MONTANA MEDICAID

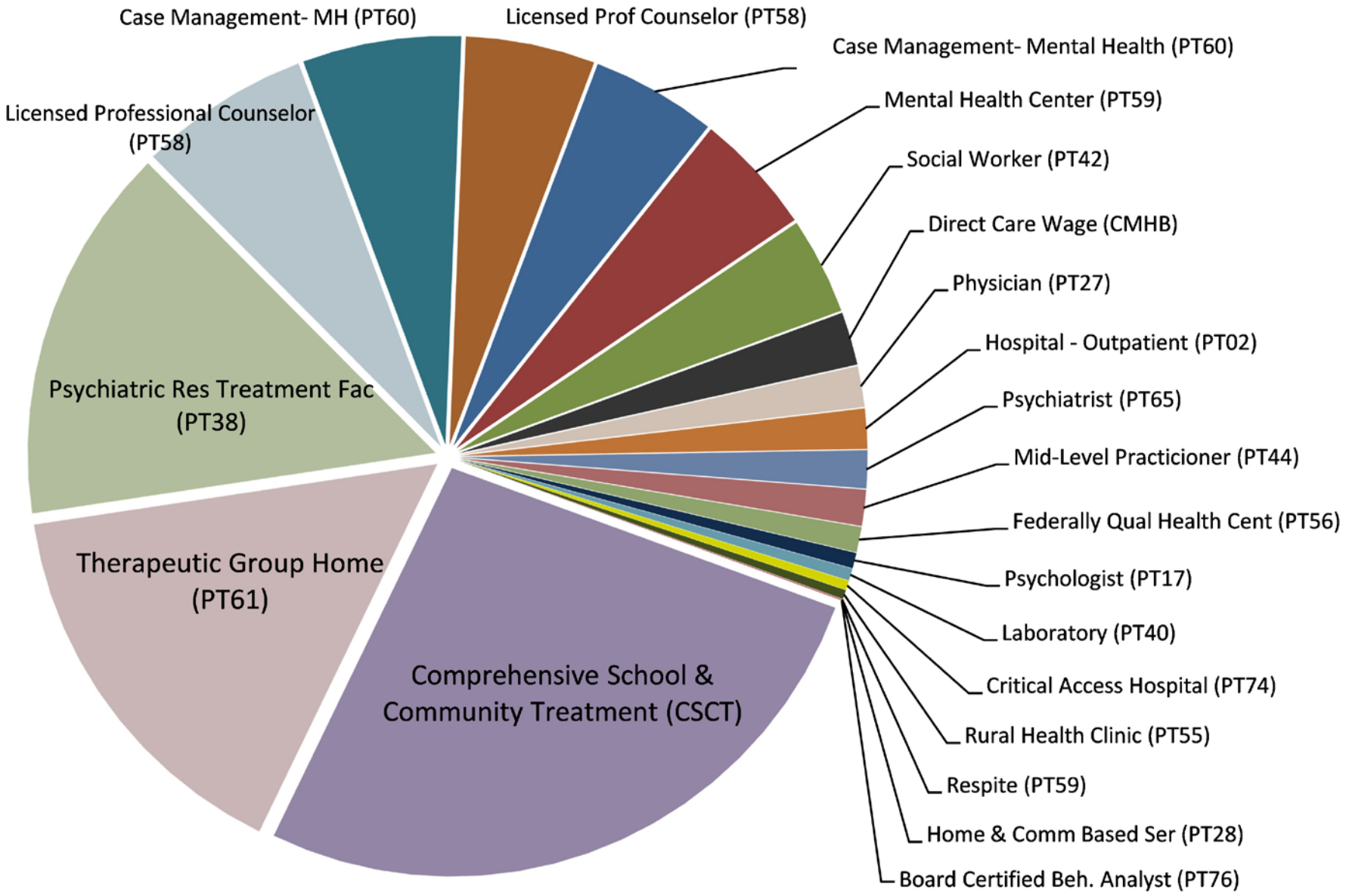
Licensed Mental Health Outpatient Psychotherapy Training

Children's Mental Health Bureau Overview

- Administers state/federal funded mental health services for youth and families; mostly Medicaid.
- Manages both internal and contractual utilization review functions for services requiring prior approval such as Psychiatric Residential Treatment Facility (PRTF) or Therapeutic Group Home as example.
- Designs, develops and implements Medicaid mental health policy within Federal Medicaid guidelines.
- Ensure timely payment to Medicaid providers for provided services.
- Conducts mental health legislated required reporting and quality assurance studies to ensure effective services are provided to youth and their families.

