

# Montana Healthcare Programs

## Personal Assistance Services

### Proposed Fee Schedule Explanation

Effective July 1, 2021

#### Definitions:

##### **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.

##### **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

##### **PA:**

Prior Authorization

**Y:** Prior authorization is required by this code

**NA:** Prior authorization not required for this code

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