

# Montana Medicaid - Fee Schedule

## Children's Respiratory Care (EPSDT)

### 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:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-3 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

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee. Laboratory services paid at 60% of listed fee

**By Report (BR):** Equals 55% of billed charges

**Anes Value:** Number of anesthesia base value units

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

**Fees** The facility rate applies to inpatient and outpatient hospital, emergency room, and ambulatory surgery center sites of service. All other sites of service receive the office rate. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

**Global Days** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code description

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

### Indicators

**Mult** - Multiple surgery guidelines do apply

**Bilat** - Bilateral. The procedure can be done bilaterally

**Assist** - Assistant. An assistant is allowed for this procedure

**Co-Surg** - Co-Surgery. A cosurgeon is allowed for this procedure

**Team** - A team of surgeons is allowed for this procedure

**Related** - The procedure code listed is separately billable

**Y** - indicator is applicable to this code

**Space** - this indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Indicators			
					Office	Facility				Bilat	Assist	CoSurg	Team
31502	EP	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISH	7/1/2001	RBRVS	\$52.07	\$25.09	000		Y				
31720	EP	CATHETER ASPIRATION (SEPARATE PROCEDURE); M	7/1/2001	RBRVS	\$82.95	\$49.38	000		Y				
31725	EP	CATHETER ASPIRATION (SEP. PROC.); TRACHEOBRC	7/1/2001	RBRVS	\$91.32	\$91.32	000		Y				
36600	EP	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOF	7/1/2001	RBRVS	\$17.37	\$11.77			Y				
82800		GASES BLOOD PH ONLY	1/1/1998	MEDICARE	\$0.00	\$0.00							
82803		GASES BLOOD ANY COMBINATION OF PH PCO2 PC	1/1/1998	MEDICARE	\$0.00	\$0.00							
92950		CARDIOPULMONARY RESUSCITATION (EG IN CARDI	7/1/2001	RBRVS	\$166.66	\$162.19	000						
94010	EP	SPIROMETRY INCL GRAPHIC RECORD TOTAL AND	7/1/2001	RBRVS	\$29.33	\$29.33							
94010	TC	SPIROMETRY INCL GRAPHIC RECORD TOTAL AND	7/1/2001	RBRVS	\$20.29	\$20.29							
94010	26	SPIROMETRY INCL GRAPHIC RECORD TOTAL AND	7/1/2001	RBRVS	\$9.05	\$9.05							
94060	EP	BRONCHOSPASM EVAL: SPIROMETRY BEFORE & AF	7/1/2001	RBRVS	\$48.12	\$48.12							
94060	TC	BRONCHOSPASM EVAL: SPIROMETRY BEFORE & AF	7/1/2001	RBRVS	\$32.68	\$32.68							
94060	26	BRONCHOSPASM EVAL: SPIROMETRY BEFORE & AF	7/1/2001	RBRVS	\$15.40	\$15.40							
94070	EP	PROLONGED POSTEXPOS. BRONCHOSPASM EVAL V	7/1/2001	RBRVS	\$120.82	\$120.82							
94070	TC	PROLONGED POSTEXPOS. BRONCHOSPASM EVAL V	7/1/2001	RBRVS	\$93.64	\$93.64							
94070	26	PROLONGED POSTEXPOS. BRONCHOSPASM EVAL V	7/1/2001	RBRVS	\$27.18	\$27.18							
94150	EP	VITAL CAPACITY TOTAL (SEPARATE PROCEDURE)	8/1/1997	RBRVS	\$0.00	\$0.00							
94150	TC	VITAL CAPACITY TOTAL (SEPARATE PROCEDURE)	8/1/1997	RBRVS	\$0.00	\$0.00							
94150	26	VITAL CAPACITY TOTAL (SEPARATE PROCEDURE)	8/1/1997	RBRVS	\$0.00	\$0.00							
94200	EP	MAXIMUM BREATHING CAPACITY MAXIMAL VOLUNT	7/1/2001	RBRVS	\$11.76	\$11.76							
94200	TC	MAXIMUM BREATHING CAPACITY MAXIMAL VOLUNT	7/1/2001	RBRVS	\$6.95	\$6.95							
94200	26	MAXIMUM BREATHING CAPACITY MAXIMAL VOLUNT	7/1/2001	RBRVS	\$5.92	\$5.92							
94240	EP	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VC	7/1/2001	RBRVS	\$37.21	\$37.21							
94240	TC	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VC	7/1/2001	RBRVS	\$27.65	\$27.65							
94240	26	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VC	7/1/2001	RBRVS	\$9.56	\$9.56							
94250	EP	EXPIRED GAS COLLECTION QUANTITATIVE SINGLE	7/1/2001	RBRVS	\$20.56	\$20.56							
94250	TC	EXPIRED GAS COLLECTION QUANTITATIVE SINGLE	7/1/2001	RBRVS	\$14.92	\$14.92							
94250	26	EXPIRED GAS COLLECTION QUANTITATIVE SINGLE	7/1/2001	RBRVS	\$5.63	\$5.63							
94260	EP	THORACIC GAS VOLUME	7/1/2001	RBRVS	\$15.05	\$15.05							
94260	TC	THORACIC GAS VOLUME	7/1/2001	RBRVS	\$9.94	\$9.94							
94260	26	THORACIC GAS VOLUME	7/1/2001	RBRVS	\$5.11	\$5.11							
94350	EP	LUNG NITROGEN WASHOUT CURVE	7/1/2001	RBRVS	\$32.58	\$32.58							
94350	TC	LUNG NITROGEN WASHOUT CURVE	7/1/2001	RBRVS	\$23.01	\$23.01							
94350	26	LUNG NITROGEN WASHOUT CURVE	7/1/2001	RBRVS	\$9.56	\$9.56							
94360	EP	MEASURE AIRFLOW RESISTANCE	7/1/2001	RBRVS	\$33.30	\$33.30							
94360	TC	MEASURE AIRFLOW RESISTANCE	7/1/2001	RBRVS	\$21.31	\$21.31							
94360	26	MEASURE AIRFLOW RESISTANCE	7/1/2001	RBRVS	\$11.95	\$11.95							
94370	EP	DETERMINATION OF AIRWAY CLOSING VOLUME SIN	7/1/2001	RBRVS	\$68.20	\$68.20							
94370	TC	DETERMINATION OF AIRWAY CLOSING VOLUME SIN	7/1/2001	RBRVS	\$56.52	\$56.52							
94370	26	DETERMINATION OF AIRWAY CLOSING VOLUME SIN	7/1/2001	RBRVS	\$11.68	\$11.68							
94375	EP	RESPIRATORY FLOW VOLUME LOOP	7/1/2001	RBRVS	\$20.83	\$20.83							
94375	TC	RESPIRATORY FLOW VOLUME LOOP	7/1/2001	RBRVS	\$9.75	\$9.75							
94375	26	RESPIRATORY FLOW VOLUME LOOP	7/1/2001	RBRVS	\$11.08	\$11.08							

