

# Montana Healthcare Programs Targeted Case Management (Non Mental Health) Fee Schedule Explanation

Effective July 1, 2020

## Definitions:

### Modifier:

When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination. For example:

### 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.

### 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

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