

Montana Medicaid - Fee Schedule
Community First Choice
Proposed July 1, 2016

Description – Procedure code short description. You must refer to the appropriate official CPT-4 or HCPCS coding manual

Modifier - When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination. For example:

U9 = self-directed

TS = follow-up service used for personal assistance and self-directed personal assistance.

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

Method – Source of fee determination

Fee Schedule: Rates listed are maximum paid.

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Proc	Modifier	Description	Effective	Method	Fee	PA
A0080		Non-Emergency Transportation - per mile	10/1/2008	Fee Schedule	\$0.33	
S5125		Specially Trained Attendant	7/1/2016	Fee Schedule	\$5.65	
S5125	U9	Specially Trained Attendant	7/1/2016	Fee Schedule	\$4.48	
S5126		Community Supports Services	7/1/2016	Fee Schedule	\$5.65	
S5126	U9	Community Supports Services	7/1/2016	Fee Schedule	\$4.48	
S5160		Personal Emergency Response System - Installation and	7/1/2014	Fee Schedule	\$100.00	Y
S5160	U9	Testing	7/1/2014	Fee Schedule	\$100.00	Y
S5161		Personal Emergency Response - Rental	7/1/2014	Fee Schedule	\$69.00	Y
S5161	U9	Personal Emergency Response - Rental	7/1/2014	Fee Schedule	\$69.00	Y
T1019		Personal Assistance Services - 15 minutes	7/1/2016	Fee Schedule	\$5.65	
T2001		Medical Escort	7/1/2016	Fee Schedule	\$5.65	
T1019	U9	Self-Directed Personal Assistance Services - 15 minutes	7/1/2016	Fee Schedule	\$4.48	
T2001	U9	Medical Escort	7/1/2016	Fee Schedule	\$4.48	