

# 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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FARS/DFARS Apply.