Montana Healthcare Programs Home Health Services Fee Schedule

Explanation
Effective July 1, 2019

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.

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
    Payment to charge ratio: 90% of provider billed charges

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.