Please see first page for a complete description of information contained in the fee schedules.

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Team	Related
					Office	Facility					Assist	CoSurg			
94400	EP	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CL	7/1/2001	RBRVS	\$39.92	\$39.92									
94400	TC	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CL	7/1/2001	RBRVS	\$19.81	\$19.81									
94400	26	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CL	7/1/2001	RBRVS	\$20.11	\$20.11									
94450	EP	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESI	7/1/2001	RBRVS	\$37.02	\$37.02									
94450	TC	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESI	7/1/2001	RBRVS	\$19.40	\$19.40									
94450	26	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESI	7/1/2001	RBRVS	\$17.69	\$17.69									
94620	EP	PULMONARY STRESS TESTING SIMPLE OR COMPLE	7/1/2001	RBRVS	\$71.44	\$71.44									
94620	TC	PULMONARY STRESS TESTING SIMPLE OR COMPLE	7/1/2001	RBRVS	\$46.85	\$46.85									
94620	26	PULMONARY STRESS TESTING SIMPLE OR COMPLE	7/1/2001	RBRVS	\$24.56	\$24.56									
94640	EP	NONPRESSURIZED INHALATION TX FOR ACUTE AIRV	7/1/2001	RBRVS	\$18.78	\$8.57									
94642	EP	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUI	8/1/1997	BY REPORT	\$0.00	\$0.00									
94650	EP	INTERMITTENT POSITIVE PRESSURE BREATHING (IP	7/1/2001	RBRVS	\$17.89	\$7.99									
94651	EP	INTERMITTENT POSITIVE PRESSURE BREATHING (IP	7/1/2001	RBRVS	\$14.70	\$6.76									
94652	EP	INTERMITTENT POSITIVE PRESSURE BREATHING (IP	7/1/2001	RBRVS	\$20.97	\$9.87									
94656	EP	VENTILATION ASSIST AND MANAGEMENT; FIRST DA	7/1/2001	RBRVS	\$57.58	\$57.58									
94657	EP	VENTILATION ASSIST AND MANAGEMENT; SUBSEQU	7/1/2001	RBRVS	\$38.49	\$38.49									
94660	EP	CPAP VENTILATION INITIATION AND MANAGEMENT	7/1/2001	RBRVS	\$56.25	\$44.54									
94662	EP	CNP VENTILATION INITIATION AND MANAGEMENT	7/1/2001	RBRVS	\$32.99	\$32.99									
94664	EP	AEROSOL OR VAPOR INHALATIONS; INITIAL DEMO. A	7/1/2001	RBRVS	\$16.02	\$8.54									
94665	EP	AEROSOL OR VAPOR INHALATIONS; SUBSEQUENT	7/1/2001	RBRVS	\$14.14	\$7.37									
94667	EP	MANIPULATION CHEST WALL TO FACILITATE LUNG F	7/1/2001	RBRVS	\$23.77	\$11.47									
94668	EP	MANIPULATION CHEST WALL TO FACILITATE LUNG F	7/1/2001	RBRVS	\$18.78	\$8.30									
94680	EP	OXYGEN UPTAKE EXPIRED GAS ANALYSIS REST ANI	7/1/2001	RBRVS	\$34.49	\$34.49									
