Montana Medicaid - Fee Schedule

Elderly and Physically Disabled Home and Community Based Services Waiver

July 1, 2016

Description – Procedure code Montana description. Case management teams will indicate which procedure to use in order to assure correct coding.

Modifier - All Home and Community Based Services procedure codes must be followed by a UA

Other modifiers to follow after UA modifier:

TE = nurse supervision/oversight (May be used with procedure code T1019)

TS = follow-up service (May be used with procedure codes S0215, S5125, S5126, S5130, T1002, T1003, T1005, T1019, T2003)

U9 = consumer is enrolled in the Bonanza option.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Schedule: Medicaid fee for listed codes.

Rates listed are maximum paid.

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Inititive
S5100	UA	Adult Day Care	7/1/2016	15 min	Fee Sched	$ 2.20	Y	
T1016	UA	Case Management	7/1/2016	15 min	Fee Sched	$ 15.60	N	
T2022	UA	Case Management	7/1/2016	day	Fee Sched	$ 11.02	N	
T2024	UA	Case Management plus Supported Living Coordination	7/1/2016	day	Fee Sched	$ 18.51	N	
T2038	UA	Community Transition Services	7/1/11	service	Fee Sched	$ 2,000.00	Y	
H2015	UA	Consultative Clinic and Therapeutic Services	7/1/2016	service	Fee Sched	$ 370.54	Y	
T2020	UA	Day Habilitation	7/1/2016	day	Fee Sched	$ 80.12	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 & Support	7/1/2016	15 min	Fee Sched	$ 8.49	Y	
T2040	UA	Financial Manager (do not use with U9 modifier)	7/1/2016	month	Fee Sched	$ 172.68	Y	
H2032	UA	Health and Wellness	7/1/11	session	Fee Sched	$ 175.00	Y	
H2032	UA	Adaptive Recreational Therapy	7/1/11	session	Fee Sched	$ 55.00	Y	
H2032	UA	Exercise Classes	7/1/11	class	Fee Sched	$ 65.00	Y	
H2032	UA	Health Club Membership	7/1/11	monthly	Fee Sched	$ 65.00	Y	
H2032	UA	Hippotherapy	7/1/11	session	Fee Sched	$ 45.00	Y	
H2032	UA	Wellness Classes	7/1/11	session	Fee Sched	$ 175.00	Y	
S5130	UA	Homemaker	7/1/2016	15 min	Fee Sched	$3.44-$4.40	Y	Y
S5131	UA	Homemaker Chores	10/1/03	service	Fee Sched	$ 250.00	Y	
T2041	UA	Independence Advisor (do not use with U9 modifier)	7/1/2016	month	Fee Sched	$ 172.68	Y	
S5170	UA	Nutrition (Meals)	7/1/2016	meal	Fee Sched	$ 5.67	Y	
S9452	UA	Nutrition Classes, Nutritionalist	7/1/2016	15 min	Fee Sched	$ 15.26	Y	
S9470	UA	Nutritional Counseling, Dietician	7/1/2016	15 min	Fee Sched	$ 15.26	Y	
97003	UA	Occupational Therapy - Evaluation	7/1/2016	visit	Fee Sched	$ 60.94	Y	
97150	UA	Occupational Therapy - Group	7/1/2016	15 min	Fee Sched	$ 12.49	Y	
97530	UA	Occupational Therapy - Individual	7/1/2016	15 min	Fee Sched	$ 24.92	Y	

