

**Montana Medicaid – Fee Schedule**  
**EPSDT**  
**January 1, 2011**

**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-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 48% of billed charges. (Physician administered drugs will be priced by NDC if no rate is present.)

**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 (RVUs) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for Fiscal Year 2011 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 freestanding 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 vaccines.

**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

**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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					Office	Facility					Assist	CoSurg	Team	
V5266		BATTERY FOR HEARING DEVICE	10/1/2007	BY REPORT	\$0.00	\$0.00								
72010		X-RAY EXAM OF SPINE	7/1/2010	RBRVS	\$65.83	\$65.83								
72010	TC	X-RAY EXAM OF SPINE	7/1/2009	RBRVS	\$43.06	\$43.06								
72010	26	X-RAY EXAM OF SPINE	7/1/2010	RBRVS	\$22.77	\$22.77								
72040		X-RAY EXAM OF NECK SPINE	7/1/2010	RBRVS	\$34.64	\$34.64								
72040	TC	X-RAY EXAM OF NECK SPINE	7/1/2010	RBRVS	\$23.01	\$23.01								
72040	26	X-RAY EXAM OF NECK SPINE	7/1/2010	RBRVS	\$11.63	\$11.63								
72070		X-RAY EXAM OF THORACIC SPINE	7/1/2010	RBRVS	\$31.31	\$31.31								
72070	TC	X-RAY EXAM OF THORACIC SPINE	7/1/2010	RBRVS	\$19.96	\$19.96								
72070	26	X-RAY EXAM OF THORACIC SPINE	7/1/2010	RBRVS	\$11.35	\$11.35								
72100		X-RAY EXAM OF LOWER SPINE	7/1/2010	RBRVS	\$36.36	\$36.36								
72100	TC	X-RAY EXAM OF LOWER SPINE	7/1/2010	RBRVS	\$24.74	\$24.74								
72100	26	X-RAY EXAM OF LOWER SPINE	7/1/2010	RBRVS	\$11.63	\$11.63								
82800		BLOOD PH	1/1/2011	MEDICARE	\$19.85	\$0.00								
82803		BLOOD GASES ANY COMBINATION	1/1/2011	MEDICARE	\$45.37	\$0.00								
90700		DTAP VACCINE < 7 YRS IM	7/1/2010	FEE SCHED	\$0.00	\$0.00								
90702		DT VACCINE < 7 IM	7/1/2010	FEE SCHED	\$19.49	\$0.00								
90703		TETANUS VACCINE IM	1/1/2011	FEE SCHED	\$27.58	\$0.00								
90704		MUMPS VACCINE SC	7/1/2010	FEE SCHED	\$20.30	\$0.00								
90705		MEASLES VACCINE SC	7/1/2010	FEE SCHED	\$17.22	\$0.00								
90706		RUBELLA VACCINE SC	7/1/2010	FEE SCHED	\$17.87	\$0.00								
90707		MMR VACCINE SC	7/1/2010	FEE SCHED	\$48.31	\$0.00								
90713		POLIOVIRUS IPV SC/IM	7/1/2010	FEE SCHED	\$24.71	\$0.00								
90716		CHICKEN POX VACCINE SC	7/1/2010	FEE SCHED	\$80.58	\$0.00								
90720		DTP/HIB VACCINE IM	7/1/2010	FEE SCHED	\$37.43	\$0.00								
90721		DTAP/HIB VACCINE IM	7/1/2010	FEE SCHED	\$37.55	\$0.00								
90723		DTAP-HEP B-IPV VACCINE IM	7/1/2004	FEE SCHED	\$70.72	\$0.00								
90735		ENCEPHALITIS VACCINE SC	1/1/2010	FEE SCHED	\$102.08	\$0.00								
90740		HEPB VACC ILL PAT 3 DOSE IM	1/1/2011	FEE SCHED	\$106.85	\$0.00								
