

# **Montana Healthcare Programs**

## **Community First Choice Services (CFCS)**

### **Fee Schedule Explanation**

Effective July 1, 2025

## **Definitions**

### **Modifier**

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

U9 = Self-directed

TS = Follow-up service. May be used with procedure codes S5125, S5126, T1019, and T2001.

CG = Services are delivered by a legally responsible individual. Informational only. May be used with procedure codes S5125, S5126, T1019, and T2001.

### **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 ensure 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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