychiatric Diagnostic Evaluation (Assessment & Placement) | per evaluation | See RBRVS Schedule |

## Non-Medicaid Co-occurring Procedure Codes and Rates for Individuals - RBRVS

# 139-200% of Poverty

| Procedure Code | Description | Unit | Rate |
|---|---|---|---|
| 90791-NP | Psychiatric Diagnosis Eval–Nonmedical by Nurse Practitioner | per eval | See RBRVS Schedule |
| 90791-MH | Psychiatric Diagnosis Eval–Nonmedical by LCPC /LCSW | per eval | See RBRVS Schedule |
| 90791-MD | Psychiatric Diagnosis Eval–Nonmedical by Physician/Addictionologist | per eval | See RBRVS Schedule |
| 90791-PS | Psychiatric Diagnosis Eval–Nonmedical by Psychiatrist | per eval | See RBRVS Schedule |
| 90792-NP | Psychiatric Diagnosis Eval–with Medical by Nurse Practitioner | per eval | See RBRVS Schedule |
| 90792-MD | Psychiatric Diagnosis Eval–with Medical by Physician/Addictionologist | per eval | See RBRVS Schedule |
| 90792-PS | Psychiatric Diagnosis Eval–with Medical by Psychiatrist | per eval | See RBRVS Schedule |
| 90832-NP | Brief Psychotherapy by Nurse Practitioner | 30 min | See RBRVS Schedule |
| 90832-MH | Brief Psychotherapy by LCPC/LCSW | 30 min. | See RBRVS Schedule |
| 90832-MD | Brief Psychotherapy by Physician /Addictionologist | 30 min | See RBRVS Schedule |
| 90832-PS | Brief Psychotherapy by Psychiatrist | 30 min | See RBRVS Schedule |
| 90833-NP | Psychotherapy with E&M by Nurse Practitioner | 30 min | See RBRVS Schedule |
| 90833-MD | Psychotherapy with E&M by Physician /Addictionologist | 30 min | See RBRVS Schedule |
| 90833-PS | Psychotherapy with E&M by Psychiatrist | 30 min | See RBRVS Schedule |
| 90834-NP | Psychotherapy by Nurse Practitioner | 45 min | See RBRVS Schedule |
| 90834-MH | Psychotherapy by LCPC/LCSW | 45 min. | See RBRVS Schedule |
| 90834-MD | Psychotherapy by Physician/Addictionologist | 45 min | See RBRVS Schedule |
| 90834-PS | Psychotherapy by Psychiatrist | 45 min | See RBRVS Schedule |
| 90836-NP | Psychotherapy with E&M by Nurse Practitioner | 45 min | See RBRVS Schedule |
| 90836-MD | Psychotherapy with E&M by Physician/Addictionologist | 45 min | See RBRVS Schedule |
| 90836-PS | Psychotherapy with E&M by Psychiatrist | 45 min | See RBRVS Schedule |
| 90837-NP | Psychotherapy by Nurse Practitioner | 60 min | See RBRVS Schedule |
| 90837-MH | Psychotherapy by LCPC/LCSW | 60 min | See RBRVS Schedule |
| 90837-MD | Psychotherapy by Physician/Addictionologist | 60 min | See RBRVS Schedule |
| 90837-PS | Psychotherapy by Psychiatrist | 60 min | See RBRVS Schedule |
| 90853 | Group Psychotherapy | per visit | See RBRVS Schedule |

