

**Montana Medicaid - Fee Schedule  
Targeted Case Management  
July 1, 2013**

**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.**

Proc	Modifier	Code Description	For use by	Effective	Method	Fee
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY SOCIAL WORKER	7/1/2013	FEE SCHED	\$6.24
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY A NURSE	7/1/2013	FEE SCHED	\$6.24
T1016	HD	Case Management, each 15 minutes	HRPW CASE MGMT SVCS PROVIDED BY THE NUTRITIONIST	7/1/2013	FEE SCHED	\$6.24
T1016		Case Management, each 15 minutes	TCM FOR CHILDREN W/SPECIAL HEALTH CARE NEEDS	7/1/2013	FEE SCHED	\$10.40

Fees as of July 1, 2013