90743		HEP B VACC ADOL 2 DOSE IM	1/1/2011	FEE SCHED	\$21.67	\$0.00								
90744		HEPB VACC PED/ADOL 3 DOSE IM	1/1/2011	FEE SCHED	\$21.67	\$0.00								
90746		HEP B VACCINE ADULT IM	1/1/2011	FEE SCHED	\$53.42	\$0.00								
90747		HEPB VACC ILL PAT 4 DOSE IM	1/1/2011	FEE SCHED	\$106.85	\$0.00								
90748		HEP B/HIB VACCINE IM	5/1/2005	BY REPORT	\$0.00	\$0.00								
92506		SPEECH/HEARING EVALUATION	7/1/2010	RBRVS	\$148.53	\$45.66								
92507		SPEECH/HEARING THERAPY	7/1/2010	RBRVS	\$62.10	\$26.78								
92508		SPEECH/HEARING THERAPY	7/1/2010	RBRVS	\$30.55	\$13.91								
92526		ORAL FUNCTION THERAPY	7/1/2010	RBRVS	\$98.78	\$60.74								
92541		SPONTANEOUS NYSTAGMUS TEST	7/1/2010	RBRVS	\$48.71	\$48.71								
92541	TC	SPONTANEOUS NYSTAGMUS TEST	7/1/2010	RBRVS	\$28.10	\$28.10								
92541	26	SPONTANEOUS NYSTAGMUS TEST	7/1/2010	RBRVS	\$20.61	\$20.61								
92542		POSITIONAL NYSTAGMUS TEST	7/1/2010	RBRVS	\$49.43	\$49.43								
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/2010	RBRVS	\$32.19	\$32.19								
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/2010	RBRVS	\$17.24	\$17.24								
92543		CALORIC VESTIBULAR TEST	7/1/2010	RBRVS	\$23.01	\$23.01								
92543	TC	CALORIC VESTIBULAR TEST	7/1/2010	RBRVS	\$17.60	\$17.60								

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					Office	Facility		PA	Mult	Bilat	Assist	CoSurg		Team
92543	26	CALORIC VESTIBULAR TEST	7/1/2010	RBRVS	\$5.45	\$5.45								
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/2010	RBRVS	\$39.97	\$39.97								
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/2010	RBRVS	\$26.42	\$26.42								
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/2010	RBRVS	\$13.55	\$13.55								
92545		OSCILLATING TRACKING TEST	7/1/2010	RBRVS	\$37.48	\$37.48								
92545	TC	OSCILLATING TRACKING TEST	7/1/2010	RBRVS	\$25.42	\$25.42								
92545	26	OSCILLATING TRACKING TEST	7/1/2010	RBRVS	\$12.07	\$12.07								
92546		SINUSOIDAL ROTATIONAL TEST	7/1/2010	RBRVS	\$79.82	\$79.82								
92546	TC	SINUSOIDAL ROTATIONAL TEST	7/1/2010	RBRVS	\$64.79	\$64.79								
92546	26	SINUSOIDAL ROTATIONAL TEST	7/1/2010	RBRVS	\$15.03	\$15.03								
92547		SUPPLEMENTAL ELECTRICAL TEST	7/1/2010	RBRVS	\$4.01	\$4.01	ZZZ							
92548		POSTUROGRAPHY	7/1/2010	RBRVS	\$87.84	\$87.84								
92548	TC	POSTUROGRAPHY	7/1/2010	RBRVS	\$62.06	\$62.06								
92548	26	POSTUROGRAPHY	7/1/2010	RBRVS	\$25.78	\$25.78								
92551		PURE TONE HEARING TEST AIR	7/1/2009	RBRVS	\$9.78	\$9.78								
92552		PURE TONE AUDIOMETRY AIR	7/1/2010	RBRVS	\$20.29	\$20.29								
92553		AUDIOMETRY AIR & BONE	7/1/2010	RBRVS	\$26.06	\$26.06								
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2010	RBRVS	\$14.51	\$14.51								
92556		SPEECH AUDIOMETRY COMPLETE	7/1/2010	RBRVS	\$22.33	\$22.33								
92557		COMPREHENSIVE HEARING TEST	7/1/2010	RBRVS	\$40.37	\$37.64								
