

# Medicaid Youth Mental Health Fee Schedule

## July 1<sup>st</sup> 2016

### 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.mt.gov/proposedfs>.

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, "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. 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	Limits
		1	2			
Non Medicaid_Respite Care – Youth	S5150	HA		15 min.	\$2.76	Up to 24 units /24 hrs and 48 units/mo
Youth Day Treatment	H2012	HA		Hour	\$11.28	6 hours/day
Community-based psychiatric rehabilitation & support – individual	H2019	HA		15 min.	\$6.99	None
Community-based psychiatric rehabilitation & support – group	H2019			15 min.	\$2.09	None
Comprehensive School and Community Treatment (CSCT)	H0036			15 min.	*\$26.54	720 units/mo per Team**
CSCT Intervention, Assessment and Referral (IAR)	H2027			15 min.	*\$26.54	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	Limits
		1	2			
Targeted Case Management - Youth	T1016	HA		15 min.	\$19.45	None

V. Therapeutic Youth Group Home Services

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

Service	Procedure	Modifier		Unit	Reimbursement	Limits
		1	2			
Therapeutic Youth Group Home	S5145			Day	\$194.46	*
Therapeutic Youth Group Home Therapeutic home leave	S5145		U5	Day	\$194.46	14 days/year
Extraordinary Needs Aide Services	H2019	TG		15 min.	\$3.92	None

\* See current "CMHB Medicaid Services Provider Manual."

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	Limits
		1	2			
Home Support Services	H2020			Day	\$49.05	*
Therapeutic Foster Care	S5145	HR		Day	\$49.05	None
Permanency Therapeutic Foster Care	S5145	HE		Day	\$135.75	None

\*See current "CMHB Medicaid Services Provider Manual."

VII. Partial Hospitalization

This table summarizes partial hospitalization services available to Medicaid beneficiaries.

Service	Procedure	Modifier		Unit	Reimbursement	Limits
		1	2			
<b>Acute</b> Partial Hospitalization Full day	H0035	U8		Full Day	\$171.14	*
<b>Acute</b> Partial Hospitalization Half day	H0035	U7		Half Day	\$128.35	*
<b>Sub-acute</b> Partial Hospitalization Full day	H0035	U6		Full Day	\$108.70	*
<b>Sub-acute</b> Partial Hospitalization Half day	H0035			Half Day	\$81.52	*

\*See current "CMHB Medicaid Services Provider Manual."

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

This table summarizes PRTF services available to Medicaid beneficiaries.

Service	Procedure	Unit	Reimbursement	Limits
In-State PRTF	Revenue Code 124	Day	\$327.48	**
In-State PRTF Therapeutic Home Visit	Revenue Code 183	Day	\$327.48	14 days/year
In-State PRTF Assessment Services	Revenue Code 220	Day	\$376.61	None

\*\*See current "CMHB Medicaid Services Provider Manual."

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