

**Substance Use Disorder (Chemical Dependency) Medicaid Provider Fee Schedule  
Effective January 1, 2019**

<b>Procedure Code</b>	<b>Modifier</b>	<b>Description</b>	<b>Unit</b>	<b>Rate</b>
H0010	N/A	Inpatient Residential Detox	per day	\$237.07
H0018	N/A	Inpatient Residential Treatment	per day	\$237.07
H0012	N/A	Day Treatment	per day	\$118.53
H0048	N/A	Saliva Drug Test	per test	\$8.16

**Medicaid**

Standard Procedure Codes and Rates

State approved Chemical Dependency providers may bill applicable CPT codes within the scope of their practice, subject to licensure provisions and state approval. State approved Chemical Dependency Providers 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/).