

# Montana Medicaid - Fee Schedule

## Respiratory Therapy

### Definitions:

July 1, 2009

**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-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. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

**Method** – Source of fee determination

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

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 46% of billed charges

**Anes Value:** Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$27.55.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2010 is \$40.09.

**\*If a valid, current code is not present, that code may be a non-covered service**

**Fees** The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. 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. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccine:

**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 co-surgeon is allowed for this procedure

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

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Y - indicator is applicable to this code

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

**Policy Adjust** - M = Maternity, F = Family Planning

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## Montana Medicaid - Fee Schedule Respiratory Therapy

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Indicators			Policy Adjust
					Office	Facility				Bilat	Assist	CoSurg	
G0237	EP	THERAPEUTIC PROCD STRG ENDUR	7/1/2009	RBRVS	\$9.70	\$9.70							
G0238	EP	OTH RESP PROC, INDIV	7/1/2009	RBRVS	\$10.38	\$10.38							
G0239	EP	OTH RESP PROC, GROUP	7/1/2009	RBRVS	\$10.74	\$10.74							
31502	EP	CHANGE OF WINDPIPE AIRWAY	7/1/2009	RBRVS	\$35.56	\$35.56	000		Y				
31720	EP	CLEARANCE OF AIRWAYS	7/1/2009	RBRVS	\$54.24	\$54.24	000		Y				
31725	EP	CLEARANCE OF AIRWAYS	7/1/2009	RBRVS	\$97.98	\$97.98	000		Y				
36600	EP	WITHDRAWAL OF ARTERIAL BLOOD	7/1/2009	RBRVS	\$29.67	\$16.08			Y				
82800		BLOOD PH	1/1/2009	MEDICARE	\$20.62	\$0.00							
82803		BLOOD GASES: PH, PO2 & PCO2	1/1/2009	MEDICARE	\$47.08	\$0.00							
90700		DTAP VACCINE < 7 YRS IM	7/1/2009	MEDICARE	\$15.12	\$0.00							
90702		DT VACCINE < 7, IM	7/1/2009	FEE SCHED	\$30.81	\$0.00							
90703		TETANUS VACCINE IM	7/1/2009	FEE SCHED	\$22.54	\$0.00							
90704		MUMPS VACCINE SC	7/1/2009	FEE SCHED	\$22.78	\$0.00							
90705		MEASLES VACCINE SC	7/1/2009	FEE SCHED	\$17.06	\$0.00							
90706		RUBELLA VACCINE SC	7/1/2009	FEE SCHED	\$19.51	\$0.00							
90707		MMR VACCINE SC	7/1/2009	FEE SCHED	\$46.09	\$0.00							
90713		POLIOVIRUS IPV SC/IM	7/1/2009	FEE SCHED	\$27.48	\$0.00							
90716		CHICKEN POX VACCINE, SC	7/1/2009	FEE SCHED	\$76.69	\$0.00							
90720		DTP/HIB VACCINE, IM	7/1/2009	FEE SCHED	\$44.88	\$0.00							
90721		DTAP/HIB VACCINE, IM	7/1/2009	FEE SCHED	\$44.88	\$0.00							
90723		DTAP-HEP B-IPV VACCINE IM	7/1/2004	FEE SCHED	\$70.72	\$0.00							
90735		ENCEPHALITIS VACCINE, SC	7/1/2009	FEE SCHED	\$91.33	\$0.00							
90740		HEPB VACC ILL PAT 3 DOSE IM	7/1/2009	FEE SCHED	\$106.85	\$0.00							
90743		HEP B VACC ADOL 2 DOSE IM	7/1/2009	FEE SCHED	\$21.67	\$0.00							
90744		HEPB VACC PED/ADOL 3 DOSE IM	7/1/2009	FEE SCHED	\$21.67	\$0.00							
90746		HEP B VACCINE ADULT IM	7/1/2009	FEE SCHED	\$53.42	\$0.00							
90747		HEPB VACC ILL PAT 4 DOSE IM	7/1/2009	FEE SCHED	\$106.85	\$0.00							
90748		HEP B/HIB VACCINE, IM	5/1/2005	BY REPORT	\$0.00	\$0.00							
92950		HEART/LUNG RESUSCITATION CPR	7/1/2009	RBRVS	\$275.62	\$188.02	000						
94010	EP	BREATHING CAPACITY TEST	7/1/2009	RBRVS	\$31.75	\$31.75							
94010	TC	BREATHING CAPACITY TEST	7/1/2009	RBRVS	\$22.93	\$22.93							
94010	26	BREATHING CAPACITY TEST	7/1/2009	RBRVS	\$8.78	\$8.78							
94060	EP	EVALUATION OF WHEEZING	7/1/2009	RBRVS	\$55.73	\$55.73							
94060	TC	EVALUATION OF WHEEZING	7/1/2009	RBRVS	\$40.33	\$40.33							
94060	26	EVALUATION OF WHEEZING	7/1/2009	RBRVS	\$15.39	\$15.39							
94070	EP	EVALUATION OF WHEEZING	7/1/2009	RBRVS	\$59.49	\$59.49							
94070	TC	EVALUATION OF WHEEZING	7/1/2009	RBRVS	\$29.19	\$29.19							
94070	26	EVALUATION OF WHEEZING	7/1/2009	RBRVS	\$30.31	\$30.31							
94150	EP	VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00							
94150	TC	VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00							

