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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 19-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Denver Regional Operations Group**

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March 26, 2019

Marie Matthews, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-19-0003. This amendment replaces temporary CPT Category III codes for Autism Treatment Services with permanent CPT Category I codes.

Please be informed that this State Plan Amendment was approved today, with an effective date of January 1, 2019. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM). For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

For Preventive Services – Autism Treatment Services expenditures should be reported on:  
Line 34 – Diagnostic Screening & Preventive Services



If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Mary Marchioni  
Acting Deputy Director

cc: Sheila Hogan, Department Director  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 19-0003	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 01/01/2019	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
42 CFR 440.130(c)  Social Security Act 1905(a)(13)  Social Security Act 1902(a)(30)(A)		a. FFY 19 (9 months) \$ 0 b. FFY 20 (12 months) \$ 0 c. FFY 21 (3 months) \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
Preventive Services-Autism Treatment Services, Service 13.c, Attachment 4.19B, page 3 of 3.		Preventive Services-Autism Treatment Services, Service 13.c, Attachment 4.19B, page 3 of 3.	
10. SUBJECT OF AMENDMENT:			
Effective January 1, 2019, this amendment replaces the temporary Current Procedural Terminology (CPT) Category III codes for Adaptive Behavior Assessment and Treatment with the new permanent CPT Category I codes. The fee schedule is updated to reflect the new codes and unit limits. Due to adjustments in the units, the Relative Value Units are also adjusted. As a result, the rates are slightly different than the previous rates.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
		Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED:			
3-15-19			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
March 15, 2019		March 26, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
January 1, 2019			
21. TYPED NAME:		22. TITLE:	
Mary Marchioni		Acting Deputy Director, DROG	
23. REMARKS:			

MONTANA

**Autism Treatment Services**

- I. Reimbursement for autism treatment services will be the lower of:
  - A. The provider's usual and customary (billed) charge for the service; or
  - B. The Department's fee schedule which is based on a resource based relative value scale (RBRVS) methodology. In accordance with RBRVS methodology, a Relative Value Unit (RVU), which is numeric, is multiplied by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjuster (either plus or minus) to affect the fee.
    1. Current Procedural Terminology (CPT) Category I codes are being utilized for adaptive behavior assessment/intervention services (ABA) for the assessment and treatment of Autism Spectrum Disorders: Codes 97151, 97153, and 97155. For Behavior Identification Assessments 97151 and Adaptive Treatment with Protocol 97155, the Department fee is based on a service provided by a Board Certified Behavior Analyst; the fee is reduced approximately 26% when provided by a Family Support Specialist with an autism endorsement, a Board Certified Assistant Behavior Analyst or a student enrolled in an accredited BCBA graduate level education program.
    2. Temporary RVUs and code modifiers were determined for each new CPT Category I code by comparing RBRVS weights and calculated rates of current similar allowable service codes, along with current service codes that contain components and /or staffing requirements of the new autism services to develop temporary RVU weights.
- II. The Department's rates are set as of January 1, 2019, and are effective for services provided on or after that date. All rates are published on the agency's website [www.medicaprovider.mt.gov](http://www.medicaprovider.mt.gov). Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.