

Montana Medicaid - Fee Schedule
Home Infusion Therapy
July 1, 2015

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.

SS = Home infusion services provided in the infusion suite of the IV therapy provider.

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

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
99601	HOME INFUSION/VISIT 2 HRS	7/1/2015	Fee Schedule	\$69.12	\$0.00	\$0.00	
99602	HOME INFUSION EACH ADDTL HR	7/1/2015	Fee Schedule	\$34.56	\$0.00	\$0.00	
S5498	HIT SIMPLE CATH CARE	7/1/2015	Fee Schedule	\$11.50	\$0.00	\$0.00	
S5501	HIT COMPLEX CATH CARE	7/1/2015	Fee Schedule	\$17.25	\$0.00	\$0.00	
S5502	HIT INTERIM CATH CARE	7/1/2015	Fee Schedule	\$17.25	\$0.00	\$0.00	
S9326	HIT CONT PAIN PER DIEM	07/01/2013	Fee Schedule	\$107.58	\$86.06	\$80.69	Y
S9327	HIT INT PAIN PER DIEM	07/01/2013	Fee Schedule	\$107.58	\$86.06	\$80.69	Y
S9328	HIT PAIN IMP PUMP DIEM	7/1/2015	Fee Schedule	\$125.50	\$100.40	\$94.13	Y
S9330	HIT CONT CHEM DIEM	7/1/2015	Fee Schedule	\$157.75	\$126.20	\$118.32	Y
S9331	HIT INTERMIT CHEMO DIEM	07/01/2013	Fee Schedule	\$153.69	\$122.95	\$115.27	Y
S9336	HIT CONT ANTICOAG DIEM	07/01/2013	Fee Schedule	\$107.58	\$86.06	\$80.69	Y
S9338	HIT IMMUNOTHERAPY DIEM	7/1/2015	Fee Schedule	\$85.33	\$68.26	\$64.00	Y
S9346	HIT ALPHA-1-PROTEINAS DIEM	07/01/2013	Fee Schedule	\$128.08	\$102.45	\$96.06	Y
S9347	HIT LONGTERM INFUSION DIEM	07/01/2013	Fee Schedule	\$128.08	\$102.45	\$96.06	
S9348	HIT SYMPATHOMIM DIEM	07/01/2013	Fee Schedule	\$117.83	\$94.26	\$88.37	Y
S9349	HIT TOCOLYSIS DIEM	07/01/2013	Fee Schedule	\$128.08	\$102.45	\$96.06	
S9351	HIT CONT ANTIEMETIC DIEM	07/01/2013	Fee Schedule	\$128.08	\$102.45	\$96.06	Y
S9355	HIT CHELATION DIEM	07/01/2013	Fee Schedule	\$128.08	\$102.45	\$96.06	Y
S9359	HIT ANTI-TNF PER DIEM	7/1/2015	Fee Schedule	\$108.92	\$87.14	\$81.69	Y
S9363	HIT ANTI-SPASMOTIC DIEM	07/01/2013	Fee Schedule	\$128.08	\$102.45	\$96.06	Y
S9365	HIT TPN 1 LITER DIEM	07/01/2015	Fee Schedule	\$259.02	\$207.22	\$194.27	Y
S9366	HIT TPN 2 LITER DIEM	07/01/2013	Fee Schedule	\$276.42	\$221.13	\$207.31	Y
S9367	HIT TPN 3 LITER DIEM	07/01/2013	Fee Schedule	\$306.99	\$245.60	\$230.24	Y
S9368	HIT TPN OVER 3L DIEM	07/01/2013	Fee Schedule	\$326.59	\$261.27	\$244.94	Y
S9374	HIT HYDRA 1 LITER DIEM	7/1/2015	Fee Schedule	\$43.00	\$34.40	\$32.25	
S9375	HIT HYDRA 2 LITER DIEM	7/1/2015	Fee Schedule	\$49.24	\$39.39	\$36.93	
S9376	HIT HYDRA 3 LITER DIEM	07/01/2015	Fee Schedule	\$51.98	\$41.58	\$38.98	
S9377	HIT HYDRA OVER 3L DIEM	07/01/2013	Fee Schedule	\$67.62	\$54.10	\$50.72	
S9379	HIT NOC PER DIEM	07/01/2014	Fee Schedule	\$110.00	\$88.00	\$82.50	Y
S9490	HIT CORTICOSTERIOD PER DIEM	07/01/2015	Fee Schedule	\$128.25	\$102.60	\$96.18	
S9497	HIT ANTIBIOTIC Q3H DIEM	07/01/2013	Fee Schedule	\$153.69	\$122.95	\$115.26	Y
S9500	HIT ANTIBIOTIC Q24H DIEM	07/01/2015	Fee Schedule	\$128.25	\$102.60	\$96.18	Y
S9501	HIT ANTIBIOTIC Q12H DIEM	07/01/2013	Fee Schedule	\$143.44	\$114.75	\$107.58	Y
S9502	HIT ANTIBIOTIC Q8H DIEM	07/01/2013	Fee Schedule	\$143.44	\$114.75	\$107.58	Y
S9503	HIT ANTIBIOTIC Q6H DIEM	7/1/2015	Fee Schedule	\$155.50	\$124.40	\$116.63	Y
S9504	HIT ANTIBIOTIC Q4H DIEM	07/01/2013	Fee Schedule	\$153.69	\$122.95	\$115.26	Y

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