

**Proposed**  
**Montana Medicaid - Fee Schedule**  
**Elderly and Physically Disabled Home and Community Based Services**  
**Big Sky Waiver**  
**July 15, 2018**

**Description** – Procedure code Montana description. Case management teams will indicate which procedure code to use in order to assure correct coding.

**Modifier** - All Big Sky Waiver procedure codes must be followed by a UA modifier.

Other modifiers to follow after UA modifier:

TE = nurse supervision/oversight (May be used with procedure code T1019)

TS = follow-up service (May be used with procedure codes S0215, S5125, S5126, S5130, T1002, T1003, T1005, T1019, T2003)

U9 = consumer is enrolled in the Bonanza option.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Schedule:** Medicaid fee for listed codes.

Rates listed are maximum paid.

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
S5100	UA	Adult Day Care	1/1/2018	15 min	Fee Sched	\$ 2.13	Y	
T1016	UA	Case Management	1/1/2018	15 min	Fee Sched	\$ 15.13	N	
T2022	UA	Case Management	1/1/2018	day	Fee Sched	\$ 10.69	N	
T2024	UA	Case Management plus Supported Living Coordination	1/1/2018	day	Fee Sched	\$ 17.96	N	
T2038	UA	Community Transition Services	7/1/2011	service	Fee Sched	\$ 2,000.00	Y	
H2015	UA	Consultative Clinic and Therapeutic Services	1/1/2018	service	Fee Sched	\$ 359.46	Y	
T2020	UA	Day Habilitation	1/1/2018	day	Fee Sched	\$ 77.72	Y	
S5165	UA	Environmental Accessibility Adaptations - Home Modification	10/1/2003	service	Fee Sched	\$ 4,000.00	Y	
T2039	UA	Environmental Accessibility Adaptations - Vehicle Modification	10/1/2003	service	Fee Sched	\$ 4,000.00	Y	
T1027	UA	Family Training & Support	1/1/2018	15 min	Fee Sched	\$ 8.24	Y	
T2040	UA	Financial Manager (do not use with U9 modifier)	1/1/2018	month	Fee Sched	\$ 167.52	Y	
H2032	UA	Health and Wellness	1/1/2018	session	Fee Sched	\$ 169.77	Y	
H2032	UA	Adaptive Recreational Therapy	1/1/2018	session	Fee Sched	\$ 53.36	Y	
H2032	UA	Exercise Classes	1/1/2018	class	Fee Sched	\$ 63.06	Y	
H2032	UA	Health Club Membership	1/1/2018	monthly	Fee Sched	\$ 63.06	Y	
H2032	UA	Hippotherapy	1/1/2018	session	Fee Sched	\$ 43.65	Y	
H2032	UA	Wellness Classes	1/1/2018	session	Fee Sched	\$ 169.77	Y	
S5130	UA	Homemaker	1/1/2018	15 min	Fee Sched	\$3.34-\$4.27	Y	Y
S5131	UA	Homemaker Chores	10/1/2003	service	Fee Sched	\$ 250.00	Y	
T2041	UA	Independence Advisor (do not use with U9 modifier)	1/1/2018	month	Fee Sched	\$ 167.52	Y	
S5170	UA	Nutrition (Meals)	1/1/2018	meal	Fee Sched	\$ 5.50	Y	
S9452	UA	Nutrition Classes, Nutritionalist	1/1/2018	15 min	Fee Sched	\$ 14.80	Y	
S9470	UA	Nutritional Counseling, Dietician	1/1/2018	15 min	Fee Sched	\$ 14.80	Y	
97003	UA	Occupational Therapy - Evaluation	1/1/2018	visit	Fee Sched	\$ 59.12	Y	
97150	UA	Occupational Therapy - Group	1/1/2018	15 min	Fee Sched	\$ 12.12	Y	
97530	UA	Occupational Therapy - Individual	1/1/2018	15 min	Fee Sched	\$ 24.17	Y	
T2025	UA	Pain and Symptom Management - Negotiated with Upper Limit	1/1/2018	session	Fee Sched	\$ 630.57	Y	

