

Medicaid Mental Health Services Individuals 18 years of age and older Fee Schedule Effective **October 1, 2022**

Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid members under the Montana Medicaid program's Diagnosis Related Group (DRG) reimbursement system. All out-of-state admissions of Medicaid members require prior authorization.

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>.

Mental Health Center Services

The following table summarizes services available through licensed mental health centers.

| Procedure Code | Modifier | Description | Unit | Rate | Limits |
|----------------|----------|---|----------|----------|-------------------|
| S5102 | - | Behavioral Health Group Home | Day | \$173.37 | None |
| S5140 | | Adult Foster Care | Day | \$90.58 | None |
| S5140 | U5 | Adult Foster Care Therapeutic Leave | Day | \$90.58 | 14 days / year |
| H2012 | HB | Day treatment – Adult Half day | Hour | \$14.05 | 3 hrs/day |
| H2019 | HB | Community-based psychiatric rehabilitation & support – individual | 15 min | \$7.36 | 8 units/day |
| H2019 | HQ | Community-based psychiatric rehabilitation & support – group | 15 min | \$2.20 | 8 units/day |
| H2015 | HB | Illness Management and Recovery – Individual | 15 min | \$12.62 | None |
| H2017 | HQ | Illness Management and Recovery – Group | 15 min | \$7.04 | None |
| S9484 | | Crisis Receiving Program | Per Diem | \$367.54 | 1 unit (day) |
| S9485 | - | Crisis Stabilization Program | Day | \$367.54 | None |
| H0002 | | Psychotherapy for After-hours Crisis; first 60 minutes | 60 min | \$180.76 | 1 unit |
| H0040 | - | Program of Assertive Community Treatment (PACT) | Week | \$350.22 | None |
| S5102 | HT | Intensive Program of Assertive Community Treatment (InPACT) – Residential services* | Day | \$119.35 | None |
| H0040 | HT | PACT Community Maintenance Program (CMP) | Day | \$50.03 | None |
| H0037 | HT | Montana Assertive Community Treatment- (MACT) | Week | \$266.96 | None |
| H0038 | - | Peer Support (Certified) Individual | 15 min | \$14.01 | None |
| H0038 | HH | Peer Support (Certified) Individual (co-occurring) | 15 min | \$14.01 | None |

*A provider billing for Intensive Program Assertive Community Treatment (InPACT) residential services would bill both PACT weekly rate as well as InPACT residential services daily rate.

Partial Hospitalization

Partial hospitalization services are available to Medicaid members according to the following schedule:

| Procedure Code | Modifier | Description | Unit | Rate | Limits |
|----------------|----------|--|----------|----------|----------|
| H0035 | U8 | Acute Partial Hospitalization Full day U8 | Full Day | \$180.30 | 28 days* |
| H0035 | U7 | Acute Partial Hospitalization Half day | Day | \$135.08 | 28 days* |

* Maximum recommended to utilization review agency; may be extended if medically necessary.

Dialectical Behavior Therapy (DBT) Services

A licensed mental health professional must be trained and certified in Dialectical Behavior Therapy to provide these outpatient services. Dialectical Behavior Therapy Skill Development may be reimbursed to mental health center and/or mental health provider types.

| Procedure Code | Modifier | Description | Unit | Rate | Limits |
|----------------|----------|--|--------------|---------|--------|
| H0046 | HB | Intensive Individual DBT Psychotherapy Services | 45-50 min | \$60.98 | None |
| H2014 | - | Dialectical Behavior Therapy – Skill Development - Individual | 15 min | \$18.22 | None |
| H2014 | HQ | Dialectical Behavior Therapy – Skill Development - Group | 15 min | \$11.91 | None |

Transcranial Magnetic Stimulation (TMS) Services

Transcranial Magnetic Stimulation may be reimbursed to Montana licensed Psychiatrists and Physician provider types.

| Procedure Code | Description | Unit | Rate | Limits |
|----------------|---|-------------|------|--------|
| 90867 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management | Per session | MSRP | 1 |
| 90868 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management | Per session | MSRP | 30 |
| 90869 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management | Per session | MSRP | 4 |

Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available).