

**Proposed Montana Medicaid - Fee Schedule**  
**Home Health Services**  
**July 1, 2015**

**Description** – Revenue code short 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 Schedule:** Medicaid fee for listed code

**Payment to charge ratio:** 90% of provider billed charges

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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<b>Rev</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>
421	Physical Therapy - Vist Charge	#####	FEE SCHED	\$74.74	Y
431	Occupational Therapy - Visit Charge	#####	FEE SCHED	\$74.74	Y
441	Speech Therapy - Visit Charge	#####	FEE SCHED	\$74.74	Y
551	Skilled Nursing - Visit Charge	#####	FEE SCHED	\$74.74	Y
571	Home Health Aide - Visit Charge	#####	FEE SCHED	\$33.37	Y
270	General Class Medical/Surgical Supplies	#####	Payment to charge ratio	90% of billed charges	