

Substance Use Disorder Medicaid Provider Fee Schedule

Effective ~~October 1, 2022~~ January 1, 2023

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	\$298.79	None
H0018	-	SUD Clinically Managed High-Intensity (Adult)/ Medium-Intensity (Adolescent) Residential (ASAM 3.5)	per day	\$256.95	None
H0019		SUD Clinically Managed Population-specific High-Intensity Residential (Adult only) (ASAM 3.3)	per day	\$278.83	None
H0011		SUD Clinically Managed Residential Withdrawal Management (ASAM 3.2-WM)	per day	\$255.27	None
H2034	HD	SUD Clinically Managed Low Intensity Residential (ASAM 3.1) (parent/children facility)	per day	\$210.13	None
H2034		SUD Clinically Managed Low Intensity Residential (ASAM 3.1) (single sex facility)	per day	\$143.49	None
H0012	-	SUD Partial Hospitalization (ASAM 2.5)	week	\$443.66	None
H0015		SUD Intensive Outpatient (ASAM 2.1)	week	\$386.57	None
H0002		Psychotherapy for After-hours Crisis; first 60 minutes	60 min	\$180.76	1 unit
H0048	-	Specimen Collection for SUD Drug Testing	per test	\$8.54	One test per 24 hours
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
H0038	-	Peer Support (Certified) Individual	15 min	\$14.01	None
H0038	HH*	Peer Support (Certified) Co-occurring Individual	15 min	\$14.01	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.

Medication-Assisted Therapy (MAT)

Procedure Code	Modifier 1	Description	Unit	Rate	Limits
H0016	-	Medication-Assisted Therapy (MAT) Intake	first week of enrollment	\$363.57	See Below*
H0016	HG	Medication-Assisted Therapy (MAT)	per week	\$129.84	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 are reimbursed according to the Department's RBRVS system. Please refer to <https://medicaidprovider.mt.gov/>.

Mobile Crisis Response Team Services

Mobile Crisis Response Services must be provided by a program that is approved by the department and enrolled in Montana Medicaid as a crisis provider.

<u>Procedure Code</u>	<u>Modifier</u>	<u>Description</u>	<u>Unit</u>	<u>Rate</u>	<u>Limits</u>
<u>H2011</u>	<u>U1</u>	<u>American Rescue Plan Act (ARPA) Mobile Crisis Response Model (24/7)</u>	<u>Per 15 minute</u>	<u>\$105.62</u>	<u>None</u>
<u>H2011</u>	<u>U2</u>	<u>Mobile Crisis Team Services (12/7)</u>	<u>Per 15 minute</u>	<u>\$51.42</u>	<u>None</u>
<u>H2011</u>	<u>U3</u>	<u>Mobile Crisis Services (12/7)</u>	<u>Per 15 minute</u>	<u>\$35.73</u>	<u>None</u>