

Medicaid Mental Health Individuals 18 Years of Age and Older Fee Schedule Effective July 1, 2012

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-4 procedure codes and are reimbursed according to the Department's RBRVS system. Please refer to

http://medicaidprovider.hhs.mt.gov/pdf/fee_schedules/2012/rbrvsfsfy2013.pdf for the rates.

CPT Code	Procedure	Time	Psychologist	LCSW	LCPC
90801	Psychiatric diagnostic interview examination	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
90804*	Individual psychotherapy	20 - 30 min.	Same as Medicaid	Same as Medicaid	Same as Medicaid
90806*	Individual psychotherapy	45 - 50 min.	Same as Medicaid	Same as Medicaid	Same as Medicaid
90846*	Family psychotherapy without patient	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
90847*	Family psychotherapy with patient	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
90853	Group psychotherapy (other than multi-family)	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
96101 AH	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	Same as Medicaid	N/A	N/A
96102 AH	Psychological testing by technician	Per hour	Same as Medicaid	N/A	N/A
96103 AH	Psychological testing administered by computer	Per test battery	Same as Medicaid	N/A	N/A

*Individuals may not receive more than a combined total of 24 sessions per year (July 1 – June 30) for these four codes.

III. Mental Health Center Services

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

Service	Procedure	Modifier		Unit	Reimbursement	Copay	Limits	Management
		1	2					
Respite Care – Adult	S5150	HB		15 min	\$2.70	None	24 units/24 hours 48 units/mo	Retrospective
M.H. Group Home – Adult	S5102			Day	\$99.78	None	None	Retrospective
M.H. Group Home Therapeutic Leave	S5102	U5		Day	\$99.78	None	14 days / year	Retrospective
Adult Foster Care	S5140			Day	\$79.83	None	None	Retrospective
Adult Foster Care Therapeutic Leave	S5140	U5		Day	\$79.83	None	14 days / year	Retrospective
Day treatment – Adult Half day	H2012	HB		Hour	\$12.38	None	3 hrs/day	Retrospective
Community-based psychiatric rehabilitation & support – individual	H2019			15 min	\$6.49	None	None	Retrospective
Community-based psychiatric rehabilitation & support – group	H2019	HQ		15 min	\$1.94	None	None	Retrospective
Illness Management and Recovery – Individual	H2015	HB		15 min	\$11.13	None	None	Retrospective review
Illness Management and Recovery - Group	H2017	HQ		15 min	\$6.22	None	None	Retrospective review
Crisis intervention facility	S9485			Day	\$323.99	None	None	Prior Authorization
Program of Assertive Community Treatment (PACT)	H0040			Day	\$44.16	None	None	Retrospective review
Intensive Community Based Rehabilitation	S5102	HE		Day	\$236.37		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.	\$16.83	None	None	Retrospective

V. Partial Hospitalization

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

Service	Procedure	Modifier	Unit	Reimbursement	Copay	Limits	Management
Acute Partial Hospitalization Full day	H0035	U8	Full Day	\$158.75	None	28 days*	Prior auth. CON
Acute Partial Hospitalization Half day	H0035	U7	Day	\$119.06	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 Medicaid 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 Services	H0046	HB	45-50 min	\$53.76	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Individual	H2014		15 min	\$15.76	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Group	H2014	HQ	15 min	\$10.50	\$3.00	None	Prior authorized