92559		GROUP AUDIOMETRIC TESTING	7/1/2008	BY REPORT	\$0.00	\$0.00								
92560		BEKESY AUDIOMETRY SCREEN	7/1/2008	BY REPORT	\$0.00	\$0.00								
92561		BEKESY AUDIOMETRY DIAGNOSIS	7/1/2010	RBRVS	\$26.06	\$26.06								
92562		LOUDNESS BALANCE TEST	7/1/2010	RBRVS	\$23.69	\$23.69								
92563		TONE DECAY HEARING TEST	7/1/2010	RBRVS	\$19.64	\$19.64								
92564		SISI HEARING TEST	7/1/2010	RBRVS	\$18.28	\$18.28								
92565		STENGER TEST PURE TONE	7/1/2010	RBRVS	\$11.15	\$11.15								
92567		TYMPANOMETRY	7/1/2010	RBRVS	\$15.35	\$13.31								
92568		ACOUSTIC REFL THRESHOLD TST	7/1/2010	RBRVS	\$16.76	\$16.76								
92571		FILTERED SPEECH HEARING TEST	7/1/2010	RBRVS	\$15.19	\$15.19								
92572		STAGGERED SPONDAIC WORD TEST	7/1/2010	RBRVS	\$21.33	\$21.33								
92575		SENSORINEURAL ACUITY TEST	7/1/2010	RBRVS	\$36.28	\$36.28								
92576		SYNTHETIC SENTENCE TEST	7/1/2010	RBRVS	\$20.29	\$20.29								
92577		STENGER TEST SPEECH	7/1/2010	RBRVS	\$13.87	\$13.87								
92579		VISUAL AUDIOMETRY (VRA)	7/1/2010	RBRVS	\$43.42	\$40.05								
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2010	RBRVS	\$39.33	\$39.33								
92583		SELECT PICTURE AUDIOMETRY	7/1/2010	RBRVS	\$30.15	\$30.15								
92584		ELECTROCOCHLEOGRAPHY	7/1/2010	RBRVS	\$55.97	\$55.97								
92585		AUDITOR EVOKE POTENT COMPRE	7/1/2010	RBRVS	\$94.97	\$94.97								
92585	TC	AUDITOR EVOKE POTENT COMPRE	7/1/2010	RBRVS	\$69.20	\$69.20								
92585	26	AUDITOR EVOKE POTENT COMPRE	7/1/2010	RBRVS	\$25.78	\$25.78								
92587		EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$32.99	\$32.99								
92587	TC	EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$26.06	\$26.06								
92587	26	EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$6.94	\$6.94								
92588		EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$57.73	\$57.73								
92588	TC	EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$38.97	\$38.97								

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92588	26	EVOKED AUDITORY TEST	7/1/2010	RBRVS	\$18.72	\$18.72								
92590		HEARING AID EXAM ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00								
92591		HEARING AID EXAM BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00								
92592		HEARING AID CHECK ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00								
92593		HEARING AID CHECK BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00								
92594		ELECTRO HEARNG AID TEST ONE	7/1/2003	BY REPORT	\$0.00	\$0.00								
92595		ELECTRO HEARNG AID TST BOTH	7/1/2003	BY REPORT	\$0.00	\$0.00								
92596		EAR PROTECTOR EVALUATION	7/1/2010	RBRVS	\$35.24	\$35.24								
92597		ORAL SPEECH DEVICE EVAL	7/1/2010	RBRVS	\$103.47	\$62.70								
92950		HEART/LUNG RESUSCITATION CPR	7/1/2010	RBRVS	\$268.52	\$179.20	000							
94010	TC	BREATHING CAPACITY TEST	7/1/2010	RBRVS	\$23.01	\$23.01								
