



MONTANA HEALTHCARE PROGRAMS NOTICE

October 2, 2020

Physician and Mid-Level Providers

Effective July 1, 2020

Select P Codes Allowable in a Physician Setting for Hospital Owned Physician Clinics

The following codes are allowable in the physician setting when provided by a hospital owned physician clinic:

HCPCS Code	Fee Schedule Amount
P9037	\$444.95
P9052	\$598.99
P9016	\$132.04
P9040	\$184.21
P9011	\$ 94.28
P9053	\$352.10

CMS does not consider these procedures a physician services and these codes were removed from the Montana Medicaid physicians' fee schedule in July 2020.

Montana Medicaid does not recognize provider-based clinic status and has identified hospitals in Montana whose infusion centers are classified as a physician clinic and not an outpatient department. This classification requires billing on a CMS-1500. Given the physician clinic classification, these codes were not eligible for reimbursement which could hinder access to care.

To ensure access to these services are available where appropriate, Montana Medicaid has set these codes as allowed on the physician services fee schedule and will utilize the reimbursement rates from the Outpatient Hospital Prospective Payment Fee Schedule.

Contact Information

Physician Program Officer (406) 444-3995

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.](https://medicaidprovider.mt.gov)