MEDICAID MENTAL HEALTH YOUTH

SFY 2018 To-Date Expenditures by Provider Type based on Dates of Service

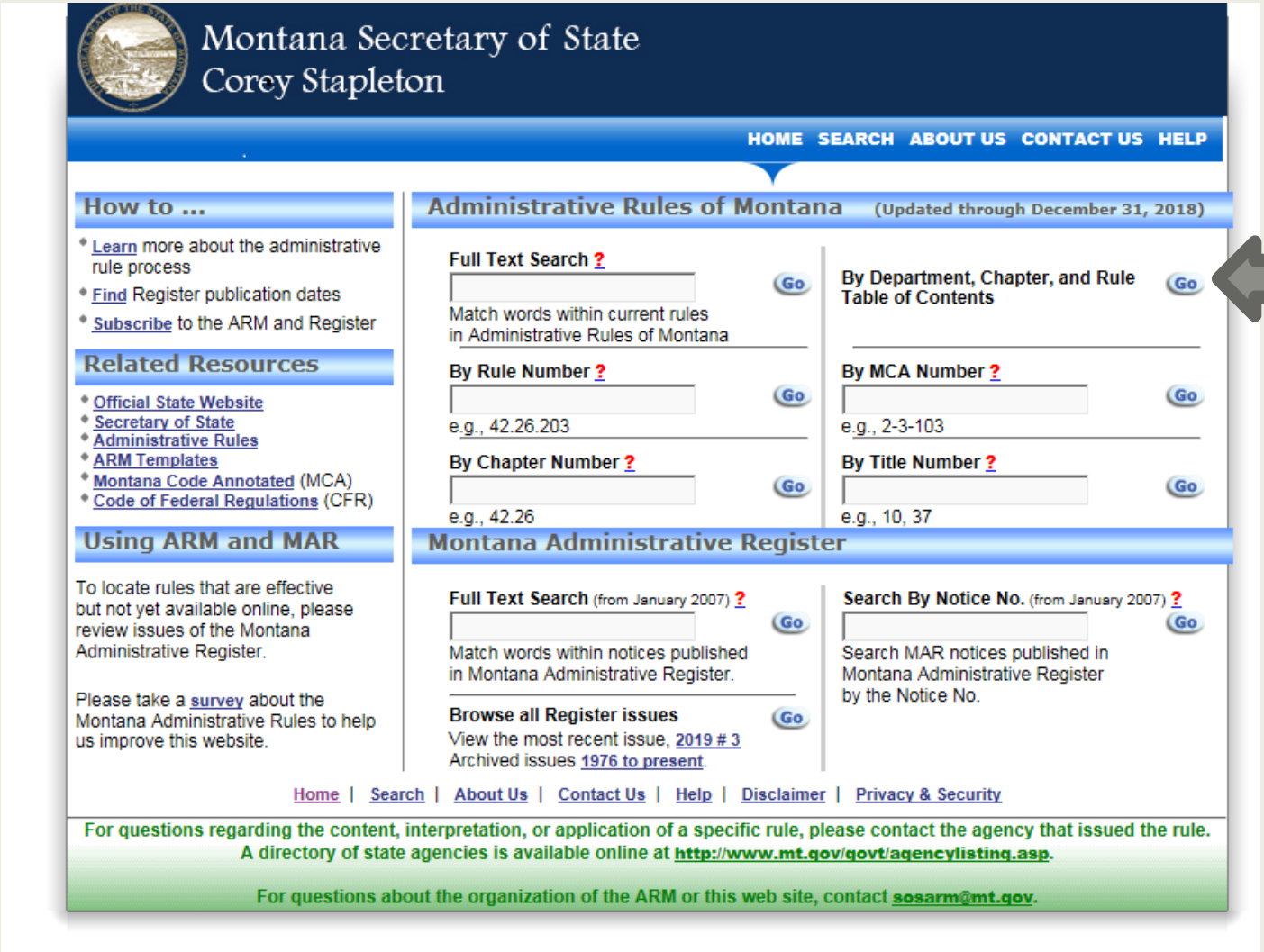


	Service Expenditure	# Served	Expenditures	
*	Comprehensive School & Community Treatment (CSCT)	5,055	$ 34,514,818	26.6%
*	Therapeutic Group Home (PT61)	676	$ 20,001,436	15.4%
*	Psychiatric Res Treatment Fac (PT38)	636	19,329,517	14.9%
*	Licensed Professional Counselor (PT58)	8,649	8,803,896	6.8%
*	Home Support Service / Therap Foster Care (PT64)	1,480	8,150,960	6.3%
*	Hospital - Inpatient (PT01)	990	6,647,063	5.1%
*	Case Management- Mental Health (PT60)	4,713	6,441,124	5.0%
*	Mental Health Center (PT59)	2,103	6,263,454	4.8%
*	Social Worker (PT42)	5,329	4,990,635	3.9%
*	Direct Care Wage (CMHB) - Not a Service Type		2,726,456	2.1%
*	Physician (PT27)	6,868	2,107,248	1.6%
*	Hospital - Outpatient (PT02)	3,224	2,058,841	1.6%
*	Psychiatrist (PT65)	2,704	1,943,020	1.5%
*	Mid-Level Practicioner (PT44)	4,107	1,849,795	1.4%
*	Federally Qual Health Center (PT56)	1,613	1,307,081	1.0%
*	Psychologist (PT17)	1,218	795,959	0.6%
*	Laboratory (PT40)	691	626,973	0.5%
*	Critical Access Hospital (PT74)	822	478,103	0.4%
*	Rural Health Clinic (PT55)	1,140	464,443	0.4%
*	Respite (PT59)	160	56,784	0.0%
*	Home & Comm Based Services (PT28)	6	19,765	0.0%
*	Board Certified Beh. Analyst (PT76)	3	5,212	0.0%
	Total Children's Medicaid Mental Health and CSCT	**21,932**	**$ 129,583,577**	100%

** Expenditures through November 27, 2018 based on Date of Service. Includes CHIP funded HMK + Medicaid Expansion*

Administrative Rules of Montana (ARM)

- http://www.mtrules.org/default.asp



ARM Section is searchable and has a browser option.

Department Health and Human Services Chapter 37

