

# **Proposed Substance Use Disorder Medicaid Provider Fee Schedule Effective July 1, ~~2020~~ 2021**

## **Evaluation and Management Services**

Evaluation and management (E/M) services may be provided by physicians and other qualified health care professionals. Providers bill using standard CPT E/M procedure codes and are reimbursed according to the Department's RBRVS system. Please refer to <https://medicaidprovider.mt.gov>.

## **Substance Use Disorder Services**

Procedure Code	Modifier	Description	Unit	Rate	Limits
H0010	-	SUD Medically Monitored Intensive Inpatient (ASAM 3.7)	per day	<del>\$243.64</del> <u>\$246.05</u>	None
H0018	-	SUD Clinically Managed High-Intensity (Adult)/ Medium-Intensity (Adolescent) Residential (ASAM 3.5)	per day	<del>\$243.64</del> <u>\$246.05</u>	None
H0012	-	SUD Partial Hospitalization (ASAM 2.5)	per day	<del>\$121.80</del> <u>\$123.02</u>	None
H0048	-	Dip Strip or Saliva Collection, Handling, and Testing	per test	<del>\$8.38</del> <u>\$8.46</u>	None
H0038	-	Peer Support (Certified) Individual	15 min	<del>\$13.73</del> <u>\$13.87</u>	None
H0038	HH*	Peer Support (Certified) Co-occurring Individual	15 min	<del>\$13.73</del> <u>\$13.87</u>	None

\* 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	Limits
H0015	See below	-	Adult High Tier SUD Intensive Outpatient	per day	<del>\$98.55</del> <u>\$99.54</u>	Four billable days per week
H2036	See below	-	Adult Low Tier SUD Intensive Outpatient	per day	<del>\$81.46</del> <u>\$82.27</u>	Four billable days per week
H0015	See below	HA	Adolescent SUD Intensive Outpatient	per day	<del>\$98.55</del> <u>\$99.54</u>	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 \$23.12. For Adolescents, Modifier HA must be the in the first modifier position when Modifier HH is NOT being used.

### Medication-Assisted Therapy (MAT)

Procedure Code	Modifier 1	Description	Unit	Rate	Limits
H0016	-	Medication-Assisted Therapy (MAT) Intake	first week of enrollment	<del>\$356.44</del> <u>\$359.97</u>	See Below*
H0016	HG	Medication-Assisted Therapy (MAT)	per week	<del>\$427.29</del> <u>\$128.56</u>	None

\*The Medication-Assisted Therapy (MAT) Intake bundled rate is limited to one use per individual per 4-week period. MAT Intake can only be reimbursed for the first week of a member's enrollment into the MAT program.

### 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/).