

**PROPOSED Medicaid Mental Health Services
Individuals 18 years of age and older Fee Schedule
Effective ~~July 1, 2020~~ October 1, 2020**

Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid members under the Montana Medicaid program's Diagnosis Related Group (DRG) reimbursement system. All out-of-state admissions of Medicaid members require prior authorization.

Evaluation and Management Services

Evaluation and management (E/M) services may be provided by physicians and other qualified health care professionals. Providers bill using standard CPT E/M procedure codes and are reimbursed according to the Department's RBRVS system. [Please refer to https://medicaidprovider.mt.gov](https://medicaidprovider.mt.gov).

Mental Health Center Services

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

Procedure Code	Modifier	Description	Unit	Rate	Limits
S5102	-	Behavioral Health Group Home	Day	\$169.95	None
S5140		Adult Foster Care	Day	\$88.79	None
S5140	U5	Adult Foster Care Therapeutic Leave	Day	\$88.79	14 days / year
H2012	HB	Day treatment – Adult Half day	Hour	\$13.77	3 hrs/day
H2019	HB	Community-based psychiatric rehabilitation & support – individual	15 min	\$7.22	8 units/day
H2019	HQ	Community-based psychiatric rehabilitation & support – group	15 min	\$2.16	8 units/day
H2015	HB	Illness Management and Recovery – Individual	15 min	\$12.38	None
H2017	HQ	Illness Management and Recovery – Group	15 min	\$6.90	None
S9485	-	Crisis Stabilization Program	Day	\$360.35	None
H0040	-	Program of Assertive Community Treatment (PACT)	Week	\$343.32	None
S5102	HT	Intensive Program of Assertive Community Treatment (InPACT) – <i>Residential services*</i>	Day	\$117.00	None
H0040	HT	PACT Community Maintenance Program (CMP)	Day	\$49.05	None
H0037	HT	Montana Assertive Community Treatment- (MACT)	Week	\$261.70	None
H0038	-	Peer Support (Certified) Individual	15 min	\$13.73	None
H0038	HH	Peer Support (Certified) Individual (co-occurring)	15 min	\$13.73	None

*A provider billing for Intensive Program Assertive Community Treatment (InPACT) residential services would bill both PACT weekly rate as well as InPACT residential services daily rate.

Partial Hospitalization

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

Procedure Code	Modifier	Description	Unit	Rate	Limits
H0035	U8	Acute Partial Hospitalization Full day U8	Full Day	\$176.75	28 days*
H0035	U8	Acute Partial Hospitalization Half day	Day	\$132.42	28 days*

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

Dialectical Behavior Therapy (DBT) Services

A licensed mental health professional 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 provider types.

Procedure Code	Modifier	Description	Unit	Rate	Limits
H0046	HB	Intensive Individual DBT Psychotherapy Services	45-50 min	\$59.78	None
H2014	-	Dialectical Behavior Therapy – Skill Development - Individual	15 min	\$17.86	None
H2014	HQ	Dialectical Behavior Therapy – Skill Development - Group	15 min	\$11.67	None

Transcranial Magnetic Stimulation (TMS) Services

Transcranial Magnetic Stimulation may be reimbursed to Montana licensed Psychiatrists and Physician provider types.

<u>Procedure Code</u>	<u>Description</u>	<u>Unit</u>	<u>Rate</u>	<u>Limits</u>
<u>90867</u>	<u>Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management</u>	<u>Per session</u>	<u>See RBRVS Fee Schedule MSRP</u>	<u>1</u>
<u>90868</u>	<u>Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management</u>	<u>Per session</u>	<u>See RBRVS Fee Schedule MSRP</u>	<u>30</u>
<u>90869</u>	<u>Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management</u>	<u>Per session</u>	<u>See RBRVS Fee Schedule MSRP</u>	<u>4</u>

Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available).