

# Substance Use Disorder

## Non-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 will 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>

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

Procedure Code	Modifier 1	Description	Unit	Rate	Limits
H0003		CLIA Laboratory Performed Blood or Urine Test	per test	Up to \$24.22	None
SBS		School Based Services	15 min	\$17.88	None
H2019		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	HQ	Peer Support (Certified) Group – (Up to eight members per group.)	15 min	\$2.81	8 units per week per member.

#### Non-Medicaid Medication-Assisted Therapy (MAT) Procedure Codes for Individuals 139-200% of Poverty

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 member's enrollment into the MAT program.

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

Procedure Code	Modifier 1	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	None
H0048		Specimen Collection for SUD Drug Testing	per test	\$8.54	One test per 24 hours
H0003		CLIA Laboratory Performed Blood or Urine Test	per test	Up to \$24.22	None
SBS		School Based Services	15 min	\$17.88	None
H2019		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) Individual (co-occurring)	15 min	\$14.01	None
H0038	HQ	Peer Support (Certified) Group – (Up to eight members per group.)	15 min	\$3.14	8 units per week per member.

**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	\$15.38

**Non-Medicaid Procedure Codes and Rates for Individuals – Pharmacy  
0-200% of Poverty**

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
Q9991	Buprenorphine XR, <= 100 mg	100 mg or less	Medicaid Pharmacy Rate
Q9992	Buprenorphine XR, >100 mg	Over 100 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
NDC	Disulfiram, 250 mg	250 mg	Medicaid Pharmacy Rate
NDC	Acamprosate, 333 mg	333 mg	Medicaid Pharmacy Rate
NDC	Chlordiazepoxide, 10 mg	10 mg	Medicaid Pharmacy Rate

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

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

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

Procedure Code	Description	Unit	Rate
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
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
90839 - NP	Psychotherapy for crisis; first 60 minutes	60 min	See RBRVS Schedule
90839 - MH	Psychotherapy for crisis; first 60 minutes	60 min	See RBRVS Schedule
90839 - MD	Psychotherapy for crisis; first 60 minutes	60 min	See RBRVS Schedule
90839 - PS	Psychotherapy for crisis; first 60 minutes	60 min	See RBRVS Schedule
90840 - NP	Psychotherapy for Crisis; each additional 30 minutes	30 min	See RBRVS Schedule
90840 - MH	Psychotherapy for Crisis; each additional 30 minutes	30 min	See RBRVS Schedule
90840 - MD	Psychotherapy for Crisis; each additional 30 minutes	30 min	See RBRVS Schedule
90840 - PS	Psychotherapy for Crisis; each additional 30 minutes	30 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
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
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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RBRVS Schedule can be found at <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.

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