

Montana Healthcare Programs Elderly and Physically Disabled Home and Community Based Services– Big Sky Waiver Fee Schedule

Explanation

July 15, 2018

Definitions:

Description

Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions
In order to assure correct coding.

Modifier

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. Fees for drugs, radiopharmaceuticals, blood products, immune globin's, vaccines, And toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of Fee Determination:

Note: If a valid, current code is not present, that code may be a non-covered service

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Rates listed are maximum paid

PA:

Prior Authorization

Y: Prior authorization is required by this code

NA: Prior authorization not required for this code

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Applicable FARS/DFARS Apply.