Montana Secretary of State
Corey Stapleton

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Department List

Click on the Department name to search by Chapters.
Click on the table header to re-sort the results.
Press **Ctrl-F** to search by text.

Dept. No.	Department Name
1	GENERAL PROVISIONS
2	ADMINISTRATION
4	AGRICULTURE
6	STATE AUDITOR
8	COMMERCE
10	EDUCATION
12	FISH, WILDLIFE, AND PARKS
14	GOVERNOR
17	ENVIRONMENTAL QUALITY
18	TRANSPORTATION
20	CORRECTIONS
23	JUSTICE
24	LABOR AND INDUSTRY
30	LIEUTENANT GOVERNOR
32	LIVESTOCK
34	MILITARY AFFAIRS
36	NATURAL RESOURCES AND CONSERVATION
37	PUBLIC HEALTH AND HUMAN SERVICES
38	PUBLIC SERVICE REGULATION
42	REVENUE
44	SECRETARY OF STATE

Relevant ARM Subchapters

No.	Chapter Title	Contact
37.5	Fair Hearings and contested case proceedings	Office of legal affairs (406) 444-9744 or email dphhslegal@mt.gov
37.84	Medicaid Expansion or HELP	Provider Relations 1-800-624-3958
37.85	General Medicaid Services	Renea Huffman (406) 444-7064
37.87	Children's Mental Health Services	Renea Huffman (406) 444-7064
37.88	Medicaid Services Manual	Repealed (see CMHB Provider Manual and/or Adult Mental Health Provider Manual)
37.89	Mental Health Services	AMDD, Mental Health Information line 1-888-866-0328
37.106	Health Care Facilities	Leigh Ann Holmes, Chief (406) 444-7770

ARMS Applicable to Licensed Mental Health Professionals

Rule: 37.87.102

- (3) "Mental health professional" means one of the following practitioners:
- (a) physician;
- (b) licensed professional counselor;
- (c) licensed psychologist;
- (d) licensed clinical social worker; or
- (e) advanced practice registered nurse, with a clinical specialty in psychiatric mental health nursing.