94010	26	BREATHING CAPACITY TEST	7/1/2010	RBRVS	\$8.46	\$8.46								
94060	TC	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$39.33	\$39.33								
94060	26	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$15.11	\$15.11								
94070	TC	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$26.74	\$26.74								
94070	26	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$29.15	\$29.15								
94150	TC	VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00								
94150	26	VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00								
94200	TC	LUNG FUNCTION TEST (MBC/MVV)	7/1/2010	RBRVS	\$15.88	\$15.88								
94200	26	LUNG FUNCTION TEST (MBC/MVV)	7/1/2010	RBRVS	\$5.49	\$5.49								
94240	TC	RESIDUAL LUNG CAPACITY	7/1/2010	RBRVS	\$23.69	\$23.69								
94240	26	RESIDUAL LUNG CAPACITY	7/1/2010	RBRVS	\$12.55	\$12.55								
94250	TC	EXPIRED GAS COLLECTION	7/1/2010	RBRVS	\$17.24	\$17.24								
94250	26	EXPIRED GAS COLLECTION	7/1/2010	RBRVS	\$5.49	\$5.49								
94260	TC	THORACIC GAS VOLUME	7/1/2010	RBRVS	\$22.69	\$22.69								
94260	26	THORACIC GAS VOLUME	7/1/2010	RBRVS	\$6.25	\$6.25								
94350	TC	LUNG NITROGEN WASHOUT CURVE	7/1/2010	RBRVS	\$19.64	\$19.64								
94350	26	LUNG NITROGEN WASHOUT CURVE	7/1/2010	RBRVS	\$12.55	\$12.55								
94360	TC	MEASURE AIRFLOW RESISTANCE	7/1/2010	RBRVS	\$27.42	\$27.42								
94360	26	MEASURE AIRFLOW RESISTANCE	7/1/2010	RBRVS	\$12.55	\$12.55								
94370	TC	BREATH AIRWAY CLOSING VOLUME	7/1/2010	RBRVS	\$18.96	\$18.96								
94370	26	BREATH AIRWAY CLOSING VOLUME	7/1/2010	RBRVS	\$12.55	\$12.55								
94375	TC	RESPIRATORY FLOW VOLUME LOOP	7/1/2010	RBRVS	\$20.65	\$20.65								
94375	26	RESPIRATORY FLOW VOLUME LOOP	7/1/2010	RBRVS	\$15.11	\$15.11								
94400	TC	CO2 BREATHING RESPONSE CURVE	7/1/2010	RBRVS	\$29.83	\$29.83								
94400	26	CO2 BREATHING RESPONSE CURVE	7/1/2010	RBRVS	\$19.24	\$19.24								
94450	TC	HYPOXIA RESPONSE CURVE	7/1/2010	RBRVS	\$32.51	\$32.51								
94450	26	HYPOXIA RESPONSE CURVE	7/1/2010	RBRVS	\$19.24	\$19.24								
94620	TC	PULMONARY STRESS TEST/SIMPLE	7/1/2010	RBRVS	\$31.83	\$31.83								
94620	26	PULMONARY STRESS TEST/SIMPLE	7/1/2010	RBRVS	\$31.35	\$31.35								
94680	TC	EXHALED AIR ANALYSIS, O2	7/1/2010	RBRVS	\$40.01	\$40.01								
94680	26	EXHALED AIR ANALYSIS, O2	7/1/2010	RBRVS	\$12.87	\$12.87								
94681	TC	EXHALED AIR ANALYSIS, O2/CO2	7/1/2010	RBRVS	\$44.06	\$44.06								
94681	26	EXHALED AIR ANALYSIS, O2/CO2	7/1/2010	RBRVS	\$9.94	\$9.94								
94690	TC	EXHALED AIR ANALYSIS	7/1/2010	RBRVS	\$42.05	\$42.05								
94690	26	EXHALED AIR ANALYSIS	7/1/2010	RBRVS	\$3.61	\$3.61								

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94720	TC	MONOXIDE DIFFUSING CAPACITY	7/1/2010	RBRVS	\$34.56	\$34.56								
94720	26	MONOXIDE DIFFUSING CAPACITY	7/1/2010	RBRVS	\$12.55	\$12.55								
