Montana Healthcare Programs Home Infusion Fee Schedule Explanation

Effective July 1, 2025

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:

SH = Second concurrently administered therapy. Allowable amount is 80% of base fee
SJ = Third or more concurrently administered therapy. Allowable amount is 75% of base fee
SS = Home infusion services provided in the infusion suite of the IV therapy provider

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 for listed code

PA:

Prior Authorization

Y: Prior authorization is required by this code