Rule: 37.87.903

- (3) Youth are not required to have a serious emotional disturbance to receive the following outpatient therapy services:
- (a) the first 10 sessions of individual, family, or both outpatient therapies per state fiscal year. Group outpatient therapy is not included in the 10-session limit; and
- (b) group outpatient therapy.

CMHB Provider Services Manual

- https://dphhs.mt.gov/dsd/CMB/Manuals

Outpatient therapy services that do not count towards the 10 sessions are as follows:

(a) Psychiatric Diagnostic or evaluative interview procedures;

(b) Group psychotherapy;

(c) Outpatient psychotherapy with medication evaluation and management services;

(d) Pharmacological or medication management services;

(e) Central nervous system assessments/tests or psychological testing performed by a physician or psychologists; and

(f) Outpatient therapy services provided as part of the CSCT service.

For sessions in excess of 10 per state fiscal year, youth must meet the SED criteria as described in this manual and all of the following:

(a) A family driven Individualized Treatment Plan (ITP) has been formulated on admission that identifies strength-based achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the treatment. The response of the youth to treatment has been regularly documented, and revisions in the ITP are consistent with the clinical needs of the youth.

(b) The youth and family, if applicable, have demonstrated investment in the therapeutic alliance and have agreed to the goals/objectives of the ITP.

(c) Progress toward treatment goals has occurred as evidenced by measurable reduction of symptoms or behaviors that indicate continued responsiveness to treatment.

(d) A discharge plan has been formulated and regularly reviewed and revised. It must identify specific target dates for achieving specific goals, and defines criteria for conclusion of treatment.

SED Definition Six or Over

SED Determination

→ Licensed mental health professional determined youth qualifies for a SED mental health disorder (in the table) as a primary diagnosis with a severity specifier of moderate to severe.

→ SED diagnosis or condition is the clinical focus.

→ 6-17 or up to age 20 if the youth meets continued need and is attending an *accredited secondary school.

ICD 10 SED Categories

- Schizophrenia Spectrum Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma and Stressor Related Disorders
- Dissociative Disorder
- Feeding and Eating Disorders
- Neurodevelopmental Disorder
- Disruptive and Impulse-Control Disorders

A youth must be re-assessed annually (within 12 calendar months of the last determination) by a licensed mental health professional

SED Functional Impairment Criteria for Over Six

- As a result of the diagnosis of the youth as determined above and for a period of at least six months, or for a predictable period over six months. The youth must also consistently and persistently demonstrate behavioral abnormalities **in two or more spheres**, to a significant degree, well outside normative developmental expectations. The behavioral abnormalities must have either been in existence for six months or must be reasonably predicted to last six months. They cannot be attributed to intellectual, sensory, or health factors.
- To qualify a youth must have displayed two or more of the following:

  (a) failure to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;

  (b) failure to demonstrate or maintain developmentally and culturally appropriate peer relationships;

  (c) failure to demonstrate a developmentally appropriate range and expression of emotion or mood;

  (d) disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic, or recreation settings;

  (e) behavior that is seriously detrimental to the youth's growth, development, safety, or welfare, or to the safety or welfare of others; or

  (f) behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

SED Criteria for Five and Under

Serious emotional disturbance (SED) means with respect to a youth under six years of age means the youth exhibits a severe behavioral abnormality that cannot be attributed to intellectual, sensory, or health factors and that results in substantial impairment in functioning for a period of at least six months and obviously predictable to continue for a period of at least six months, **as manifested by one or more** of the following:

(a) atypical, disruptive, or dangerous behavior which is aggressive or self-injurious;

(b) atypical emotional responses which interfere with the child's functioning, such as an inability to communicate emotional needs and to tolerate normal frustrations;

(c) atypical thinking patterns which, considering age and developmental expectations, are bizarre, violent, or hypersexual;

(d) lack of positive interests in adults and peers or a failure to initiate or respond to most social interaction;

(e) indiscriminate sociability (e.g., excessive familiarity with strangers) that results in a risk of personal safety of the child; or

(f) inappropriate and extreme fearfulness or other distress which does not respond to comfort by care givers.

