

**Substance Use Disorder Medicaid Provider Fee Schedule
Effective October 1, 2019**

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

* The HH modifier is used when a member has a co-occurring mental health diagnosis from the most current DSM manual and substance use disorder diagnosis from the most current DSM manual.

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 a member 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.

**Substance Use Disorder Medicaid Provider Fee Schedule
Effective October 1, 2019**

Medication-Assisted Therapy (MAT)

| Procedure Code | Modifier 1 | Modifier 2 | Description | Unit | Rate |
|-----------------------|-------------------|-------------------|--|-------------|-------------|
| H0016 | | | Medication-Assisted Therapy (MAT) Intake | per month* | \$350.00 |
| H0016 | HG | | Medication-Assisted Therapy (MAT) | per week | \$125.00 |

*The Medication-Assisted Therapy (MAT) Intake bundled rate is limited to one use per individual per 4-week period.

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/).