

FY 18 Medicaid Mental Health
Individuals 18 years of age and older
Fee Schedule Effective January 1, 2018

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 psychiatric admissions of Medicaid members require prior authorization.

II. Practitioner Services

Mental health practitioners include physicians, mid-level practitioners, psychologists, social workers, and professional counselors. Practitioners' bill using standard CPT procedure codes and are reimbursed according to the Department's RBRVS system. Please refer to <http://medicaidprovider.mt.gov/>.

III. Mental Health Center Services

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

Service	Procedure	Modifier		Unit	Reimbursement	Units	Management
		1	2				
M.H. Group Home – Adult	S5102			Day	\$104.77	None	Retrospective Review
M.H. Group Home Therapeutic Leave	S5102	U5		Day	\$104.77	14 days / year	Retrospective Review
Adult Foster Care	S5140			Day	\$83.82	None	Retrospective Review
Adult Foster Care Therapeutic Leave	S5140	U5		Day	\$83.82	14 days / year	Retrospective Review
Day treatment – Adult Half day	H2012	HB		Hour	\$13.00	3 hrs/day	Retrospective Review
Community-based psychiatric rehabilitation & support – individual	H2019	HB		15 min	\$6.82	None	Retrospective Review
Community-based psychiatric rehabilitation & support – group	H2019	HQ		15 min	\$2.04	None	Retrospective Review
Illness Management and Recovery – Individual	H2015	HB		15 min	\$11.69	None	Retrospective review
Illness Management and Recovery – Group	H2017	HQ		15 min	\$6.52	None	Retrospective review
Crisis Intervention Facility	S9485			Day	\$340.19	None	Prior Authorization Continued Stay Only
Program of Assertive Community Treatment (PACT)	H0040			Day	\$46.36	None	Retrospective review
Intensive Community Based Rehabilitation	S5102	HE		Day	\$248.20	None	Prior Authorization

IV. Partial Hospitalization

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

Service	Procedure	Modifier	Unit	Reimbursement	Limits	Management
Acute Partial Hospitalization Full day	H0035	U8	Full Day	\$166.86	28 days*	Retrospective Review
Acute Partial Hospitalization Half day	H0035	U7	Day	\$125.02	28 days*	Retrospective Review

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

V. Dialectical Behavior Therapy (DBT) Services

A licensed mental health practitioner must be trained and certified in Dialectical Behavior Therapy to provide these outpatient services. Dialectical Behavior Therapy Skill Development may be reimbursed to mental health center and/or mental health practitioner provider types.

Service	Procedure	Modifier	Unit	Reimbursement	Limits	Management
Intensive Individual DBT Psychotherapy Services	H0046	HB	45-50 min	\$56.44	None	Retrospective Review
Dialectical Behavior Therapy – Skill Development - Individual	H2014		15 min	\$16.86	None	Retrospective Review
Dialectical Behavior Therapy – Skill Development - Group	H2014	HQ	15 min	\$11.02	None	Retrospective Review