

<b>Montana Medicaid - Fee Schedule</b>							
<b>Elderly and Physically Disabled Home and Community Based Services Waiver</b>							
<b>October 1, 2009</b>							
<i>Description</i> – Procedure code Montana description. Case management teams will indicate which procedure code to use in order to assure correct coding.							
<i>Modifier</i> - All Home and Community Based Services procedure codes must be followed by a UA modifier. Other modifiers to follow after UA modifier: TE = nurse supervision/oversight TS = follow-up service (May be used with procedure codes S0215, S5130, T1005, T1019, T2013, T2001, S5120, S5125, S5135, S5150.) U9 = consumer is enrolled in the Big Sky Bonanza program.							
<i>Effective</i> – This is the first date of service for which the listed fee is applicable.							
<i>Method</i> – Source of fee determination <b>Fee Schedule:</b> Medicaid fee for listed codes. Rates listed are maximum paid. All rates may be negotiated by case management teams who authorize services. Providers must bill Medicaid the negotiated rate agreed upon with the case management team or with the Department.							
		<b>The 2% provider rate increase was allocated in House Bill 645 as a one-time appropriation. A one-time appropriation means that it will not be included in the Department's base budget after SFY 2011. If the next legislature does not take specific action to continue this provider rate increase, rates will be decreased to SFY 2009 levels.</b>					
<b>Homemaker, Respite, Habilitation Aide and Personal Assistance rates are based on negotiations with the Department through the FY2009 Direct Care Worker Wage Initiative process. Providers must submit annual reports to the Department to remain eligible for this funding. Providers agree to bill at the rate outlined in their billing certification letter for FY10. Providers understand that periodic audits will take place and a recovery will occur if they bill above their rate.</b>							
<i>PA</i> – Prior Authorization <b>Y:</b> Prior authorization is required <b>Space:</b> Prior authorization is not required							

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Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
S5100	UA	Adult Day Care	7/1/09	15 min	Fee Sched	\$2.08	Y	
T2031	UA	Adult Residential - Assisted Living	7/1/09	day	Fee Sched	\$70.38	Y	
T2031	UA	Adult Residential - Residential Hospice	7/1/09	day	Fee Sched	\$81.60	Y	
T2025	UA	Behavioral Programming	7/1/09	hour	Fee Sched	\$22.44	Y	
T2022	UA	Case Management (Based on \$9.05 per day)	7/1/09	month	Fee Sched	\$280.55		
T2022	UA TG	Case Management plus Supported Living Coordination (Based on \$17.15 per day)	7/1/09	month	Fee Sched	\$531.65		
T1016	UA	Case Management	7/1/09	15 min	Fee Sched	\$14.74		
H0004	UA	Chemical Dependency Counseling - Individual	7/1/09	15 min	Fee Sched	\$16.51	Y	
T2025	UA	Cognitive Rehabilitation	7/1/09	hour	Fee Sched	\$102.00	Y	
T2025	UA	Community Residential Rehabilitation	10/1/09	day	Fee Sched	\$717.09	Y	
T2025	UA	Comprehensive Day Treatment	10/1/09	hour	Fee Sched	\$95.61	Y	
T2025	UA	Consumer/Family Intensive Support Service	7/1/09	hour	Fee Sched	\$71.40	Y	
T2020	UA	Day Habilitation	7/1/09	day	Fee Sched	\$75.68	Y	
S5165	UA	Environmental Accessibility Adaptations - Home Modification	10/1/03	service	Fee Sched	\$4,000.00	Y	
T2039	UA	Environmental Accessibility Adaptations Vehicle Modification	10/1/03	service	Fee Sched	\$4,000.00	Y	
T1027	UA	Family Training & Counseling for Child Development	7/1/09	15 min	Fee Sched	\$8.02	Y	
T2013	UA	Habilitation Aide	7/1/09	hour	Fee Sched	\$17.29 - \$18.44	Y	Y
S5130	UA	Homemaker	7/1/09	15 min	Fee Sched	\$3.27 - \$4.15	Y	Y
S5131	UA	Homemaker Chores	10/1/03	diem	Fee Sched	\$250.00	Y	
S5170	UA	Nutrition (Meals)	7/1/09	meal	Fee Sched	\$5.37	Y	
S9452	UA	Nutrition Classes, Nutritionist	7/1/09	session	Fee Sched	\$25.50	Y	
S9470	UA	Nutritional Counseling, Dietician	7/1/09	visit	Fee Sched	\$25.50	Y	
97003	UA	Occupational Therapy - Evaluation	7/1/09	visit	Fee Sched	\$58.29	Y	
97150	UA	Occupational Therapy - Group	7/1/09	15 min	Fee Sched	\$13.83	Y	
97530	UA	Occupational Therapy - Individual	7/1/09	15 min	Fee Sched	\$23.10	Y	
T1019	UA	Personal Assistance Attendant - Agency-Based	7/1/09	15 min	Fee Sched	\$4.54 - \$5.05	Y	Y
T1019	UA TE	Personal Assistance Nurse Supervision - Agency-Based	7/1/09	15 min	Fee Sched	\$4.54 - \$5.05	Y	Y
T1019	UA	Personal Assistance Attendant -Self-Directed	7/1/09	15 min	Fee Sched	\$3.77 - \$4.25	Y	Y
T1019	UA TE	Personal Assistance Oversight - Self-Directed	7/1/09	15 min	Fee Sched	\$3.77 - \$4.25	Y	Y
T1020	UA	Personal Assistance Attendant - Per Diem	7/1/09	diem	Fee Sched	\$9.93	Y	
S5160	UA	Personal Emergency Response System - Installation and Testing	10/1/03	item	Fee Sched	\$100.00	Y	
S5162	UA	Personal Emergency Response System - Purchase	10/1/03	item	Fee Sched	\$800.00	Y	
S5161	UA	Personal Emergency Response - Rental	10/1/03	month	Fee Sched	\$69.00	Y	
97001	UA	Physical Therapy - Evaluation	7/1/09	visit	Fee Sched	\$55.25	Y	
97150	UA	Physical Therapy - Group	7/1/09	15 min	Fee Sched	\$13.83	Y	
97530	UA	Physical Therapy - Individual	7/1/09	15 min	Fee Sched	\$23.10	Y	
T2015	UA	Prevocational Services	7/1/09	hour	Fee Sched	\$7.38	Y	
T1003	UA	Private Duty Nursing - LPN	7/1/09	15 min	Fee Sched	\$7.01	Y	

