

# **Medicaid Mental Health Individuals 18 years of age and older Fee Schedule Effective October 1, 2019**

## **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 out-of-state admissions of Medicaid members 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 procedure codes and are reimbursed according to the Department's RBRVS system. [Please refer to https://medicaidprovider.mt.gov](https://medicaidprovider.mt.gov)

### III. Mental Health Center Services

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

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
M.H. Group Home – Adult	S5102	-	-	Day	\$ 108.98	None
M.H. Group Home Therapeutic Leave	S5102	U5	-	Day	\$ 108.98	14 days / year
Adult Foster Care	S5140		-	Day	\$ 87.19	None
Adult Foster Care Therapeutic Leave	S5140	U5	-	Day	\$ 87.19	14 days / year
Day treatment – Adult Half day	H2012	HB	-	Hour	\$ 13.52	3 hrs/day
Community-based psychiatric rehabilitation & support – individual	H2019	HB	-	15 min	\$ 7.09	8 units/day
Community-based psychiatric rehabilitation & support – group	H2019	HQ	-	15 min	\$ 2.12	8 units/day
Illness Management and Recovery – Individual	H2015	HB	-	15 min	\$ 12.16	None
Illness Management and Recovery – Group	H2017	HQ	-	15 min	\$ 6.78	None
Crisis Stabilization Program	S9485	-	-	Day	\$ 353.87	None
Program of Assertive Community Treatment (PACT)	H0040	-	-	Day	\$ 48.22	None
Intensive Community Based Rehabilitation (ICBR)	S5102	HE	-	Day	\$ 258.18	None
Peer Support (Certified) Individual	H0038	-	-	15 min	\$13.48	None
Peer Support (Certified) Individual (co-occurring)	H0038	HH		15 min	\$13.48	None

### IV. Partial Hospitalization

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

Service	Procedure	Modifier	Unit	Reimbursement	Limits
Acute Partial Hospitalization Full day	H0035	U8	Full Day	\$ 173.57	28 days*
Acute Partial Hospitalization Half day	H0035	U7	Day	\$ 130.04	28 days*

\* 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
Intensive Individual DBT Psychotherapy Services	H0046	HB	45-50 min	\$ 58.71	None
Dialectical Behavior Therapy – Skill Development - Individual	H2014	-	15 min	\$ 17.54	None
Dialectical Behavior Therapy – Skill Development - Group	H2014	HQ	15 min	\$ 11.46	None