

**Montana Medicaid - Fee Schedule  
School-Based Health Services  
August 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.

**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

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

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

**Fees**

Effective July 01, 2011, this fee will be adjusted to reimburse the services at the federal matching assistance percentage (FMAP) rate of 66.81%.

**Please note the match rate is now activated by claim paid date, not date of service.**

**PA** – Prior Authorization

**Y:** Prior authorization is required

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

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<b>Proc</b>	<b>Mod</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Office Fees</b>	<b>PA</b>	<b>Policy Adjust</b>
H0036		COMM PSY FACE-FACE PER 15 MIN	10/1/2009	FEE SCHED	\$24.62		
T1000		PRIVATE DUTY/INDEPENDENT NSG	8/1/2011	FEE SCHED	\$6.87	Y	
T1019		PERSONAL CARE SER PER 15 MIN	8/1/2011	FEE SCHED	\$4.96		
T2003		N-ET; ENCOUNTER/TRIP	8/1/2011	FEE SCHED	\$12.36		
V5266		BATTERY FOR HEARING DEVICE	10/1/2007	BY REPORT	\$0.00		
90804		PSYTX OFFICE 20-30 MIN	9/1/2011	RBRVS	\$43.11		
90853		GROUP PSYCHOTHERAPY	9/1/2011	RBRVS	\$21.78		
92506		SPEECH/HEARING EVALUATION	9/1/2011	RBRVS	\$114.20		
92507		SPEECH/HEARING THERAPY	9/1/2011	RBRVS	\$56.05		
92508		SPEECH/HEARING THERAPY	9/1/2011	RBRVS	\$18.34		
92557		COMPREHENSIVE HEARING TEST	9/1/2011	RBRVS	\$27.59		
92567		TYMPANOMETRY	9/1/2011	RBRVS	\$10.43		
92587		EVOKED AUDITORY TEST	9/1/2011	RBRVS	\$25.29		
92587	TC	EVOKED AUDITORY TEST	9/1/2011	RBRVS	\$20.43		
92587	26	EVOKED AUDITORY TEST	9/1/2011	RBRVS	\$4.86		
96101		PSYCHO TESTING BY PSYCH/PHYS	9/1/2011	RBRVS	\$56.52		
97001		PT EVALUATION	9/1/2011	RBRVS	\$49.36		
97002		PT RE-EVALUATION	9/1/2011	RBRVS	\$27.35		
97003		OT EVALUATION	9/1/2011	RBRVS	\$54.47		
97004		OT RE-EVALUATION	9/1/2011	RBRVS	\$33.16		
97150		GROUP THERAPEUTIC PROCEDURES	9/1/2011	RBRVS	\$12.99		
97530		THERAPEUTIC ACTIVITIES	9/1/2011	RBRVS	\$22.05		