94680	TC	OXYGEN UPTAKE EXPIRED GAS ANALYSIS REST ANI	7/1/2001	RBRVS	\$21.31	\$21.31									
94680	26	OXYGEN UPTAKE EXPIRED GAS ANALYSIS REST ANI	7/1/2001	RBRVS	\$13.18	\$13.18									
94681	EP	OXYGEN UPTAKE EXPIRED GAS ANALYSIS; INCLUD	7/1/2001	RBRVS	\$82.39	\$82.39									
94681	TC	OXYGEN UPTAKE EXPIRED GAS ANALYSIS; INCLUD	7/1/2001	RBRVS	\$61.62	\$61.62									
94681	26	OXYGEN UPTAKE EXPIRED GAS ANALYSIS; INCLUD	7/1/2001	RBRVS	\$20.61	\$20.61									
94690	EP	OXYGEN UPTAKE EXPIRED GAS ANALYSIS; REST IN	7/1/2001	RBRVS	\$20.35	\$20.35									
94690	TC	OXYGEN UPTAKE EXPIRED GAS ANALYSIS; REST IN	7/1/2000	RBRVS	\$16.94	\$16.94									
94690	26	OXYGEN UPTAKE EXPIRED GAS ANALYSIS; REST IN	7/1/2001	RBRVS	\$3.42	\$3.42									
94720	EP	CARBON MONOXIDE DIFFUSING CAPACITY ANY ME	7/1/2001	RBRVS	\$38.60	\$38.60									
94720	TC	CARBON MONOXIDE DIFFUSING CAPACITY ANY ME	7/1/2001	RBRVS	\$28.98	\$28.98									
94720	26	CARBON MONOXIDE DIFFUSING CAPACITY ANY ME	7/1/2001	RBRVS	\$11.16	\$11.16									
94725	EP	MEMBRANE DIFFUSION CAPACITY	7/1/2001	RBRVS	\$44.70	\$44.70									
94725	TC	MEMBRANE DIFFUSION CAPACITY	7/1/2001	RBRVS	\$32.75	\$32.75									
94725	26	MEMBRANE DIFFUSION CAPACITY	7/1/2001	RBRVS	\$11.95	\$11.95									
94750	EP	PULMONARY COMPLIANCE STUDY ANY METHOD	7/1/2001	RBRVS	\$74.34	\$74.34									
94750	TC	PULMONARY COMPLIANCE STUDY ANY METHOD	7/1/2001	RBRVS	\$65.53	\$65.53									
94750	26	PULMONARY COMPLIANCE STUDY ANY METHOD	7/1/2001	RBRVS	\$8.82	\$8.82									
94760	EP	NONINVASIVE EAR OR PULSE OXIMETRY FOR O2 SA	7/1/2000	RBRVS	\$0.00	\$0.00									
94761	EP	NONINVASIVE EAR OR PULSE OXIMETRY FOR O2 SA	7/1/2000	RBRVS	\$0.00	\$0.00									
94762	EP	NONINVASIVE EAR OR PULSE OXIMETRY FOR O2 SA	7/1/2001	RBRVS	\$39.66	\$39.66									

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					Office	Facility					Assist	CoSurg			
94770	EP	CARBON DIOXIDE EXPIRED GAS DETERMINATION B	7/1/2001	RBRVS	\$21.04	\$21.04									
94770	TC	CARBON DIOXIDE EXPIRED GAS DETERMINATION B	7/1/2001	RBRVS	\$15.66	\$15.66									
94770	26	CARBON DIOXIDE EXPIRED GAS DETERMINATION B	7/1/2001	RBRVS	\$5.41	\$5.41									
94772	EP	CIRCADIAN RESPIRATORY PATTERN RCRDING 12-24	8/1/1997	BY REPORT	\$0.00	\$0.00									
94772	TC	CIRCADIAN RESPIRATORY PATTERN RCRDING 12-24	8/1/1997	BY REPORT	\$0.00	\$0.00									
94772	26	CIRCADIAN RESPIRATORY PATTERN RCRDING 12-24	8/1/1997	BY REPORT	\$0.00	\$0.00									