

Substance Use Disorder Non-Medicaid Provider Fee Schedule Effective July 1, 2020

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](https://medicaidprovider.mt.gov)

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

Procedure Code	Modifier 1	Description	Unit	Rate	Limits
H2034	HD	SUD Clinically Managed Low Intensity (ASAM 3.1) (Women/children room & board)	per day	\$139.03	None
H2034	-	SUD Clinically Managed Low Intensity (ASAM 3.1) (room & board)	per day	\$38.09	None
H0003	-	CLIA Laboratory Performed Blood or Urine Test	per test	Up to \$23.74	None
SBS	-	School Based Services	15 min	\$17.37	None
H2017	-	Psychosocial Rehabilitation	15 min	\$12.41	None
H0038	HQ	Peer Support (Certified) Group – (Up to eight members per group.)	15 min	\$2.75	8 units per week per member.

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

Intensive Outpatient Bundled Rates

Procedure Code	Modifier 1	Modifier 2	Description	Unit	Rate	Limits
H0015	See below	-	Adult High Tier SUD Intensive Outpatient	per day	\$98.55	Four billable days per week
H2036	See below	-	Adult Low Tier SUD Intensive Outpatient	per day	\$81.46	Four billable days per week
H0015	See below	HA	Adolescent SUD Intensive Outpatient	per day	\$98.55	Four billable days per week

Modifier HH may be used when an individual with a mental health diagnosis from the Diagnostic and Statistical Manual of Mental Disorders receives therapeutic mental health services by the SUD IOP provider. Please note that modifier HH must always be in the first modifier position to trigger payment. Modifier HH will not trigger payment if used in the second modifier position. Using modifier HH will enhance the unit rate by \$22.89. For Adolescents, Modifier HA must be the in the first modifier position when Modifier HH is NOT being used.

Medication-Assisted Therapy (MAT)

Procedure Code	Modifier 1	Description	Unit	Rate	Limits
H0016	-	Medication-Assisted Therapy (MAT) Intake	first week of enrollment	\$356.41	See Below*
H0016	HG	Medication-Assisted Therapy (MAT)	per week	\$127.29	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	\$243.61	None
H0018		SUD Clinically Managed High-Intensity (Adult)/Medium-Intensity (Adolescent) Residential (ASAM 3.5)	per day	\$243.61	None

H0012		SUD Partial Hospitalization (ASAM 2.5)	per day	\$121.80	None
H2034	HD	SUD Clinically Managed Low Intensity (ASAM 3.1) (Women/children room & board)	per day	\$139.03	None
H2034		SUD Clinically Managed Low Intensity (ASAM 3.1) (room & board)	per day	\$38.09	None
H0048		Dip Strip or Saliva Collection, Handling, and Testing	per test	\$8.38	None
H0003		CLIA Laboratory Performed Blood or Urine Test	per test	Up to \$23.74	None
SBS		School Based Services	15 min	\$17.52	None
H2017		Psychosocial Rehabilitation	15 min	\$12.41	None
H0038		Peer Support (Certified) Individual	15 min	\$13.73	None
H0038	HH	Peer Support (Certified) Individual (co-occurring)	15 min	\$13.73	None
H0038	HQ	Peer Support (Certified) Group – (Up to eight members per group.)	15 min	\$2.75	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	\$15.08

**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

Procedure Code	Description	Unit	Rate
J0575-HG	Buprenorphine/Naloxone >10 mg (Suboxone)	10.1 mg and up	Medicaid Pharmacy Rate
J0592	Buprenorphine IM or IV 0.1 mg	0.1 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
54035613 or other NDC	Disulfiram, 250 mg	250 mg	Medicaid Pharmacy Rate
93535286 or other NDC	Acamprosate, 333 mg	333 mg	Medicaid Pharmacy Rate
3072750 or other 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

[RBRVS Schedule can be found at https://medicaidprovider.mt.gov](https://medicaidprovider.mt.gov)

**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

Procedure Code	Description	Unit	Rate
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

Procedure Code	Description	Unit	Rate
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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