

Medicaid Youth Mental Health Fee Schedule

Proposed May 9, 2026

I. Practitioner Services

Mental health practitioners include physicians, licensed professional counselors, licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, and advanced practice registered nurses with a clinical specialty in psychiatric mental health nursing. Practitioners bill using standard Current Procedural Terminology (CPT) procedure codes and are reimbursed according to the Department's RBRVS system. The conversion factors for mental health services and physician services can be found in Administrative Rules of Montana (ARM) [37.85.105](#).

The current RBRVS fee schedule is available on the [Montana Healthcare Programs Provider Information Website](#).

Youth may receive a combined total of 24 sessions per state fiscal year (July 1 thru June 30), without having a Serious Emotional Disturbance (SED). Additional sessions must be medically necessary, and youth must meet SED criteria.

It is the responsibility of all providers to be familiar with the [Children's Mental Health Bureau \(CMHB\) Medicaid Services Provider Manual](#), adopted and incorporated by reference in ARM [37.87.903](#), which includes medical necessity criteria, clinical guidelines, and prior authorization information.

Distance providers should submit claims for telehealth services using the appropriate procedure code and modifier for the service. Telehealth guidelines are available in the [General Information for Providers Manual](#).

Children's Mental Health Medicaid services do not require co-pay.

II. Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid beneficiaries under the Montana Medicaid program's All Patient Refined Diagnosis Related Groups (APR-DRG) reimbursement system.

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III. Mental Health Center Services (in addition to practitioner services)

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

Note: Leave modifier blank on the claim where "No Modifier" is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Unit Limits
Non-Medicaid Respite Care – Youth	S5150	HA	No Modifier	15 min.	\$4.06	Up to 24 units/24 hours and 48 units/month
Youth Day Treatment	H2012	HA	No Modifier	Hour	\$15.95	6 hours/day
Community-Based Psychiatric Rehabilitation & Support – individual	H2019	HA	No Modifier	15 min.	\$12.69	None
Community-Based Psychiatric Rehabilitation & Support – group	H2019	No Modifier	No Modifier	15 min.	\$3.17	4 hours per day
Comprehensive School and Community Treatment (CSCT)	H0036	No Modifier	No Modifier	Day <u>15 min.</u>	\$100.36 <u>\$30.94</u>	1,350 units/month per team of three. For limits <u>for teams less than three</u> , please refer to the Children's Mental Health Medicaid Services Provider Manual
Comprehensive School and Community Treatment (CSCT) Frontier Differential*	H0036	TN	No Modifier	Day <u>15 min</u>	\$115.42 <u>\$35.58</u>	1,350 units/month per team of three. For limits <u>for teams less than three</u> , please refer to the Children's Mental Health Medicaid Services Provider Manual

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Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Unit Limits
CSCT Intervention, Assessment and Referral (IAR)	H2027	No Modifier	No Modifier	Day <u>15 min</u>	\$100.36 <u>\$30.94</u>	<u>20 units/youth per SFY.</u> <u>CSCT and CSCT IAR combined are limited to 1,350 units/month per team of three.</u> For limits <u>for teams less than three</u> , please refer to the Children's Mental Health Medicaid Services Provider Manual
CSCT Intervention, Assessment and Referral (IAR) Frontier Differential*	H2027	TN	No Modifier	Day <u>15 min</u>	\$115.42 <u>\$35.58</u>	<u>20 units/youth per SFY.</u> <u>CSCT and CSCT IAR combined are limited to 1,350 units/month per team of three.</u> For limits <u>for teams less than three</u> , please refer to the Children's Mental Health Medicaid Services Provider Manual
Intensive Outpatient Psychiatric Therapy	S9480	No Modifier	No Modifier	Day	\$109.79	Within 8-week span

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IV. Therapeutic Youth Group Home Services

This table summarizes Therapeutic Group Home services available to Medicaid beneficiaries.

Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
Therapeutic Youth Group Home	S5145	No Modifier	No Modifier	Day	\$231.20	Prior Authorized
Therapeutic Youth Group Home Therapeutic Home Leave	S5145	U5	No Modifier	Day	\$231.20	14 days/year
Extraordinary Needs Aide Services	H2019	TG	No Modifier	15 min.	\$12.69	None
Community-Based Psychiatric Rehabilitation & Support - group	H2019	No Modifier	No Modifier	15 min.	\$3.17	4 hours/day

V. Home Support Services and Therapeutic Foster Care Services

This table summarizes the services available to Medicaid beneficiaries through the Home Support Services (formally therapeutic family care) and Therapeutic Foster Care Services.

Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
Home Support Services	H2020	No Modifier	No Modifier	15 min.	\$30.88	None
Home Support Services Frontier Differential*	H2020	TN	No Modifier	15 min	\$35.51	None
<u>Home Support Services – Group</u>	<u>H2017</u>		<u>No Modifier</u>	<u>15 min</u>	<u>\$10.29</u>	<u>2 youth group sessions/week</u> <u>2 parent group sessions/week</u>
<u>Home Support Services – Group Frontier Differential*</u>	<u>H2017</u>	<u>TN</u>	<u>No Modifier</u>	<u>15 min</u>	<u>\$11.83</u>	<u>2 youth group sessions/week</u> <u>2 parent group sessions/week</u>
Therapeutic Foster Care	S5145	HR	No Modifier	Day	\$66.58	None
Permanency Therapeutic Foster Care	S5145	HE	No Modifier	Day	\$177.79	None

*For a listing of frontier and non-frontier counties please see the Children’s Mental Health Medicaid Services Provider Manual

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VI. Partial Hospitalization

This table summarizes partial hospitalization services available to Medicaid beneficiaries. Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
Acute Partial Hospitalization Full day	H0035	U8	No Modifier	Full Day	\$195.90	None
Acute Partial Hospitalization Half day	H0035	U7	No Modifier	Half Day	\$146.92	None
Sub-acute Partial Hospitalization Full day	H0035	U6	No Modifier	Full Day	\$124.41	None
Sub-acute Partial Hospitalization Half day	H0035	No Modifier	No Modifier	Half Day	\$93.32	None

VII. In-State and Out of State Psychiatric Residential Treatment Facility (PRTF) Services

This table summarizes PRTF services available to Medicaid beneficiaries. Note: Leave modifier blank on the claim where “No Modifier” is indicated.

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Limits
In-State PRTF	Revenue Code 124	No Modifier	No Modifier	Day	\$525.10	Prior Authorized
In-State PRTF Therapeutic Home Visit	Revenue Code 183	No Modifier	No Modifier	Day	\$525.10	14 days/year
In-State PRTF Assessment Services	Revenue Code 220	No Modifier	No Modifier	Day	\$603.87	Prior Authorized
Out of State PRTF Services	Revenue Code 124	No Modifier	No Modifier	Day	\$525.10	Prior Authorized
Out of State Therapeutic Home Visit	Revenue Code 183	No Modifier	No Modifier	Day	\$525.10	Prior Authorized

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VIII. 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. Information on Mobile Crisis Response Team Services can be found in the [BHDD Medicaid Services Provider Manual for SUD and Adult Mental Health](#).

Service	Procedure	Modifier 1	Modifier 2	Unit	Reimbursement	Unit Limits
Mobile Crisis Response Services ARPA model: Multi-disciplinary team	H2011	U1	No Modifier	15 min	\$116.58	None
Mobile Crisis Response Services: Multi-disciplinary team	H2011	U2	No Modifier	15 min	\$77.44	None
Mobile Crisis Response Services: Individual	H2011	U3	No Modifier	15 min	\$49.15	None
Mobile Crisis Care Coordination	H2011	No Modifier	No Modifier	15 min	\$14.51	14 units