Coordination of Services Provided Concurrently (pg. 5 of the CMHB Provider Manual)

Medicaid services must not be provided to a youth at the same time as another service that is the same in nature and scope regardless of source, including Federal, State, local, and private entities.

Providers must demonstrate and dovfd cument attempts made for coordination of community based services by: (a) informing the parent or legal representative at intake of Medicaid's requirement for coordination of community based services and document other services the youth and family are receiving (i.e. asking the parent or legal representative if they are receiving other mental health related services and asking follow up questions to determine which services they may be receiving);

(b) obtaining a Release of Information (ROI) from the parent or legal representative of the youth for all providers identified by the parent or legal representative;

(c) contacting the providers as indicated by the parent or legal representative to initiate coordination;

(d) maintaining a copy of one single coordinated treatment plan in each of the provider's youth files (preferred) or maintaining copies of all treatment plans in effect to illustrate the lack of duplication;

(e) documenting each attempt to make reasonable efforts to coordinate treatment planning.

The provider(s) must identify in the treatment plan(s) the role of each service or provider identified. The treatment plan must clearly state which provider is accountable for the identified goal(s) or objective(s).

A provider must furnish a copy of the agency's treatment plan to the parent or legal representative.

- If the youth is receiving targeted case management associated with the mental illness or emotional disturbance of the youth, the case manager must be responsible for the coordination efforts in (1).
- The department is entitled to recover any payment a provider is not entitled to pursuant to ARM 37.85.406.

Telemedicine and Mental Health Services

Originating sites:

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs) and
- Community Mental Health Centers (CMHCs)

As a condition of payment, you must use an interactive audio and video telecommunications system that permits real-time communication between you, at the distant site, and the beneficiary, at the originating site.

Distant Sites:

- Physicians.
- Nurse practitioners (NPs).
- Physician assistants (PAs).
- Nurse-midwives.
- Clinical nurse specialists (CNSs).
- Certified registered nurse anesthetists.
- Clinical psychologists (CPs) and clinical social workers (CSWs). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professionals.

GT Modifier

Therapeutic Interventions and add on codes

Common Question…..is equine therapy covered? Substance abuse? DBT? Play therapy?

Montana Medicaid requires therapist follow the CPT descriptions for each reported code however, the mode and type of therapies provided are not specified. As long as a therapist is practicing within their scope of practice and the families have consented, is covered. This includes substance abuse. The first 10 sessions a year allow for any DSV-5 which includes substance abuse codes.

Interactive Complexity (90785) is an add-on code specific for psychiatric services and refers to communication difficulties during the psychiatric procedure.

CPT Code 90839 is for psychotherapy crisis for the first 60 minutes and code 90840is for each additional 30 minutes.

https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34616_20/L34616_PSYCH014_BCG.pdf

Billing Montana Medicaid

https://medicaidprovider.mt.gov/

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Montana Healthcare Programs

Thank you for serving Montana's Healthcare Program Members.

- Provider File Updates, Revalidation, and New Provider Information
- MATH Web Portal
- Resources by Provider Type
- Provider Enrollment
- Montana HELP Plan
- Subscribe to Claim Jumper
- Site Search

Welcome to the Montana Healthcare Programs Provider Information Website.

Important Announcements

Call Center Telephone Options Have Changed

As of Monday, January 28, 2019 the options in the Call Center phone systems will change for both providers and members. Please listen carefully to the options when calling the call centers in order to be directed to the correct extension.

WebEx Training Available

Did you know there are monthly WebEx Trainings with the Program Officers? These trainings are a great opportunity for providers to learn about their program, policy changes, and ask questions.

Children's Mental Health WebEx
Thursday, February 21, 2019, 2pm MST
Children's Medicaid Mental Health Outpatient Technical Assistance with Jamie Olson, Children's Mental Health Bureau, DPHHS
Dental WebEx Training
Please Note the **NEW DATE**: Kelly Aughney, Montana Medicaid and HMK Dental Program Officer, Allied Health Services Bureau, DPHHS will be presenting information regarding the restored adult dental services and rate increases on Thursday, March 21, 2019 at 2:00 PM MST.