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
T2025	UA	Acupuncture	1/1/2018	session	Fee Sched	\$ 67.91	Y	
T2025	UA	Chiropractic	1/1/2018	session	Fee Sched	\$ 72.76	Y	
T2025	UA	CrainioSacral Therapy	1/1/2018	session	Fee Sched	\$ 67.91	Y	
T2025	UA	Hyperbaric Oxygen Therapy	1/1/2018	session	Fee Sched	negotiated	Y	
T2025	UA	Massage Therapy	1/1/2018	session	Fee Sched	\$ 67.91	Y	
T2025	UA	Mind-Body Therapies (Such as Hypnosis and Biofeedback)	1/1/2018	session	Fee Sched	\$ 121.26	Y	
T2025	UA	Specialized Nursing Services	1/1/2018	session	Fee Sched	\$ 67.91	Y	
T2025	UA	Pain Mitigation Counseling/Coaching	1/1/2018	treatment	Fee Sched	\$ 630.57	Y	
T2025	UA	Reflexology	1/1/2018	session	Fee Sched	\$ 67.91	Y	
T1019	UA	Personal Assistance Attendant - Agency-Based	1/1/2018	15 min	Fee Sched	\$4.67-\$5.18	Y	Y
T1019	UA TE	Personal Assistance Nurse Supervision - Agency-Based	1/1/2018	15 min	Fee Sched	\$4.67-\$5.18	Y	Y
T1019	UA U9	Personal Assistance Attendant -Self-Directed	1/1/2018	15 min	Fee Sched	\$3.84-\$4.33	Y	Y
T1019	UA U9 TE	Personal Assistance Oversight - Self-Directed	1/1/2018	15 min	Fee Sched	\$3.84-\$4.33	Y	Y
T1020	UA	Personal Assistance Attendant - Per Day	1/1/2018	day	Fee Sched	\$ 10.20	Y	
S5161	UA	Personal Emergency Response - Rental	1/1/2018	month	Fee Sched	\$ 66.94	Y	
S5160	UA	Personal Emergency Response System - Installation and Testing	1/1/2018	item	Fee Sched	\$ 97.01	Y	
S5162	UA	Personal Emergency Response System - Purchase	1/1/2018	item	Fee Sched	\$ 776.08	Y	
97001	UA	Physical Therapy - Evaluation	1/1/2018	visit	Fee Sched	\$ 52.46	Y	
97150	UA	Physical Therapy - Group	1/1/2018	15 min	Fee Sched	\$ 12.12	Y	
97530	UA	Physical Therapy - Individual	1/1/2018	15 min	Fee Sched	\$ 24.17	Y	
H2001	UA	Post Acute Rehabilitation						
H2001	UA	Community Residential Rehabilitation	1/1/2018	day	Fee Sched	\$ 750.77	Y	
H2001	UA	Comprehensive Day Treatment	1/1/2018	hour	Fee Sched	\$ 100.09	Y	
T2015	UA	Prevocational Services	1/1/2018	hour	Fee Sched	\$ 7.58	Y	
T1003	UA	Private Duty Nursing - LPN	7/15/2018	15 min	Fee Sched	\$ 8.95	Y	
T1002	UA	Private Duty Nursing - RN	7/15/2018	15 min	Fee Sched	\$ 11.28	Y	
T1001	UA	Registered Nurse Supervision	7/15/2018	15 min	Fee Sched	\$ 15.31	Y	
		Residential Habilitation						
T2031	UA	Res Hab - Assisted Living Facilities and Adult Foster Homes	1/1/2018	day	Fee Sched	\$ 74.08	Y	
S5145	UA	Res Hab - Child Foster Care	1/1/2018	day	Fee Sched	\$ 105.54	Y	
T2016	UA	Res Hab - Group Home	1/1/2018	day	Fee Sched	\$ 152.77	Y	
T2016	UA	Res Hab - TBI-AR	1/1/2018	day	Fee Sched	\$ 105.54	Y	
G0238	UA	Respiratory Therapeutic Procedures	1/1/2018	15 min	Fee Sched	\$ 11.10	Y	RBRVS
99503	UA	Respiratory Therapy	1/1/2018	visit	Fee Sched	\$ 24.25	Y	
T1005	UA	Respite Care	1/1/2018	15 min	Fee Sched	\$3.34-\$4.27	Y	Y
H0045	UA	Respite Care - Assisted Living & Adult Foster Care	1/1/2018	day	Fee Sched	\$ 166.13	Y	
H0045	UA	Respite Care - Hospital	1/1/2018	day	Fee Sched	\$ 349.24	Y	
H0045	UA	Respite Care - Nursing Facility	1/1/2018	day	Fee Sched	* Medicaid rate	Y	
S5135	UA	Senior Companion	1/1/2018	15 min	Fee Sched	\$ 1.31	Y	
T2027	UA	Special Child Care for Children	1/1/2018	15 min	Fee Sched	\$ 5.47	Y	
T2029	UA	Specialized Medical Equipment	10/1/2003	item	Fee Sched	\$ 2,000.00	Y	
T2028	UA	Specialized Medical Supplies	10/1/2003	item	Fee Sched	\$ 2,000.00	Y	
S5125	UA	Specially Trained Attendant	1/1/2018	15 min	Fee Sched	\$ 5.46	Y	Y
S9124	UA	Specially Trained Attendant - LPN	7/15/2018	15 min	Fee Sched	\$ 8.95	Y	
S9123	UA	Specially Trained Attendant - RN	7/15/2018	15 min	Fee Sched	\$ 11.28	Y	
92521	UA	Speech Therapy - Evaluation - Fluency	1/1/2018	visit	Fee Sched	\$ 77.51	Y	
92522	UA	Speech Therapy - Evaluation - Sound Production	1/1/2018	visit	Fee Sched	\$ 64.56	Y	
92523	UA	Speech Therapy - Evaluation - Comprehension	1/1/2018	visit	Fee Sched	\$ 135.39	Y	
92524	UA	Speech Therapy - Evaluation - Voice Resonance	1/1/2018	visit	Fee Sched	\$ 62.69	Y	

