

**Montana Medicaid - Fee Schedule**  
**Private Duty Nursing**  
**July 1, 2009**

**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

**Medicare:** Medicare-prevailing 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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<b>Proc</b>	<b>Modifier</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>
T1002		RN SERVICES UP TO 15 MINUTES	7/1/2009	FEE SCHED	\$8.30	Y
T1003		LPN/LVN SERVICES UP TO 15MIN	7/1/2009	FEE SCHED	\$7.01	Y
99601		HOME INFUSION/VISIT 2 HRS	8/1/2005	FEE SCHED	\$45.26	
99602		HOME INFUSION EACH ADDTL HR	8/1/2005	FEE SCHED	\$22.28	

Please see first page for a complete description of information contained in the fee schedules.