

**Montana Medicaid - Fee Schedule
Home Infusion Therapy
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.

SH = second concurrently administered therapy. Allowable amount is 80% of base fee.

SJ = third or more concurrently administered therapy. Allowable amount is 75% of base fee.

Space: indicates modifiers are not applicable to these codes

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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Proc	Description	Effective	Method	Fee	Fee with Modifier SH	Fee with Modifier SJ	PA
S5498	HIT SIMPLE CATH CARE	07/01/2009	Fee Schedule	\$11.28			
S5501	HIT COMPLEX CATH CARE	07/01/2009	Fee Schedule	\$16.91			
S5502	HIT INTERIM CATH CARE	07/01/2009	Fee Schedule	\$16.91			
S9326	HIT CONT PAIN PER DIEM	10/01/2007	Fee Schedule	\$107.63	\$86.10	\$80.72	Y
S9327	HIT INT PAIN PER DIEM	10/01/2007	Fee Schedule	\$107.63	\$86.10	\$80.72	Y
S9328	HIT PAIN IMP PUMP DIEM	10/01/2007	Fee Schedule	\$123.00	\$98.40	\$92.25	Y
S9330	HIT CONT CHEM DIEM	10/01/2007	Fee Schedule	\$153.75	\$123.00	\$115.31	Y
S9331	HIT INTERMIT CHEMO DIEM	10/01/2007	Fee Schedule	\$153.75	\$123.00	\$115.31	Y
S9336	HIT CONT ANTICOAG DIEM	10/01/2007	Fee Schedule	\$107.63	\$86.10	\$80.72	Y
S9338	HIT IMMUNOTHERAPY DIEM	07/01/2009	Fee Schedule	\$78.41	\$62.73	\$58.81	Y
S9346	HIT ALPHA-1-PROTEINAS DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	Y
S9347	HIT LONGTERM INFUSION DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	
S9348	HIT SYMPATHOMIM DIEM	10/01/2007	Fee Schedule	\$117.88	\$94.30	\$88.41	Y
S9349	HIT TOCOLYSIS DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	
S9351	HIT CONT ANTIEMETIC DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	Y
S9355	HIT CHELATION DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	Y
S9359	HIT ANTI-TNF PER DIEM	10/01/2007	Fee Schedule	\$108.65	\$86.92	\$81.49	Y
S9363	HIT ANTI-SPASMOTIC DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	Y
S9365	HIT TPN 1 LITER DIEM	07/01/2009	Fee Schedule	\$258.77	\$207.02	\$194.08	Y
S9366	HIT TPN 2 LITER DIEM	07/01/2009	Fee Schedule	\$276.53	\$221.22	\$207.40	Y
S9367	HIT TPN 3 LITER DIEM	07/01/2009	Fee Schedule	\$307.12	\$245.70	\$230.34	Y
S9368	HIT TPN OVER 3L DIEM	07/01/2009	Fee Schedule	\$326.72	\$261.38	\$245.04	Y
S9374	HIT HYDRA 1 LITER DIEM	07/01/2009	Fee Schedule	\$38.34	\$30.67	\$28.76	
S9375	HIT HYDRA 2 LITER DIEM	07/01/2009	Fee Schedule	\$45.10	\$36.08	\$33.83	
S9376	HIT HYDRA 3 LITER DIEM	07/01/2009	Fee Schedule	\$51.87	\$41.50	\$38.90	
S9377	HIT HYDRA OVER 3L DIEM	07/01/2009	Fee Schedule	\$67.65	\$54.12	\$50.74	
S9379	HIT NOC PER DIEM	04/01/2004	By Report	\$0.00	\$0.00	\$0.00	Y
S9490	HIT CORTICOSTERIOD PER DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	
S9497	HIT ANTIBIOTIC Q3H DIEM	10/01/2007	Fee Schedule	\$153.75	\$123.00	\$115.31	Y
S9500	HIT ANTIBIOTIC Q24H DIEM	10/01/2007	Fee Schedule	\$128.13	\$102.50	\$96.09	Y
S9501	HIT ANTIBIOTIC Q12H DIEM	10/01/2007	Fee Schedule	\$143.50	\$114.80	\$107.63	Y
S9502	HIT ANTIBIOTIC Q8H DIEM	10/01/2007	Fee Schedule	\$143.50	\$114.80	\$107.63	Y
S9503	HIT ANTIBIOTIC Q6H DIEM	10/01/2007	Fee Schedule	\$153.75	\$123.00	\$115.31	Y
S9504	HIT ANTIBIOTIC Q4H DIEM	10/01/2007	Fee Schedule	\$153.75	\$123.00	\$115.31	Y

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