

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

**Non-Medicaid
Procedure Codes and Rates for Individuals 0-138% of Poverty**

| Procedure Code | Description | Unit | Rate |
|-----------------------|---|-------------|----------------|
| W&C | Recovery Home – Women/Children – Room & Board | per day | \$ 136.53 |
| RH | Recovery Home - Room and Board | per day | \$ 37.41 |
| H0003 | CLIA Laboratory Performed Blood or Urine Test | per test | Up to \$ 23.31 |
| SBS | School Based Services | 15 min | \$ 17.21 |
| RA | Rehab Aide | 15 min | \$ 12.19 |
| H0038-HQ | Peer Support (Certified) Group | 15 min* | \$2.70 |

*The Peer Support (Certified) Group will be limited to a cap of eight units per week per member. Maximum group size is limited to eight.

**Non-Medicaid
Procedure Codes and Rates for Individuals 139-200% of Poverty**

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.

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Medication-Assisted Therapy (MAT)

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

Non-Medicaid

Procedure Codes and Rates for Individuals 0-200% of Poverty in Pharmacy Rates

| Procedure Code | Description | Unit | Rate |
|-----------------------|---|----------------|------------------------|
| J0571-HG | Buprenorphine Oral 1 mg (Subutex) | 1 mg | Medicaid Pharmacy Rate |
| J0572-HG | Buprenorphine/Naloxone up to 3 mg (Suboxone) | Up to 3mg | Medicaid Pharmacy Rate |
| J0573-HG | Buprenorphine/Naloxone >3.1 <= 6 mg (Suboxone) | 3.1- 6 mg | Medicaid Pharmacy Rate |
| J0574-HG | Buprenorphine/Naloxone >6.1 <= 10 mg (Suboxone) | 6.1-10 mg | Medicaid Pharmacy Rate |
| J0575-HG | Buprenorphine/Naloxone >10 mg (Suboxone) | 10.1 mg and up | Medicaid Pharmacy Rate |
| J0592 | Buprenorphine IM or IV 0.1 mg | 0.1 mg | Medicaid Pharmacy Rate |
| J2315 | Naltrexone Injection 1 mg (Vivitrol) | 1 mg | Medicaid Pharmacy Rate |
| S0109-HG | Methadone, oral, 5 mg | 5 mg | Medicaid Pharmacy Rate |

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| Procedure Code | Description | Unit | Rate |
|-----------------------|-------------------------|-------------|------------------------|
| 54035613 or other NDC | Disulfiram, 250 mg | 250 mg | Medicaid Pharmacy Rate |
| 93535286 or other NDC | Acamprosate, 333 mg | 333 mg | Medicaid Pharmacy Rate |
| 3072750 or other NDC | Chlordiazepoxide, 10 mg | 10 mg | Medicaid Pharmacy Rate |

**Non-Medicaid
Procedure Codes and Rates for Individuals 139-200% of Poverty**

| Procedure Code | Description | Unit | Rate |
|-----------------------|---|-------------|----------------|
| H0010 | Inpatient Residential Detox | per day | \$ 239.23 |
| H0018 | Inpatient Residential Treatment | per day | \$ 239.23 |
| H0012 | Inpatient Day Treatment | per day | \$ 119.61 |
| W&C | Recovery Home – Women/Children – Room & Board | per day | \$ 136.53 |
| RH | Recovery Home - Room and Board | per day | \$ 37.41 |
| H0048 | Dip Strip or Saliva Collection, Handling, and Testing | per test | \$ 8.23 |
| H0003 | CLIA Laboratory Performed Blood or Urine Test | per test | Up to \$ 23.31 |
| SBS | School Based Services | 15 min | \$ 17.21 |
| RA | Rehab Aide | 15 min | \$ 12.19 |
| H0038 | Peer Support (Certified) Individual | 15 min | \$13.48 |
| H0038-HH | Peer Support (Certified) Individual (co-occurring) | 15 min | \$13.48 |
| H0038-HQ | Peer Support (Certified) Group | 15 min | \$2.70 |

* The Peer Support (Certified) Group will be limited to a cap of eight units per week per member. Maximum group size is limited to eight.