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Inititive
T2025	UA	Pain and Symptom Management - Negotiated with Upper Limit	7/1/11	session	Fee Sched	$ 650.00	Y	
T2025	UA	Acupuncture	7/1/11	session	Fee Sched	$ 70.00	Y	
T2025	UA	Chiropractic	7/1/11	session	Fee Sched	$ 75.00	Y	
T2025	UA	CrainioSacral Therapy	7/1/11	session	Fee Sched	$ 70.00	Y	
T2025	UA	Hyperbaric Oxygen Therapy	7/1/11	session	Fee Sched	negotiated	Y	
T2025	UA	Massage Therapy	7/1/11	session	Fee Sched	$ 70.00	Y	
T2025	UA	Mind-Body Therapies (Such as Hypnosis and Biofeedback)	7/1/11	session	Fee Sched	$ 125.00	Y	
T2025	UA	Specialized Nursing Services	7/1/11	session	Fee Sched	$ 70.00	Y	
T2025	UA	Pain Mitigation Counseling/Coaching	7/1/11	treatment	Fee Sched	$ 650.00	Y	
T2025	UA	Reflexology	7/1/11	session	Fee Sched	$ 70.00	Y	
T1019	UA	Personal Assistance Attendant - Agency-Based	7/1/2016	15 min	Fee Sched	$4.81-$5.34	Y	Y
T1019	UA TE	Personal Assistance Nurse Supervision - Agency-Based	7/1/2016	15 min	Fee Sched	$4.81-$5.34	Y	Y
T1019	UA	Personal Assistance Attendant -Self-Directed	7/1/2016	15 min	Fee Sched	$3.96-$4.46	Y	Y
T1019	UA TE	Personal Assistance Oversight - Self-Directed	7/1/2016	15 min	Fee Sched	$3.96-$4.46	Y	Y
T1020	UA	Personal Assistance Attendant - Per Day	7/1/2016	day	Fee Sched	$ 10.51	Y	
S5161	UA	Personal Emergency Response - Rental	10/1/03	month	Fee Sched	$ 69.00	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	
97001	UA	Physical Therapy - Evaluation	7/1/2016	visit	Fee Sched	$ 54.08	Y	
97150	UA	Physical Therapy - Group	7/1/2016	15 min	Fee Sched	$ 12.49	Y	
97530	UA	Physical Therapy - Individual	7/1/2016	15 min	Fee Sched	$ 24.92	Y	
H2001	UA	Post Acute Rehabilitation						
H2001	UA	Community Residential Rehabilitation	7/1/2016	day	Fee Sched	$ 773.91	Y	
H2001	UA	Comprehensive Day Treatment	7/1/2016	hour	Fee Sched	$ 103.18	Y	
T2015	UA	Prevocational Services	7/1/2016	hour	Fee Sched	$ 7.81	Y	
T1003	UA	Private Duty Nursing - LPN	7/1/2016	15 min	Fee Sched	$ 7.61	Y	
T1002	UA	Private Duty Nursing - RN	7/1/2016	15 min	Fee Sched	$ 8.96	Y	
T1001	UA	Registered Nurse Supervision	7/1/2016	15 min	Fee Sched	$ 12.14	Y	
		Residential Habilitation						
T2031	UA	Res Hab - Assisted Living Facilities and Adult Foster Homes	7/1/2016	day	Fee Sched	$ 76.36	Y	
S5145	UA	Res Hab - Child Foster Care	7/1/2016	day	Fee Sched	$ 108.79	Y	
T2016	UA	Res Hab - Group Home	7/1/2016	day	Fee Sched	$ 157.48	Y	
T2016	UA	Res Hab - TBI-AR	7/1/2016	day	Fee Sched	$ 108.79	Y	
G0238	UA	Respiratory Therapeutic Procedures	7/1/16	15 min	Fee Sched	$ 11.44	Y	RBRVS
99503	UA	Respiratory Therapy	9/1/11	visit	Fee Sched	$ 25.00	Y	
T1005	UA	Respite Care	7/1/2016	15 min	Fee Sched	$3.44-$4.40	Y	Y
H0045	UA	Respite Care - Assisted Living & Adult Foster Care	7/1/2016	day	Fee Sched	$ 171.25	Y	
H0045	UA	Respite Care - Hospital	10/1/03	day	Fee Sched	$ 360.00	Y	
H0045	UA	Respite Care - Nursing Facility	7/1/15	day	Fee Sched	* Medicaid	Y	
S5135	UA	Senior Companion	7/1/2016	15 min	Fee Sched	$ 1.35	Y	
T2027	UA	Special Child Care for Children	7/1/2016	15 min	Fee Sched	$ 5.64	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 Attendant	7/1/2016	15 min	Fee Sched	$ 5.63	Y	Y
S9124	UA	Specially Trained Attendant - LPN	7/1/2016	15 min	Fee Sched	$ 7.43	Y	
S9123	UA	Specially Trained Attendant - RN	7/1/2016	15 min	Fee Sched	$ 8.81	Y	
92521	UA	Speech Therapy - Evaluation - Fluency	7/1/2016	visit	Fee Sched	$ 79.90	Y	
92522	UA	Speech Therapy - Evaluation - Sound Production	7/1/2016	visit	Fee Sched	$ 66.55	Y	
92523	UA	Speech Therapy - Evaluation - Comprehension	7/1/2016	visit	Fee Sched	$ 139.56	Y	
92524	UA	Speech Therapy - Evaluation - Voice Resonance	7/1/2016	visit	Fee Sched	$ 64.62	Y	
92508	UA	Speech Therapy - Group	7/1/2016	15 min	Fee Sched	$ 16.80	Y	
92507	UA	Speech Therapy - Individual	7/1/2016	15 min	Fee Sched	$ 56.88	Y	
T2019	UA	Supported Employment	7/1/2016	15 min	Fee Sched	$ 13.09	Y	
T2033	UA	Supported Living	7/1/2016	day	Fee Sched	$ 225.72	Y	
S0215	UA	Transportation - Miles	10/1/08	mile	Fee Sched	$ 0.33	Y	
T2003	UA	Transportation - Trip	7/1/15	trip	Fee Sched	$ 12.40	Y	

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Inititive
Services listed below are billed only by Financial Managers and Independent Advisors approved by the Senior & Long Term Care Division and for consumers who are enrolled in the Bonanza option.								
Proc	**Mod**	**Description**	**Effective**	**Unit**	**Method**	**Fee**	**PA**	
S5126	UA U9	Community Supports Services	7/1/2016	15 min	Fee Sched	$ 5.63	N	
T2040	UA U9	Financial Manager	7/1/2016	month	Fee Sched	$ 172.68	N	
S9986	UA U9	Goods and Services (other than supplies)	7/1/06	service	Fee Sched	$ 500.00	N	
T5999	UA U9	Goods and Services (supplies)	7/1/06	item	Fee Sched	$ 500.00	N	
T2041	UA U9	Independence Advisor	7/1/2016	month	Fee Sched	$ 172.68	N	
T1000	UA U9	Private Duty Nursing	7/1/2016	15 min	Fee Sched	$ 8.96	N	
A0080	UA U9	Transportation Miles	3/1/11	mile	Fee Sched	$ 0.51	N	
* Nursing Facility Medicaid rate can be found on http://www.dphhs.mt.gov/sltc/services/nursingfacilities/Medicaid/IndexMedicaidRates.shtml								