

Montana Healthcare Programs Home Health Services

Fee Schedule Explanation

Effective July 1, 2025

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

~~RBRVS : Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Allied conversion factor for Fiscal year 2025 is \$28.23~~

PA:

Prior Authorization

Y: Prior authorization is required by this code

NA: Prior authorization not required for this code

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