

H0010			per day	\$237.07
H0018			per day	\$237.07
H0001			per visit	\$291.21
H0004			15 min	\$17.51
H2035			1 hour	\$25.02
H0012			per day	\$118.53
H0048			per test	\$8.16
T1016			15 min	\$12.08
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