

Montana Medicaid - Fee Schedule
Home and Community Based Services (HCBS) for
Adults with Severe Disabling Mental Illness (SDMI)
Effective July 1, 2024

Description- Procedure code short description. You must refer to the appropriate official CPT or HCPCS coding manual for complete definitions in order to assure correct coding.

Modifier – SDMI Home and Community Based Services procedure codes must be followed by a HD modifier.

Other modifiers to follow after HD modifier:

TE- nurse supervision/oversight must be used with procedure code T1019 (self-directed)

CG-service provided by a legally responsible person

Notes- Prior Authorization is required on all services listed within the HCBS SDMI fee schedule excluding H0032 Case Management.

* Nursing Facility Medicaid rate can be found at:

<https://medicaidprovider.mt.gov/26>

Montana Medicaid – Fee Schedule -Home and Community Based Services – SDMI Waiver

Proc	Primary Modifier	Secondary Modifier	Description	Unit	Fee
H0032	HD		Case Management	day	\$14.70
H0045	HD		Respite Care - Assisted Living	diem	\$192.64
H0045	HD		Respite Care – Nursing Facility	diem	*Medicaid
H2015	HD		Consultative Clinical and Therapeutic Services	service	\$403.94
H2032	HD		Health and Wellness		
-	HD		Adaptive Recreational Therapy	Session	\$59.97
-	HD		Exercise Classes	Class	\$70.86
-	HD		Health Club Membership	Monthly	\$70.86
-	HD		Hippotherapy	Session	\$49.06
-	HD		Wellness Classes	Session	\$190.78
S0215	HD	CG	Transportation – Miles	mile	\$.59
S5100	HD		Adult Day Care	15 min	\$3.16
H2019	HD	CG	Behavioral Intervention Assistant	15 min	\$12.54
S5131	HD		Homemaker Chores	diem	\$331.04
S5161	HD		Personal Emergency Response - Rental	month	\$75.22
S5165	HD		Environmental Accessibility Adaptations - Home Modifications	service	\$4360.60

Proc	Primary Modifier	Secondary Modifier	Description	Unit	Fee
S5170	HD		Nutrition (Meals)	meal	\$8.97
T1002	HD	CG	Private Duty Nursing – RN	15 min	\$19.30
T1003	HD	CG	Private Duty Nursing - LPN	15 min	\$14.12
T1005	HD	CG	Respite Care	15 min	\$6.02
T1019	HD	CG	Personal Assistance Attendant – Agency-Based	15 min	\$8.92
T1019	HD	TE CG	Personal Assistance Attendant –Self-Directed	15 min	\$7.35
T1019	HD TE	TE CG	Personal Assistance Oversight - Self-Directed	15 min	\$7.35
T2003	HD	CG	Transportation - Trip	trip	\$14.90
T2016	HD		Residential Habilitation – Adult Group Home	diem	\$167.22
T2016	HD		Residential Habilitation – Mental Health Group Home	diem	\$258.58
T2016	HD		Residential Habilitation – Intensive Mental Health Group Home	diem	\$334.26
T2019	HD		Supported Employment	15 min	\$14.37
T2021	HD	CG	Life Coach	15 min	\$12.75
T2025	HD		Pain and Symptom Management		
-	HD		Acupuncture	Session	\$76.32
-	HD		Chiropractic	Session	\$81.75
-	HD		CranioSacral Therapy	Session	\$76.32
-	HD		Hyperbaric Oxygen Therapy	Session	Negotiated
-	HD		Massage Therapy	Session	\$76.32
-	HD		Mind-Body Therapies	Session	\$136.27
-	HD		Specialized Nursing Services	Session	\$76.32
-	HD		Pain Mitigation Counseling/Coaching	Treatment	\$708.60
-	HD		Reflexology	Session	\$76.32
T2028	HD		Specialized Medical Supplies	item	\$2180.30
T2029	HD		Specialized Medical Equipment	item	\$2180.30

Proc	Primary Modifier	Secondary Modifier	Description	Unit	Fee
T2031	HD		Residential Habilitation - Assisted Living Facilities and Adult Foster Homes	day	\$124.75
T2038	HD		Community Transition Services	service	\$2180.30