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Non-Medicaid

Procedure Codes and Rates for Individuals 139-200% of Poverty in RBRVS

| Procedure Code | Description | Unit | Rate |
|-----------------------|---|----------------|--------------------|
| 99408 | SBIRT/ATOD Screening – (e.g. Audit, DAST) and brief intervention - 15-30 Minutes | per visit | See RBRVS Schedule |
| 99409 | SBIRT/ATOD Screening – (e.g. Audit, DAST) and brief intervention - 30 Minutes or more | per visit | See RBRVS Schedule |
| 90832-HF | Individual Psychotherapy with patient | 30 min | See RBRVS Schedule |
| 90834-HF | Individual Psychotherapy with patient | 45 min | See RBRVS Schedule |
| 90837-HF | Individual Psychotherapy with patient | 60 min | See RBRVS Schedule |
| 90853-HF | Group Psychotherapy | per visit | See RBRVS Schedule |
| 90849 | Multi-Family Group Therapy | per visit | See RBRVS Schedule |
| 90847 | Family Therapy with Patient | per visit | See RBRVS Schedule |
| 90846 | Family Therapy without Patient | per visit | See RBRVS Schedule |
| 90791 | Psychiatric Diagnostic Evaluation (Assessment & Placement) | per evaluation | See RBRVS Schedule |

RBRVS Schedule can be found at <https://medicaidprovider.mt.gov>

**Substance Use Disorder Non-Medicaid Provider Fee Schedule
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Non-Medicaid

Co-occurring Procedure Codes and Rates for Individuals 0-200% of Poverty

| Procedure Code | Description | Unit | Rate |
|-----------------------|--|-------------|-------------|
| CC | Case Consultation by Psychologist/LCPC | 15 min | \$14.81 |

Non-Medicaid

**Co-occurring Procedure Codes and Rates for Individuals 139-200% of Poverty
in RVRBS**

| Procedure Code | Description | Unit | Rate |
|-----------------------|---|-------------|--------------------|
| S5102 | Mental Health Group Home | per day | \$108.98 |
| 90791-NP | Psychiatric Diagnosis Eval–Nonmedical by Nurse Practitioner | per eval | See RBRVS Schedule |
| 90791-MH | Psychiatric Diagnosis Eval–Nonmedical by LCPC /LCSW | per eval | See RBRVS Schedule |
| 90791-MD | Psychiatric Diagnosis Eval–Nonmedical by Physician/Addictionologist | per eval | See RBRVS Schedule |
| 90791-PS | Psychiatric Diagnosis Eval–Nonmedical by Psychiatrist | per eval | See RBRVS Schedule |
| 90792-NP | Psychiatric Diagnosis Eval–with Medical by Nurse Practitioner | per eval | See RBRVS Schedule |
| 90792-MD | Psychiatric Diagnosis Eval–with Medical by Physician/Addictionologist | per eval | See RBRVS Schedule |
| 90792-PS | Psychiatric Diagnosis Eval–with Medical by Psychiatrist | per eval | See RBRVS Schedule |
| 90832-NP | Brief Psychotherapy by Nurse Practitioner | 30 min | See RBRVS Schedule |
| 90832-MH | Brief Psychotherapy by LCPC/LCSW | 30 min. | See RBRVS Schedule |
| 90832-MD | Brief Psychotherapy by Physician /Addictionologist | 30 min | See RBRVS Schedule |
| 90832-PS | Brief Psychotherapy by Psychiatrist | 30 min | See RBRVS Schedule |
| 90833-NP | Psychotherapy with E&M by Nurse Practitioner | 30 min | See RBRVS Schedule |
| 90833-MD | Psychotherapy with E&M by Physician /Addictionologist | 30 min | See RBRVS Schedule |
| 90833-PS | Psychotherapy with E&M by Psychiatrist | 30 min | See RBRVS Schedule |
| 90834-NP | Psychotherapy by Nurse Practitioner | 45 min | See RBRVS Schedule |