To register, please visit the WebEx Registration Page under the Training Section of the website at https://medicaidprovider.mt.gov/webex.

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2/19/2019

https://medicaidprovider.mt.gov/#492438293-site-index

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- Manuals
- MATH Web Portal
- Medicaid Statistics
- Medicaid Fraud and Abuse
- Member Information
- New Providers
- Nurse First
- Passport to Health
- Password Reset Instructions
- Plan First
- Preferred Drug List
- Presumptive Eligibility
- Prior Authorization Information
- Proposed Fee Schedules
- Provider Locator Search
- Provider Specialty Table
- Rebateable Manufacturers
- Resources by Provider Type
- RBRVS Fee Schedule Version 2
- RBRVS Fee Schedule
- Team Care
- Terminated/Excluded Medicaid Providers
- Training and Events
- Training Survey
- Vaccines for Children

Medicaid Fee Schedules

In accordance with Montana Administrative Register 37-863, Montana Healthcare Programs has updated provider rates, effective July 1, 2018. The Department will be finalizing the adjustment process for claims billed before October 22, 2018 for claims with a date of service on or after July 1, 2018. The Department will be issuing information pertinent to the rate changes and subsequent claim adjustments. It will be important for providers to review future notices for more detailed information on the Montana Healthcare Programs Provider Information Website under the menu option, Resources by Provider Type. **No action on your part is needed at this time.**

Reminder: New MATH Web Portal Link

The MATH web portal has a new link.

The new link is https://mtaccesstohealth.portal.conduent.com/mt/general/home.do

The link to the portal that contained "ACS" has been disabled and if you attempt to use it you will get a security warning.

If you are unable to locate a resource you need, please contact Provider Relations at 1 (800) 624-3958 or (406) 442-1837

Recent Website Posts | Announcements

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RBRVS Fee Schedule

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A29 HCPCS

treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate.
Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates.

Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Procedure codes listed as AAC will be reimbursed using "Average Acquisition Cost". Procedure codes listed as MSRP will be reimbursed using "Manufacturer's Suggested Retail Price".

Some Codes may not be billed by certain provider types, even if a fee is shown.

The Provider Reimbursement Percent is an additional adjustment made when specific providers bill specific codes.
The fee listed under the Physician Conversion Factor is 100% of the physician rate. Many services performed by mid-levels are 90% of this fee.

Please use Provider Type Specific Fee Schedules for Status M code rates. The Status M codes will have a rate of $0.00 in this Fee Schedule, but may pay at a rate other than $0.00.

**Provider Reimbursement Type	Provider Reimbursement Percent
Optometrists/Opticians	117%
Psychiatrists	112%
Mid-Levels	90%

SFY 2018 Conversion Factors	
Physician	$37.81
Allied Health	$23.67
Mental Health	$23.92

Policy Adjustment Indicator	Policy Adjustment Percent
M = Maternity	112%
F = Family Planning	105%
P = Mental Health	145%

	HCPC	Modif	DESCRIPTION	Status Indicator Code	Office	Facilit	Multiple Su	Bilat Surg	Assist Sur	Co-Su	Team Su	Global Day	RBRVS Policy Adjustment Indicator	RBRVS Policy Adjustment Percent	Physician Related: Office Fa	Physician Related: Facility Fe	Physician Related: Office
7439	90785		Psytx complex interactive	A	0.416	0.396	N	N	N	N	N	N	0	1.00	$ 15.73	$ 14.97	$
7440	90791		Psych diagnostic evaluation	A	3.859	3.629	N	N	N	N	N	N	0	1.00	$ 145.91	$ 137.21	$
7442	90832		Psytx w pt 30 minutes	A	1.872	1.802	N	N	N	N	N	N	0	1.00	$ 70.78	$ 68.13	$
7443	90833		Psytx pt w e/m 30 min	A	1.964	1.894	N	N	N	N	N	N	0	1.00	$ 74.26	$ 71.61	$
7444	90834		Psytx w pt 45 minutes	A	2.504	2.404	N	N	N	N	N	N	0	1.00	$ 94.68	$ 90.90	$
7445	90836		Psytx pt w e/m 45 min	A	2.470	2.380	N	N	N	N	N	N	0	1.00	$ 93.39	$ 89.99	$
7446	90837		Psytx w pt 60 minutes	A	3.759	3.619	N	N	N	N	N	N	0	1.00	$ 142.13	$ 136.83	$

