

**Montana Medicaid - Fee Schedule  
Targeted Case Management  
June 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.

**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

**Note: Not all codes are billable by all providers. Refer to description to determine appropriate code to bill.**

<b>Proc</b>	<b>Modifier</b>	<b>Code Description</b>	<b>For use by</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY SOCIAL WORKER	1/1/2004	FEE SCHED	\$6.00
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY A NURSE	1/1/2004	FEE SCHED	\$6.00
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY THE NUTRITIONIST	1/1/2004	FEE SCHED	\$6.00
T1016		Case Management, each 15 minutes	TCM FOR CHILDREN W/SPECIAL HEALTH CARE NEEDS	1/1/2004	FEE SCHED	\$10.00

Fees as of June 2009