

Medicaid Youth Mental Health Fee Schedule

January 1st 2014

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)(c)(i).

A copy of the RBRVS fee schedule is available at <http://medicaidprovider.hhs.mt.gov/providerpages/provider/45.shtml#feeschedules>.

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 *Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management*, referenced in ARM 37.87.903(9).

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. All admissions of Medicaid recipients require prior authorization.

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

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

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits
		1	2				
Respite Care – Youth	S5150	HA		15 min	\$2.62	None	Up to 24 units /24 hrs and 48 units/mo
Youth Day Treatment	H2012	HA		Hour	\$10.67	None	6 hours/day
Community-based psychiatric rehabilitation & support – individual	H2019			15 min.	\$ 6.62	None	None
Community-based psychiatric rehabilitation & support – group	H2019	HQ		15 min.	\$1.98	None	None
Comprehensive School and Community Treatment (CSCT)	H0036			15 min.	\$25.11*	None	720 units/mo per Team**
CSCT Intervention, Assessment and Referral (IAR)	H2027			15 min.	\$25.11*	None	20 Units/youth per SFY**

*See <http://medicaidprovider.hhs.mt.gov/providerpages/provider/45.shtml#feeschedules>.

**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.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits
		1	2				
Targeted Case Management - Youth	T1016	HA		15 min.	\$18.41*	None	None

*Reimbursement rate is effective retroactive to July 1st 2013.

V. Therapeutic Youth Group Home Services

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

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits
		1	2				
Therapeutic Youth Group Home	S5145			Day	\$183.98	None	*
Therapeutic Youth Group Home Therapeutic home leave	S5145		U5	Day	\$183.98	None	14 days/year
Extraordinary Needs Aide Services	S5145	UD		Hour	\$14.85	None	None

* See "Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management."

VI. 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.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits
		1	2				
Home Support Services	H2020			Day	\$46.41	None	*
Therapeutic Foster Care	S5145	HR		Day	\$46.41	None	None
Permanency Therapeutic Foster Care	S5145	HE		Day	\$128.44	None	None

*See "Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management".

VII. Partial Hospitalization

This table summarizes partial hospitalization services available to Medicaid beneficiaries.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits
		1	2				
Acute Partial Hospitalization Full day	H0035	U8		Full Day	\$161.93	None	15 days*
Acute Partial Hospitalization Half day	H0035	U7		Half Day	\$121.44	None	15 days*
Sub-acute Partial Hospitalization Full day	H0035	U6		Full Day	\$102.84	None	60 days*
Sub-acute Partial Hospitalization Half day	H0035			Half Day	\$77.13	None	60 days*

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

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

This table summarizes PRTF services available to Medicaid beneficiaries.

Service	Procedure	Unit	Reimbursement	Co-pay	Limits
PRTF	Revenue Code 124	Day	\$309.84*	None	None
PRTF Therapeutic Home Visit	Revenue Code 183	Day	\$309.84*	None	14 days/year
PRTF Assessment Services	Revenue Code 220	Day	\$356.31*	None	None

*Effective January 1st 2014, All Medicaid state plan ancillary services will be reimbursed by the Montana Medicaid State Plan Program and not the PRTF.

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