Montana Medicaid

Reimbursable Services

February 20th, 2024



What services will Medicaid reimburse for?

- Medicaid only covers services approved by the Centers for Medicare and Medicaid
- These services are approved through a process known as a State Plan Amendment (SPA) or Waiver
- Services and providers that are not found in the SPA or Waiver are not payable



- If the following questions are "Yes", then it is billable to Medicaid
 - 1. Is this a service for a Medicaid eligible client?
 - 2. Is this a Medicaid Eligible Service?
 - 3. Is this service provided by a Medicaid eligible Provider?

Services Reimbursed by Montana Medicaid

- Advanced Practice Registered Nurse
- Diabetes Services
- Dentist and Dental Assistant
- Dialysis
- Durable Medical Equipment/Medical Supplies
- Licensed Addiction Counselor
- Mental Health Professional (LCPC, Psychologist)

- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Physician
- Speech Therapy
- Telemedicine Services
- *****Any other State Plan Amendment services covered by Montana Medicaid



Services Not Reimbursed By Montana Medicaid

- Community Health Representatives
- Equine Therapy
- Health Educator
- Injury Prevention
- Nutritionist (*EPSTD only service)
- Public Health Nurse
- Registered Nurse
- Social Workers (Bachelor SW)



Fee Schedule

Revenue Code	Description	Amount
100	Hospital Room and Board	\$5,083.00
270	Medical/Surgical Supplies	\$719.00
290	Durable Medical Equipment (DME)	\$719.00
300	Laboratory	\$719.00
320	Radiology	\$719.00
350	CT Scan, General	\$719.00
351	CT Head Scan	\$719.00
352	CT Body Scan	\$719.00
359	Other CT Scan	\$719.00
420	Physical Therapy General	\$719.00
423	Physical Therapy Group	\$719.00
490	Outpatient surgery	\$1,512.03
500	Outpatient visit	\$719.00
509	Other – Eyeglasses Dispensing	\$719.00
512	Dental	\$719.00
513	Mental Health	\$719.00
519	Other Clinic	\$719.00
771	Vaccine Administration	\$21.32
780	Telemedicine	\$29.96
910	Peer Support – Mental Health	\$15.43
911	Peer Support – Substance Use Disorder	\$15.43
915	Group Therapy – MH or SUD	\$719.00
944	Substance Use Disorder	\$719.00
972	Radiology, Diagnostic	\$719.00
982	Professional Fees – Telephone Services	\$719.00
987	Professional Fees – Hospital	\$719.00



Medical and Surgical Supplies

Routine or Non-Routine

When a new supply enters the out-patient facility, the following questions should be answered to determine whether a supply is routine or non-routine.

- 1. Is the item a personal care or personal convenience item? (e.g., powder or lotion)
- 2. Is the item ordinarily used for most patients? Is this a bulk supply item that is open for use to the general patient population?
- 3. Is this item considered to be durable medical equipment? (Examples are crutches, canes, walkers)
- 4. Is this item a food supplement or part of a dietary plan? (e.g., jevity, ensure)
- 5. Is this item a piece of equipment or reusable?
 - If the answer to ONE of the above questions is YES, the item is a routine supply and not separately billable. (Only one question has to be answered as Yes.)
 - If the answer to ALL of the above questions is NO, continue with the following questions:
- 6. Is the item medically necessary and furnished at the direction of a physician?
- 7. Is the item specifically used (identifiable) for an individual patient?
- 8. Is the item disposable and/or used only on one patient and then thrown away?

If the answer to questions 1, 2, 3, 4 and 5 is NO, and the answer to questions 6 through 8 is YES, then this item is not routine and is separately billable.

Separate Medicaid Provider Agreement Services

- Tribes and IHS can provide the following services under separate agreements (reimbursed at a fee-for-service rate)
 - Ambulance
 - Client Travel
 - Nursing Home
 - Personal Care Attendant
 - Home and Community Based Services
- These services require separate agreements (reimbursed at the all-inclusive rate)
 - Clinical Pharmacist Practitioner
 - Diabetes Prevention Program



Questions

