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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 19-0009**

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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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July 29, 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-19-0009. This amendment updates Montana's fee schedule for autism services.

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

If you have any questions regarding this SPA please contact Sonja Madera at (303) 844-3522.

Sincerely,



Richard C. Allen  
Director, Western Regional Operations Group  
Denver Regional Office  
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director  
Mary Eve Kulawik, Montana



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 July 1, 2019, and are effective for services provided on or after that date. All rates are published on the agency's website [www.medicaidprovider.mt.gov](http://www.medicaidprovider.mt.gov). Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.