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	Indicators			Policy Adjust
					Office	Facility				Bilat	Assist	CoSurg	
94150	26	VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00							
94200	EP	LUNG FUNCTION TEST (MBC/MVV)	7/1/2009	RBRVS	\$21.53	\$21.53							
94200	TC	LUNG FUNCTION TEST (MBC/MVV)	7/1/2009	RBRVS	\$15.84	\$15.84							
94200	26	LUNG FUNCTION TEST (MBC/MVV)	7/1/2009	RBRVS	\$5.69	\$5.69							
94240	EP	RESIDUAL LUNG CAPACITY	7/1/2009	RBRVS	\$37.84	\$37.84							
94240	TC	RESIDUAL LUNG CAPACITY	7/1/2009	RBRVS	\$24.78	\$24.78							
94240	26	RESIDUAL LUNG CAPACITY	7/1/2009	RBRVS	\$13.07	\$13.07							
94250	EP	EXPIRED GAS COLLECTION	7/1/2009	RBRVS	\$23.29	\$23.29							
94250	TC	EXPIRED GAS COLLECTION	7/1/2009	RBRVS	\$17.60	\$17.60							
94250	26	EXPIRED GAS COLLECTION	7/1/2009	RBRVS	\$5.69	\$5.69							
94260	EP	THORACIC GAS VOLUME	7/1/2009	RBRVS	\$29.99	\$29.99							
94260	TC	THORACIC GAS VOLUME	7/1/2009	RBRVS	\$23.49	\$23.49							
94260	26	THORACIC GAS VOLUME	7/1/2009	RBRVS	\$6.49	\$6.49							
94350	EP	LUNG NITROGEN WASHOUT CURVE	7/1/2009	RBRVS	\$33.84	\$33.84							
94350	TC	LUNG NITROGEN WASHOUT CURVE	7/1/2009	RBRVS	\$20.77	\$20.77							
94350	26	LUNG NITROGEN WASHOUT CURVE	7/1/2009	RBRVS	\$13.07	\$13.07							
94360	EP	MEASURE AIRFLOW RESISTANCE	7/1/2009	RBRVS	\$41.85	\$41.85							
94360	TC	MEASURE AIRFLOW RESISTANCE	7/1/2009	RBRVS	\$28.78	\$28.78							
94360	26	MEASURE AIRFLOW RESISTANCE	7/1/2009	RBRVS	\$13.07	\$13.07							
94370	EP	BREATH AIRWAY CLOSING VOLUME	7/1/2009	RBRVS	\$32.63	\$32.63							
94370	TC	BREATH AIRWAY CLOSING VOLUME	7/1/2009	RBRVS	\$19.56	\$19.56							
94370	26	BREATH AIRWAY CLOSING VOLUME	7/1/2009	RBRVS	\$13.07	\$13.07							
94375	EP	RESPIRATORY FLOW VOLUME LOOP	7/1/2009	RBRVS	\$36.32	\$36.32							
94375	TC	RESPIRATORY FLOW VOLUME LOOP	7/1/2009	RBRVS	\$20.93	\$20.93							
94375	26	RESPIRATORY FLOW VOLUME LOOP	7/1/2009	RBRVS	\$15.39	\$15.39							
94400	EP	CO2 BREATHING RESPONSE CURVE	7/1/2009	RBRVS	\$51.40	\$51.40							
94400	TC	CO2 BREATHING RESPONSE CURVE	7/1/2009	RBRVS	\$30.83	\$30.83							
94400	26	CO2 BREATHING RESPONSE CURVE	7/1/2009	RBRVS	\$20.57	\$20.57							
94450	EP	HYPOXIA RESPONSE CURVE	7/1/2009	RBRVS	\$49.39	\$49.39							
94450	TC	HYPOXIA RESPONSE CURVE	7/1/2009	RBRVS	\$29.39	\$29.39							
94450	26	HYPOXIA RESPONSE CURVE	7/1/2009	RBRVS	\$19.96	\$19.96							
94620	EP	PULMONARY STRESS TEST/SIMPLE	7/1/2009	RBRVS	\$70.60	\$70.60							
94620	TC	PULMONARY STRESS TEST/SIMPLE	7/1/2009	RBRVS	\$38.01	\$38.01							
94620	26	PULMONARY STRESS TEST/SIMPLE	7/1/2009	RBRVS	\$32.59	\$32.59							
94640	EP	AIRWAY INHALATION TREATMENT	7/1/2009	RBRVS	\$12.43	\$12.43							
94642	EP	AEROSOL INHALATION TREATMENT	7/1/2003	BY REPORT	\$0.00	\$0.00							
94660	EP	POS AIRWAY PRESSURE, CPAP	7/1/2009	RBRVS	\$57.01	\$38.33							
94662	EP	NEG PRESS VENTILATION, CNP	7/1/2009	RBRVS	\$38.09	\$38.09							
94664	EP	AEROSOL OR VAPOR INHALATIONS	7/1/2009	RBRVS	\$13.63	\$13.63							
94667	EP	CHEST WALL MANIPULATION	7/1/2009	RBRVS	\$19.00	\$19.00							