| | | | |
|---|---|---|---|
| 90785-NP | Interactive Complexity by Nurse Practitioner | 15 min | See RBRVS Schedule |
| 90785-MH | Interactive Complexity by LCPC/LCSW | 15 min. | See RBRVS Schedule |
| 90785-MD | Interactive Complexity by Physician /Addictionologist | 15 min | See RBRVS Schedule |
| 90785-PS | Interactive Complexity by Psychiatrist | 15 min | See RBRVS Schedule |
| 99201-NP | Office/Outpatient Visit–New Patient by Nurse Practitioner | 10 min | See RBRVS Schedule |
| 99201-MD | Office/Outpatient Visit–New Patient by Physician /Addictionologist | 10 min | See RBRVS Schedule |
| 99201-PS | Office/Outpatient Visit–New Patient by Psychiatrist | 10 min | See RBRVS Schedule |
| 99202-NP | Office/Outpatient Visit–New Patient by Nurse Practitioner | 20 min | See RBRVS Schedule |
| 99202-MD | Office/Outpatient Visit–New Patient by Physician /Addictionologist | 20 min | See RBRVS Schedule |
| 99202-PS | Office/Outpatient Visit–New Patient by Psychiatrist | 20 min | See RBRVS Schedule |
| 99203-NP | Office/Outpatient Visit-New Patient Nurse Practitioner | 30 min | See RBRVS Schedule |
| 99203-MD | Office/Outpatient Visit–New Patient by Physician/Addictionologist | 30 min | See RBRVS Schedule |
| 99203-PS | Office/Outpatient Visit–New Patient by Psychiatrist | 30 min | See RBRVS Schedule |
| 99204-NP | Office/Outpatient Visit–New Patient by Nurse Practitioner | 40 min | See RBRVS Schedule |
| 99204-MD | Office/Outpatient Visit–New Patient by Physician/Addictionologist | 40 min | See RBRVS Schedule |
| 99204-PS | Office/Outpatient Visit–New Patient by Psychiatrist | 40 min | See RBRVS Schedule |
| 99205-NP | Office/Outpatient Visit–New Patient by Nurse Practitioner | 50 min | See RBRVS Schedule |
| 99205-MD | Office/Outpatient Visit–New Patient by Physician/Addictionologist | 50 min | See RBRVS Schedule |
| 99205-PS | Office/Outpatient Visit–New Patient by Psychiatrist | 50 min | See RBRVS Schedule |
| 99211-NP | Office/Outpatient Visit–Established Patient by Nurse Practitioner | 5 min | See RBRVS Schedule |
| 99211-MD | Office/Outpatient Visit–Established Patient by Physician/Addictionologist | 5 min | See RBRVS Schedule |
| 99211-PS | Office/Outpatient Visit–Established Patient by Psychiatrist | 5 min | See RBRVS Schedule |
| 99212-NP | Office/Outpatient Visit–Established Patient by Nurse Practitioner | 10 min | See RBRVS Schedule |
| 99212-MD | Office/Outpatient Visit–Established Patient by Physician/Addictionologist | 10 min | See RBRVS Schedule |
| 99212-PS | Office/Outpatient Visit–Established Patient by Psychiatrist | 10 min | See RBRVS Schedule |
| 99213-NP | Office/Outpatient Visit–Established Patient by Nurse Practitioner | 15 min | See RBRVS Schedule |
| 99213-MD | Office/Outpatient Visit–Established Patient by Physician/Addictionologist | 15 min | See RBRVS Schedule |
| 99213-PS | Office/Outpatient Visit–Established Patient by Psychiatrist | 15 min | See RBRVS Schedule |
| 99214-NP | Office/Outpatient Visit–Established Patient by Nurse Practitioner | 25 min | See RBRVS Schedule |

| 99214-MD | Office/Outpatient Visit–Established Patient by Physician/Addictionologist | 25 min | See RBRVS Schedule |
|---|---|---|---|
| 99214-PS | Office/Outpatient Visit–Established Patient by Psychiatrist | 25 min | See RBRVS Schedule |
| 99215-NP | Office/Outpatient Visit–Established Patient by Nurse Practitioner | 40 min | See RBRVS Schedule |
| 99215-MD | Office/Outpatient Visit–Established Patient by Physician/Addictionologist | 40 min | See RBRVS Schedule |
| 99215-PS | Office/Outpatient Visit–Established Patient by Psychiatrist | 40 min | See RBRVS Schedule |

RBRVS Schedule can be found at  https://medicaidprovider.mt.gov