

Chemical Dependency Bureau Standard Medicaid Procedure Codes and Rates				
Procedure Code	Modifier	Description	Unit	Rate
H0010		Inpatient Residential Detox	per day	\$237.07
H0018		Inpatient Residential Treatment	per day	\$237.07
H0001		Assessment and Placement	per visit	\$291.21
H0004		Individual Therapy	15 min	\$17.51
H2035		Group Therapy	1 hour	\$25.02
H0012		Day Treatment	per day	\$118.53
H0048		Saliva Drug Test	per test	\$8.16
T1016	HF	Targeted Case Management	15 min	\$12.08
IN RVRBS				
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	pre visit	See RBRVS Schedule

RBRVS Schedule can be found at: <http://medicaidprovider.mt.gov/>

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