94725	TC	MEMBRANE DIFFUSION CAPACITY	7/1/2010	RBRVS	\$43.74	\$43.74								
94725	26	MEMBRANE DIFFUSION CAPACITY	7/1/2010	RBRVS	\$12.55	\$12.55								
94750	TC	PULMONARY COMPLIANCE STUDY	7/1/2010	RBRVS	\$56.29	\$56.29								
94750	26	PULMONARY COMPLIANCE STUDY	7/1/2010	RBRVS	\$11.06	\$11.06								
94770	TC	EXHALED CARBON DIOXIDE TEST	7/1/2010	RBRVS	\$25.42	\$25.42								
94770	26	EXHALED CARBON DIOXIDE TEST	7/1/2010	RBRVS	\$7.34	\$7.34								
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								
95860		MUSCLE TEST ONE LIMB	7/1/2010	RBRVS	\$81.78	\$81.78								
95860	TC	MUSCLE TEST ONE LIMB	7/1/2010	RBRVS	\$31.83	\$31.83								
95860	26	MUSCLE TEST ONE LIMB	7/1/2010	RBRVS	\$49.95	\$49.95								
95861		MUSCLE TEST 2 LIMBS	7/1/2010	RBRVS	\$119.43	\$119.43								
95861	TC	MUSCLE TEST 2 LIMBS	7/1/2010	RBRVS	\$39.65	\$39.65								
95861	26	MUSCLE TEST 2 LIMBS	7/1/2010	RBRVS	\$79.78	\$79.78								
95863		MUSCLE TEST 3 LIMBS	7/1/2010	RBRVS	\$143.40	\$143.40								
95863	TC	MUSCLE TEST 3 LIMBS	7/1/2010	RBRVS	\$47.47	\$47.47								
95863	26	MUSCLE TEST 3 LIMBS	7/1/2010	RBRVS	\$95.94	\$95.94								
95864		MUSCLE TEST 4 LIMBS	7/1/2010	RBRVS	\$159.84	\$159.84								
95864	TC	MUSCLE TEST 4 LIMBS	7/1/2010	RBRVS	\$57.33	\$57.33								
95864	26	MUSCLE TEST 4 LIMBS	7/1/2010	RBRVS	\$102.55	\$102.55								
96105		ASSESSMENT OF APHASIA	7/1/2010	RBRVS	\$70.08	\$70.08								
97001		PT EVALUATION	7/1/2010	RBRVS	\$71.24	\$71.24								
97002		PT RE-EVALUATION	7/1/2010	RBRVS	\$38.33	\$38.33								
97003		OT EVALUATION	7/1/2010	RBRVS	\$76.25	\$76.25								
97004		OT RE-EVALUATION	7/1/2010	RBRVS	\$44.46	\$44.46								
97012		MECHANICAL TRACTION THERAPY	7/1/2010	RBRVS	\$14.87	\$14.87								
97016		VASOPNEUMATIC DEVICE THERAPY	7/1/2010	RBRVS	\$15.60	\$15.60								
97018		PARAFFIN BATH THERAPY	7/1/2010	RBRVS	\$7.98	\$7.98								
97022		WHIRLPOOL THERAPY	7/1/2010	RBRVS	\$17.96	\$17.96								
97024		DIATHERMY EG MICROWAVE	7/1/2010	RBRVS	\$5.61	\$5.61								
97026		INFRARED THERAPY	7/1/2010	RBRVS	\$4.93	\$4.93								
97028		ULTRAVIOLET THERAPY	7/1/2010	RBRVS	\$6.37	\$6.37								
97032		ELECTRICAL STIMULATION	7/1/2010	RBRVS	\$16.60	\$16.60								
97033		ELECTRIC CURRENT THERAPY	7/1/2010	RBRVS	\$25.10	\$25.10								
97034		CONTRAST BATH THERAPY	7/1/2010	RBRVS	\$15.39	\$15.39								
97035		ULTRASOUND THERAPY	7/1/2010	RBRVS	\$11.99	\$11.99								
97036		HYDROTHERAPY	7/1/2010	RBRVS	\$26.50	\$26.50								
97039		PHYSICAL THERAPY TREATMENT	7/1/2008	BY REPORT	\$0.00	\$0.00								
97110		THERAPEUTIC EXERCISES	7/1/2010	RBRVS	\$28.62	\$28.62								
97112		NEUROMUSCULAR REEDUCATION	7/1/2010	RBRVS	\$29.91	\$29.91								
97113		AQUATIC THERAPY/EXERCISES	7/1/2010	RBRVS	\$35.36	\$35.36								
97116		GAIT TRAINING THERAPY	7/1/2010	RBRVS	\$25.34	\$25.34								
97124		MASSAGE THERAPY	7/1/2010	RBRVS	\$23.09	\$23.09								