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| Procedure Code | Description | Unit | Rate |
|-----------------------|--|-------------|--------------------|
| 90834-MH | Psychotherapy by LCPC/LCSW | 45 min. | See RBRVS Schedule |
| 90834-MD | Psychotherapy by Physician/Addictionologist | 45 min | See RBRVS Schedule |
| 90834-PS | Psychotherapy by Psychiatrist | 45 min | See RBRVS Schedule |
| 90836-NP | Psychotherapy with E&M by Nurse Practitioner | 45 min | See RBRVS Schedule |
| 90836-MD | Psychotherapy with E&M by Physician/Addictionologist | 45 min | See RBRVS Schedule |
| 90836-PS | Psychotherapy with E&M by Psychiatrist | 45 min | See RBRVS Schedule |
| 90837-NP | Psychotherapy by Nurse Practitioner | 60 min | See RBRVS Schedule |
| 90837-MH | Psychotherapy by LCPC/LCSW | 60 min | See RBRVS Schedule |
| 90837-MD | Psychotherapy by Physician/Addictionologist | 60 min | See RBRVS Schedule |
| 90837-PS | Psychotherapy by Psychiatrist | 60 min | See RBRVS Schedule |
| 90853 | Group Psychotherapy | per visit | See RBRVS Schedule |
| 90785-NP | Interactive Complexity by Nurse Practitioner | 15 min | See RBRVS Schedule |
| 90785-MH | Interactive Complexity by LCPC/LCSW | 15 min. | See RBRVS Schedule |
| 90785-MD | Interactive Complexity by Physician /Addictionologist | 15 min | See RBRVS Schedule |
| 90785-PS | Interactive Complexity by Psychiatrist | 15 min | See RBRVS Schedule |
| 99201-NP | Office/Outpatient Visit–New Patient by Nurse Practitioner | 10 min | See RBRVS Schedule |
| 99201-MD | Office/Outpatient Visit–New Patient by Physician /Addictionologist | 10 min | See RBRVS Schedule |
| 99201-PS | Office/Outpatient Visit–New Patient by Psychiatrist | 10 min | See RBRVS Schedule |
| 99202-NP | Office/Outpatient Visit–New Patient by Nurse Practitioner | 20 min | See RBRVS Schedule |
| 99202-MD | Office/Outpatient Visit–New Patient by Physician /Addictionologist | 20 min | See RBRVS Schedule |
| 99202-PS | Office/Outpatient Visit–New Patient by Psychiatrist | 20 min | See RBRVS Schedule |

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| Procedure Code | Description | Unit | Rate |
|-----------------------|---|-------------|--------------------|
| 99203-NP | Office/Outpatient Visit-New Patient Nurse Practitioner | 30 min | See RBRVS Schedule |
| 99203-MD | Office/Outpatient Visit-New Patient by Physician/Addictionologist | 30 min | See RBRVS Schedule |
| 99203-PS | Office/Outpatient Visit-New Patient by Psychiatrist | 30 min | See RBRVS Schedule |
| 99204-NP | Office/Outpatient Visit-New Patient by Nurse Practitioner | 40 min | See RBRVS Schedule |
| 99204-MD | Office/Outpatient Visit-New Patient by Physician/Addictionologist | 40 min | See RBRVS Schedule |
| 99204-PS | Office/Outpatient Visit-New Patient by Psychiatrist | 40 min | See RBRVS Schedule |
| 99205-NP | Office/Outpatient Visit-New Patient by Nurse Practitioner | 50 min | See RBRVS Schedule |
| 99205-MD | Office/Outpatient Visit-New Patient by Physician/Addictionologist | 50 min | See RBRVS Schedule |
| 99205-PS | Office/Outpatient Visit-New Patient by Psychiatrist | 50 min | See RBRVS Schedule |
| 99211-NP | Office/Outpatient Visit-Established Patient by Nurse Practitioner | 5 min | See RBRVS Schedule |
| 99211-MD | Office/Outpatient Visit-Established Patient by Physician/Addictionologist | 5 min | See RBRVS Schedule |
| 99211-PS | Office/Outpatient Visit-Established Patient by Psychiatrist | 5 min | See RBRVS Schedule |
| 99212-NP | Office/Outpatient Visit-Established Patient by Nurse Practitioner | 10 min | See RBRVS Schedule |
| 99212-MD | Office/Outpatient Visit-Established Patient by Physician/Addictionologist | 10 min | See RBRVS Schedule |
| 99212-PS | Office/Outpatient Visit-Established Patient by Psychiatrist | 10 min | See RBRVS Schedule |
| 99213-NP | Office/Outpatient Visit-Established Patient by Nurse Practitioner | 15 min | See RBRVS Schedule |
| 99213-MD | Office/Outpatient Visit-Established Patient by Physician/Addictionologist | 15 min | See RBRVS Schedule |
| 99213-PS | Office/Outpatient Visit-Established Patient by Psychiatrist | 15 min | See RBRVS Schedule |
| 99214-NP | Office/Outpatient Visit-Established Patient by Nurse Practitioner | 25 min | See RBRVS Schedule |
| 99214-MD | Office/Outpatient Visit-Established Patient by Physician/Addictionologist | 25 min | See RBRVS Schedule |
| 99214-PS | Office/Outpatient Visit-Established Patient by Psychiatrist | 25 min | See RBRVS Schedule |

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| Procedure Code | Description | Unit | Rate |
|-----------------------|---|-------------|--------------------|
| 99215-NP | Office/Outpatient Visit–Established Patient by Nurse Practitioner | 40 min | See RBRVS Schedule |
| 99215-MD | Office/Outpatient Visit–Established Patient by Physician/Addictionologist | 40 min | See RBRVS Schedule |
| 99215-PS | Office/Outpatient Visit–Established Patient by Psychiatrist | 40 min | See RBRVS Schedule |

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