

Medicaid Mental Health Services

Individuals 18 years of age and older Fee Schedule Effective ~~October 1, 2024~~ January 1, 2025

Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid members under the Montana Medicaid program's Diagnosis Related Group (DRG) reimbursement system. All out-of-state admissions of Medicaid members require prior authorization.

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>.

Mental Health Center Services

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

Procedure Code	Modifier	Description	Unit	Rate	Limits
S5102	-	Behavioral Health Group Home	Day	\$185.51	None
S5140		Adult Foster Care	Day	\$103.85	None
S5140	U5	Adult Foster Care Therapeutic Leave	Day	\$103.85	14 days / year
H2012	HB	Day treatment – Adult Half Day	Hour	\$21.33	3 hrs/day
H2019	HB	Community-based psychiatric rehabilitation & support – individual	15 min	\$12.36	8 units/day
H2019	HQ	Community-based psychiatric rehabilitation & support – group	15 min	\$3.08	8 units/day
H2015	HB	Illness Management and Recovery – Individual	15 min	\$17.58	None
H2017	HQ	Illness Management and Recovery – Group	15 min	\$8.79	None

S9484		Crisis Receiving Program	Per Day	\$400.88	1 unit (day)
S9485	-	Crisis Stabilization Program	Per Day	\$400.88	None
H0002		Psychotherapy for After-hours Crisis; first 60 minutes	30-74 min	\$187.99	1 unit
H0040		Program of Assertive Community Treatment (PACT)	Week	\$356.95	None
H0040	HT	Community Maintenance Program (CMP)	Day	\$64.28	3 per week
H0037	HT	Montana Community Treatment-(MCT)	Week	\$286.48	None
H0038	-	Peer Support (Certified) Individual	15 min	\$16.06	None
H0038	HH	Peer Support (Certified) Individual (co-occurring)	15 min	\$16.06	None

Partial Hospitalization

Partial hospitalization services are available to Medicaid members according to the following schedule:

Procedure Code	Modifier	Description	Unit	Rate	Limits
H0035	U8	Acute Partial Hospitalization Full day U8	Full Day	\$187.51	28 days*
H0035	U7	Acute Partial Hospitalization Half day	Day	\$140.48	28 days*

* Maximum recommended to utilization review agency; may be extended if medically necessary.

Dialectical Behavior Therapy (DBT) Services

A licensed mental health professional must be trained and certified in Dialectical Behavior Therapy to provide these outpatient services. Dialectical Behavior Therapy Skill Development may be reimbursed to mental health center and/or mental health provider types.

Procedure Code	Modifier	Description	Unit	Rate	Limits
H0046	HB	Intensive Individual DBT Psychotherapy Services	45-50 min	\$62.44	None
H2014	-	Dialectical Behavior Therapy – Skill Development - Individual	15 min	\$20.81	None

H2014	HQ	Dialectical Behavior Therapy – Skill Development - Group	15 min	\$11.91	None
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Mobile Crisis Response Services

Procedure Code	Modifier	Description	Unit	Rate	Limits
H2011	U1	Mobile Crisis Response Services ARPA model: Multi-disciplinary team	15 min	\$113.18	none
H2011	U2	Mobile Crisis Response Services: Multi-disciplinary team	15 min	\$75.18	None
H2011	U3	Mobile Crisis Response Services: Individual	15 min	\$47.72	none
H2011		Mobile Crisis Care Coordination	15 min	\$14.09	See Below*

*Mobile Crisis Care Coordination can be provided up to 14 days following a Mobile Crisis Response Service.

HEART Waiver Services

<u>Procedure Code</u>	<u>Modifier</u>	<u>Description</u>	<u>Unit</u>	<u>Rate</u>	<u>Limits</u>
<u>H0043</u>	<u>U1</u>	<u>TSS – Assessment and Planning</u>	<u>15 min</u>	<u>\$16.51</u>	<u>none</u>
<u>H0043</u>	<u>U2</u>	<u>TSS – Pre-Tenancy Services</u>	<u>15 min</u>	<u>\$16.51</u>	<u>none</u>
<u>H0043</u>	<u>U3</u>	<u>TSS – Tenancy Sustaining Services</u>	<u>15 min</u>	<u>\$16.51</u>	<u>none</u>
<u>H0044</u>	<u>UA</u>	<u>TSS – Application Fee Assistance</u>		<u>Amount authorized on Prior Authorization</u>	<u>Up to \$250.00/annually</u>
<u>H0044</u>	<u>UD</u>	<u>TSS – Security Deposit Assistance</u>	<u>1</u>	<u>Amount authorized on Prior Authorization</u>	<u>*Up to \$1650.00/annually</u>
<u>H0050</u>		<u>Contingency Management</u>	<u>1</u>	<u>\$16.51</u>	<u>none</u>

Transcranial Magnetic Stimulation (TMS) Services

Transcranial Magnetic Stimulation may be reimbursed to Montana licensed Psychiatrists and Physician provider types.

Procedure Code	Description	Unit	Rate	Limits
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Per session	MSRP	1
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management	Per session	MSRP	30
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Per session	MSRP	4

Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available).