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T1002	UA	Private Duty Nursing - RN	7/1/09	15 min	Fee Sched	\$8.30	Y	
H2017	UA	Psychosocial Consultation	7/1/09	15 min	Fee Sched	\$13.18	Y	
T1001	UA	Registered Nurse Supervision	7/1/09	15 min	Fee Sched	\$11.48	Y	
T2016	UA	Residential Habilitation - Group Home	7/1/09	diem	Fee Sched	\$148.83	Y	
T2016	UA	Residential Habilitation - TBI/AR	7/1/09	diem	Fee Sched	\$100.80	Y	
99503	UA	Respiratory Therapy	7/1/09	visit	Fee Sched	\$25.50	Y	
G0238	UA	Respiratory Therapeutic Procedures	7/1/09	15 min	Fee Sched	\$8.30	Y	
T1005	UA	Respite Care	7/1/09	15 min	Fee Sched	\$3.27 - \$4.15	Y	Y
H0045	UA	Respite Care - Assisted Living & Adult Foster Care	7/1/09	diem	Fee Sched	\$161.90	Y	
H0045	UA	Respite Care - Hospital	10/1/03	diem	Fee Sched	\$360.00	Y	
H0045	UA	Respite Care - Nursing Facility	7/1/09	diem	Fee Sched	Medicaid rate	Y	
T2027	UA	Special Child Care for Children	7/1/09	15 min	Fee Sched	\$5.32	Y	
T2029	UA	Specialized Medical Equipment	10/1/03	item	Fee Sched	\$2,000.00	Y	
T2028	UA	Specialized Medical Supplies	10/1/03	item	Fee Sched	\$2,000.00	Y	
S5125	UA	Specially Trained Attendants	7/1/09	15 min	Fee Sched	\$5.32	Y	
92506	UA	Speech Therapy - Evaluation	7/1/09	visit	Fee Sched	\$108.86	Y	
92507	UA	Speech Therapy - Individual	7/1/09	15 min	Fee Sched	\$46.07	Y	
92508	UA	Speech Therapy - Group	7/1/09	15 min	Fee Sched	\$22.00	Y	
T2019	UA	Supported Employment	10/1/09	15 min	Fee Sched	\$12.12	Y	
T2033	UA	Supported Living	7/1/09	diem	Fee Sched	\$217.46	Y	
S0215	UA	Transportation - Miles	10/1/08	mile	Fee Sched	\$0.33	Y	
T2003	UA	Transportation - Trip	7/1/09	trip	Fee Sched	\$12.40	Y	
<b>Services listed below are billed only by Financial Managers and Independent Advisors approved by the Senior &amp; Long Term Care Division and for consumers who are enrolled in the Big Sky Bonanza program.</b>								
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S5120	UA U9	Chore	7/1/09	15 min	Fee Sched	\$5.32		
S5121	UA U9	Chore services	7/1/06	diem	Fee Sched	\$250.00		
T2024	UA U9	Financial Manager	7/1/09	month	Fee Sched	\$137.70		
S9986	UA U9	Goods and Services (other than supplies)	7/1/06	service	Fee Sched	\$500.00		
T5999	UA U9	Goods and Services (supplies)	7/1/06	item	Fee Sched	\$500.00		
T2024	UA U9	Independence Advisor	7/1/09	month	Fee Sched	\$163.20		
S5125	UA U9	Personal Assistance Service	7/1/09	15 min	Fee Sched	\$5.32		
T1000	UA U9	Private Duty Nursing	7/1/09	15 min	Fee Sched	\$8.30		
S5115	UA U9	Registered Nurse Supervision	7/1/09	15 min	Fee Sched	\$11.48		
S5150	UA U9	Respite Care	7/1/09	15 min	Fee Sched	\$5.32		
S5135	UA U9	Socialization/Supervision	7/1/09	15 min	Fee Sched	\$5.32		
T2001	UA U9	Transportation - Miles	10/1/07	mile	Fee Sched	\$0.51		