

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

Procedure Code	Modifier	Description	Unit	Rate
H0010	N/A	Inpatient Residential Detox	per day	\$ 239.23
H0018	N/A	Inpatient Residential Treatment	per day	\$ 239.23
H0012	N/A	Day Treatment	per day	\$ 119.61
H0048	N/A	Saliva Drug Test	per test	\$ 8.23
H0038	N/A	Peer Support (Certified) Individual	15 min	\$13.48

Intensive Outpatient Bundled Rates

Procedure Code	Modifier 1	Modifier 2	Description	Unit	Rate	Unit Limits
H0015	See below	-	Adult High Tier SUD Intensive Outpatient	per day	\$96.78	Four billable days per week
H2036	See below	-	Adult Low Tier SUD Intensive Outpatient	per day	\$80.00	Four billable days per week
H0015	See below	HA	Adolescent SUD Intensive Outpatient	per day	\$96.78	Four billable days per week

Modifier HH may be used when an individual with a mental health diagnosis from the Diagnostic and Statistical Manual of Mental Disorders receives therapeutic mental health services by the SUD IOP provider. Please note that modifier HH must always be in the first modifier position to trigger payment. Modifier HH will not trigger payment if used in the second modifier position. Using modifier HH will enhance the unit rate by 22.48. For Adolescents, Modifier HA must be the in the first modifier position when Modifier HH is NOT being used.

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/).