

# Montana Medicaid - Fee Schedule Private Duty Nursing

January 1, 2004

## Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
T1002		RN SERVICES UP TO 15 MINUTES	1/1/2004	FEE SCHED	\$5.25	Y
T1003		LPN/LVN SERVICES UP TO 15MIN	1/1/2004	FEE SCHED	\$5.16	Y
99601		HOME INFUSION/VISIT 2 HRS	1/1/2004	FEE SCHED	\$42.00	
99602		HOME INFUSION EACH ADDTL HR	1/1/2004	FEE SCHED	\$21.00	