

**Non-Medicaid Mental Health Services ~~72 Hour Presumptive Eligibility Program for Crisis Stabilization & Crisis Intervention and Response~~  
For Individuals 18 years of age and older Fee Schedule  
~~Effective July 1, 2022~~ October 1, 2022**

**~~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 Professional Services**

Individual psychotherapy, group therapy, family therapy, and crisis services may be provided by licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and licensed clinical candidates under the supervision of a mental health center. Providers bill using standard CPT 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 tables summarize licensed mental health centers services that are reimbursed through Montana Healthcare Programs.~~

**~~Care Coordination, Community-based Psychiatric Rehabilitation, and Crisis Management Services~~**

~~Crisis intervention services are paid on an all-inclusive bundled hourly rate to enrolled hospitals and enrolled licensed mental health center facilities. **Members in receipt of Medicaid are not eligible.**~~

Procedure Code	Modifier	Description	Unit	Rate	Limits
H2011		<del>Care Coordination</del> <u>Targeted Case Management</u>	15 min	<del>\$13.60</del> <u>\$84</u>	12
<del>H2019</del>	<del>HB</del>	<del>Community-based psychiatric rehabilitation &amp; support — individual</del>	15 min	<del>\$7.36</del>	<del>8 units/day</del>
S9484	U1	<del>Crisis Management — Mental Health Center — Day One</del> <u>Crisis Receiving Program</u>	<del>1 hour</del> <u>Per Diem</u>	<del>\$18.79</del> <u>\$21.16</u> <del>\$367.54</del>	<del>24</del> <u>1 unit (day)</u>

S9484	U2	<del>Crisis Management—Mental Health Center—Day Two</del> <a href="#">Crisis Stabilization Program</a>	<del>1-hour</del> <a href="#">Per Diem</a>	<del>\$11.82</del> <a href="#">\$367.54</a>	<del>24</del> <a href="#">None</a>
<a href="#">S9484</a>	<a href="#">U3</a>	<del>Crisis Management—Mental Health Center—Day Three</del>	1-hour	\$7.09	24
<del>S9484</del> Revenue Code 900	<del>U1</del>	<del>Crisis Management—Inpatient Hospital Day One</del>	1-hour	\$28.37	24
<del>S9484</del> Revenue Code 900	<del>U2</del>	<del>Crisis Management—Inpatient Hospital Day Two</del>	1-hour	\$14.18	24
<del>S9484</del> Revenue Code 900	<del>U3</del>	<del>Crisis Management—Inpatient Hospital Day Three</del>	1-hour	\$9.45	24
<a href="#">H0002</a>		<a href="#">Psychotherapy for After-hours Crisis; first 60 minutes</a>	<a href="#">60 minutes</a>	<a href="#">\$180.76</a>	<a href="#">1 unit</a>
<a href="#">90839</a>		<a href="#">Psychotherapy for crisis; first 60 minutes</a>			<a href="#">See RBRVS Schedule</a>
<a href="#">90840</a>		<a href="#">Psychotherapy for Crisis; each additional 30 minutes</a>			<a href="#">See RBRVS Schedule</a>

### **Individual Specialized Services: Goal 189**

<u>Procedure Code</u>	<u>Modifier</u>	<u>Description</u>	<u>Unit</u>	<u>Rate</u>	<u>Limits</u>
<a href="#">A9270</a>		<a href="#">Individual Specialized Services: Goal 189</a>		<a href="#">Up to the amount prior authorized by the Department</a>	<a href="#">None</a>

### **~~Crisis Intervention and Response~~**

~~A crisis intervention & response team member is a licensed mental health provider who is an employee of a licensed mental health center. The provider provides emergency services in a hospital emergency room setting or a detention center. Individuals who are serving sentences in a detention center are not eligible for a service under the 72 Hour Presumptive Eligibility Program. These individuals are considered inmates and are under the jurisdiction of the Department of Corrections.~~

~~Services are billed using standard CPT procedure codes and are reimbursed according to the Department's RBRVS system. Please refer to <https://medicaidprovider.mt.gov>. The provider must submit request for reimbursement within 45 days of providing the service.~~