

# Montana Healthcare Programs Home Infusion Fee Schedule

## Explanation

Proposed 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:

SH = Second concurrently administered therapy. Allowable amount is 80% of base fee

SJ = Third or more concurrently administered therapy. Allowable amount is 75% of base fee

SS = Home infusion services provided in the infusion suite of the IV therapy provider

#### 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.

#### 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 for listed code

#### PA:

Prior Authorization

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

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Applicable FARS/DFARS Apply.