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					Office	Facility				Bilat	Assist	CoSurg	
94668	EP	CHEST WALL MANIPULATION	7/1/2009	RBRVS	\$17.84	\$17.84							
94680	EP	EXHALED AIR ANALYSIS, O2	7/1/2009	RBRVS	\$55.08	\$55.08							
94680	TC	EXHALED AIR ANALYSIS, O2	7/1/2009	RBRVS	\$42.01	\$42.01							
94680	26	EXHALED AIR ANALYSIS, O2	7/1/2009	RBRVS	\$13.07	\$13.07							
94681	EP	EXHALED AIR ANALYSIS, O2/CO2	7/1/2009	RBRVS	\$59.41	\$59.41							
94681	TC	EXHALED AIR ANALYSIS, O2/CO2	7/1/2009	RBRVS	\$49.43	\$49.43							
94681	26	EXHALED AIR ANALYSIS, O2/CO2	7/1/2009	RBRVS	\$9.98	\$9.98							
94690	EP	EXHALED AIR ANALYSIS	7/1/2009	RBRVS	\$47.27	\$47.27							
94690	TC	EXHALED AIR ANALYSIS	7/1/2009	RBRVS	\$43.54	\$43.54							
94690	26	EXHALED AIR ANALYSIS	7/1/2009	RBRVS	\$3.77	\$3.77							
94720	EP	MONOXIDE DIFFUSING CAPACITY	7/1/2009	RBRVS	\$49.31	\$49.31							
94720	TC	MONOXIDE DIFFUSING CAPACITY	7/1/2009	RBRVS	\$36.24	\$36.24							
94720	26	MONOXIDE DIFFUSING CAPACITY	7/1/2009	RBRVS	\$13.07	\$13.07							
94725	EP	MEMBRANE DIFFUSION CAPACITY	7/1/2009	RBRVS	\$63.50	\$63.50							
94725	TC	MEMBRANE DIFFUSION CAPACITY	7/1/2009	RBRVS	\$50.43	\$50.43							
94725	26	MEMBRANE DIFFUSION CAPACITY	7/1/2009	RBRVS	\$13.07	\$13.07							
94750	EP	PULMONARY COMPLIANCE STUDY	7/1/2009	RBRVS	\$67.27	\$67.27							
94750	TC	PULMONARY COMPLIANCE STUDY	7/1/2009	RBRVS	\$55.77	\$55.77							
94750	26	PULMONARY COMPLIANCE STUDY	7/1/2009	RBRVS	\$11.55	\$11.55							
94760	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2009	RBRVS	\$0.00	\$0.00							
94761	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2009	RBRVS	\$0.00	\$0.00							
94762	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2009	RBRVS	\$27.14	\$27.14							
94770	EP	EXHALED CARBON DIOXIDE TEST	7/1/2009	RBRVS	\$34.68	\$34.68							
94770	TC	EXHALED CARBON DIOXIDE TEST	7/1/2009	RBRVS	\$27.02	\$27.02							
94770	26	EXHALED CARBON DIOXIDE TEST	7/1/2009	RBRVS	\$7.66	\$7.66							
94772	EP	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00							
94772	TC	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00							
94772	26	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00							