

# Montana Healthcare Programs Community First Choice Services (CFCS) Fee Schedule Explanation

Effective July 1, 2025<sup>56</sup>

## 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.

TA = Agency based only. If TA is used, it must be billed as the primary modifier as it denotes temporary time (i.e. temporary authorization, high risk admit, intake less than 28 days, or attendant-to-attendant training) that does not require prior authorization. May be used with procedure codes S5126, T1019, and T2001.

TT = Self-directed only. If TT is used, it must be billed as the primary modifier as it denotes temporary time (i.e. temporary authorization, high risk admit, intake less than 28 days, or attendant-to-attendant training) that does not require prior authorization. May be used with procedure codes S5126, T1019, and T2001.

The claims system will accommodate one primary modifier and up to three secondary modifiers. The primary modifier will dictate any payment edits and fees.

## 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

HCPC, CPT codes, descriptors, and other data only are copyright American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.