13996

Cover Sheet | RBRVS Fee Schedule SFY2019 | Anes Fee Schedule

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Olsen, Jamie

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Clipboard: Paste, Cut, Copy, Format Painter | Font: Arial 10 | Alignment: Wrap Text, Merge & Center | Number | Styles: Conditional Formatting, Format as Table, Cell Styles | Cells: Insert, Delete, Format | Editing: AutoSum, Fill, Clear, Sort & Filter, Find & Select

S28 | Mental Health

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												Physician Related		Allied Health		Mental Health	
	Status Indicator Code	Office	Facilit	Multiple Su	Bilat Surg	Assist Sur	Co-Su	Team Su	Global Day	RBRVS Policy Adjustment Indicator	RBRVS Policy Adjustment Percent	Office Fe	Facility Fe	Office Fe	Facility F	Office Fee	Facility F
7439	A	0.416	0.396	N	N	N	N	N	N	0	1.00	$ 15.73	$ 14.97	$ 9.85	$ 9.37	$ 9.95	$ 9.47
7440	A	3.859	3.629	N	N	N	N	N	N	0	1.00	$ 145.91	$ 137.21	$ 91.34	$ 85.90	$ 92.31	$ 86.81
7442	A	1.872	1.802	N	N	N	N	N	N	0	1.00	$ 70.78	$ 68.13	$ 44.31	$ 42.65	$ 44.78	$ 43.10
7443	A	1.964	1.894	N	N	N	N	N	N	0	1.00	$ 74.26	$ 71.61	$ 46.49	$ 44.83	$ 46.98	$ 45.30
7444	A	2.504	2.404	N	N	N	N	N	N	0	1.00	$ 94.68	$ 90.90	$ 59.27	$ 56.90	$ 59.90	$ 57.50
7445	A	2.470	2.380	N	N	N	N	N	N	0	1.00	$ 93.39	$ 89.99	$ 58.46	$ 56.33	$ 59.08	$ 56.93
7446	A	3.759	3.619	N	N	N	N	N	N	0	1.00	$ 142.13	$ 136.83	$ 88.98	$ 85.66	$ 89.92	$ 86.57

Cover Sheet | RBRVS Fee Schedule SFY2019 | Anes Fee Schedule

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RBRVS

- http://www.mtrules.org/gateway/RuleNo.asp?RN=37%2E85%2E212

Resource-based relative value scale (RBRVS)" means the Medicare resource-based relative value scale contained in the Medicare Physician Fee Schedule adopted by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services. The effective date and citation for the RBRVS is adopted at ARM 37.85.105(2).

"Relative value unit (RVU)" means a numerical value assigned in the resource based relative value scale to each procedure code used to bill for services provided by a health care provider. The relative value unit assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.

- The total RVUs for the prior period is calculated as the sum of the product of the RVUs for a procedure code multiplied by the number of times the procedure code was paid in a prior period.
- (b) The total RVUs for the prior period is multiplied by the projected change in utilization to estimate utilization during the appropriation period.
- (c) The Montana Legislature's appropriation for the period is divided by the estimated utilization for the period to calculate the conversion factor.
- (d) The RVU assigned to each procedure code is multiplied by the appropriate conversion factor to calculate the RBRVS fee for a particular procedure code.

How to Inform Public Policy

- You can add yourself to the interested party list for upcoming notices and public hearing regarding Mental Health policy changes. See SOS website.
- You can work with your elected representatives to carry or represent your interests during the Legislature
- You can follow CMS NCCI policy changes to ensure future editing does not negatively impact the delivery of services.
- Work with the department to improve policy to ensure your families are able to access the best services possible.

Resources

ARMS

DPHHS ARM Chapter 37 http://www.mtrules.org/gateway/Department.asp?DeptNo=37

Children's Mental Health Services Provider Manual
https://dphhs.mt.gov/Portals/85/dsd/documents/CMB/providermanuals/CMHBMedicaidServicesProviderManualjuly2018.pdf

Telemedicine CMS FAQ Sheet

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

Medicaid Billing

https://medicaidprovider.mt.gov/

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