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
92508	UA	Speech Therapy - Group	1/1/2018	15 min	Fee Sched	\$ 16.30	Y	
92507	UA	Speech Therapy - Individual	1/1/2018	15 min	Fee Sched	\$ 55.18	Y	
T2019	UA	Supported Employment	1/1/2018	15 min	Fee Sched	\$ 12.70	Y	
T2033	UA	Supported Living	1/1/2018	day	Fee Sched	\$ 218.97	Y	
S0215	UA	Transportation - Miles	10/1/2008	mile	Fee Sched	\$ 0.33	Y	
T2003	UA	Transportation - Trip	1/1/2018	trip	Fee Sched	\$ 12.03	Y	

**Services listed below are billed only by Financial Managers approved by the Senior & Long Term Care Division and for consumers who are enrolled in the Bonanza option.**

Proc	Mod	Description	Effective	Unit	Method	Fee	PA
S5126	UA U9	Community Supports Services	1/1/2018	15 min	Fee Sched	\$ 5.46	N
T2040	UA U9	Financial Manager	1/1/2018	month	Fee Sched	\$ 167.52	N
S9986	UA U9	Goods and Services (other than supplies)	7/1/2006	service	Fee Sched	\$ 500.00	N
T5999	UA U9	Goods and Services (supplies)	7/1/2006	item	Fee Sched	\$ 500.00	N
T2041	UA U9	Independence Advisor	1/1/2018	month	Fee Sched	\$ 167.52	N
T1000	UA U9	Private Duty Nursing	7/15/2018	15 min	Fee Sched	\$ 11.28	N
A0080	UA U9	Transportation Miles	1/1/2018	mile	Fee Sched	\$ 0.33	N

\* Nursing Facility Medicaid rate can be found on <https://dphhs.mt.gov/sltc/csb/provider>