97139		PHYSICAL MEDICINE PROCEDURE	7/1/2008	BY REPORT	\$0.00	\$0.00								

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Proc	Mod	Description	Effective	Method	Fees		Global Days	Indicators					Policy Adjust	
					Office	Facility		PA	Mult	Bilat	Assist	CoSurg		Team
97140		MANUAL THERAPY	7/1/2010	RBRVS	\$26.82	\$26.82								
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2010	RBRVS	\$18.36	\$18.36								
97530		THERAPEUTIC ACTIVITIES	7/1/2010	RBRVS	\$30.63	\$30.63								
97532		COGNITIVE SKILLS DEVELOPMENT	7/1/2010	RBRVS	\$24.86	\$24.86								
97533		SENSORY INTEGRATION	7/1/2010	RBRVS	\$26.86	\$26.86								
97535		SELF CARE MNGMENT TRAINING	7/1/2010	RBRVS	\$30.67	\$30.67								
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2010	RBRVS	\$27.94	\$27.94								
97545		WORK HARDENING	7/1/2003	BY REPORT	\$0.00	\$0.00								
97546		WORK HARDENING ADD-ON	7/1/2003	BY REPORT	\$0.00	\$0.00	ZZZ							
97750		PHYSICAL PERFORMANCE TEST	7/1/2010	RBRVS	\$29.55	\$29.55								
97799		PHYSICAL MEDICINE PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00								
98940		CHIROPRACTIC MANIPULATION	7/1/2010	RBRVS	\$25.22	\$21.49	000							
98941		CHIROPRACTIC MANIPULATION	7/1/2010	RBRVS	\$35.16	\$31.39	000							
98942		CHIROPRACTIC MANIPULATION	7/1/2010	RBRVS	\$45.90	\$42.17	000							
98943		CHIROPRACTIC MANIPULATION	7/1/2010	RBRVS	\$23.57	\$20.53								
99201		OFFICE/OUTPATIENT VISIT NEW	7/1/2010	RBRVS	\$38.45	\$25.22								
99202		OFFICE/OUTPATIENT VISIT NEW	7/1/2010	RBRVS	\$66.91	\$48.91								
99203		OFFICE/OUTPATIENT VISIT NEW	7/1/2010	RBRVS	\$97.18	\$73.77								
99204		OFFICE/OUTPATIENT VISIT NEW	7/1/2010	RBRVS	\$151.54	\$124.72								
99205		OFFICE/OUTPATIENT VISIT NEW	7/1/2010	RBRVS	\$190.99	\$161.76								
99211		OFFICE/OUTPATIENT VISIT EST	7/1/2010	RBRVS	\$18.68	\$9.18								
99212		OFFICE/OUTPATIENT VISIT EST	7/1/2010	RBRVS	\$38.45	\$24.86								
99213		OFFICE/OUTPATIENT VISIT EST	7/1/2010	RBRVS	\$65.47	\$49.15								
99214		OFFICE/OUTPATIENT VISIT EST	7/1/2010	RBRVS	\$98.34	\$75.93								
99215		OFFICE/OUTPATIENT VISIT EST	7/1/2010	RBRVS	\$132.90	\$107.08								
99381		INIT PM E/M NEW PAT INF	7/1/2010	RBRVS	\$90.08	\$61.22								
99382		INIT PM E/M NEW PAT 1-4 YRS	7/1/2010	RBRVS	\$98.86	\$70.00								
99383		PREV VISIT NEW AGE 5-11	7/1/2010	RBRVS	\$98.18	\$70.00								
99384		PREV VISIT NEW AGE 12-17	7/1/2010	RBRVS	\$106.96	\$79.10								
99385		PREV VISIT NEW AGE 18-39	7/1/2010	RBRVS	\$106.96	\$79.10								
99391		PER PM REEVAL EST PAT INF	7/1/2010	RBRVS	\$75.85	\$52.44								
99392		PREV VISIT EST AGE 1-4	7/1/2010	RBRVS	\$84.63	\$61.22								
99393		PREV VISIT EST AGE 5-11	7/1/2010	RBRVS	\$84.31	\$61.22								
99394		PREV VISIT EST AGE 12-17	7/1/2010	RBRVS	\$93.09	\$70.00								
99395		PREV VISIT EST AGE 18-39	7/1/2010	RBRVS	\$93.41	\$70.00								