Montana Medicaid - Fee Schedule
Audiology Services
July 1, 2014

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.
MSRP: Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)
EAC: Estimated Acquisition Cost
RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2015 is $24.33
***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 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

Pass - Passport Referral
Y: Passport referral is required

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

Passport *Not all provider specialties require passport, please refer to your program manual for specifics.*

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V5299	SF	HEARING SERVICE	7/1/2014	FEE SCHED	$32.79	$0.00		Y							
69210		REMOVE IMPACTED EAR WAX	7/1/2014	RBRVS	$34.35	$23.41	000		Y	Y					
92540		BSC VSTBLR EVALUATION	7/1/2014	RBRVS	$69.78	$69.78			Y						
92540	TC	BSC VSTBLR EVALUATION	7/1/2014	RBRVS	$14.89	$14.89			Y						
92540	26	BSC VSTBLR EVALUATION	7/1/2014	RBRVS	$54.91	$54.91									
92541		SPONTANEOUS NYSTAGMUS TEST	7/1/2014	RBRVS	$21.00	$21.00			Y						
92541	TC	SPONTANEOUS NYSTAGMUS TEST	7/1/2014	RBRVS	$6.62	$6.62			Y						
92541	26	SPONTANEOUS NYSTAGMUS TEST	7/1/2014	RBRVS	$14.40	$14.40			Y						
92542		POSITIONAL NYSTAGMUS TEST	7/1/2014	RBRVS	$18.08	$18.08			Y						
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/2014	RBRVS	$6.13	$6.13			Y						
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/2014	RBRVS	$11.97	$11.97									
92543		CALORIC VESTIBULAR TEST	7/1/2014	RBRVS	$11.02	$11.02			Y						
92543	TC	CALORIC VESTIBULAR TEST	7/1/2014	RBRVS	$7.10	$7.10			Y						
92543	26	CALORIC VESTIBULAR TEST	7/1/2014	RBRVS	$3.94	$3.94									
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/2014	RBRVS	$16.37	$16.37			Y						
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/2014	RBRVS	$6.86	$6.86			Y						
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/2014	RBRVS	$9.54	$9.54									
92545		OSCILLATING TRACKING TEST	7/1/2014	RBRVS	$14.18	$14.18			Y						
92545	TC	OSCILLATING TRACKING TEST	7/1/2014	RBRVS	$5.89	$5.89			Y						
92545	26	OSCILLATING TRACKING TEST	7/1/2014	RBRVS	$8.32	$8.32									
92546		SINUSOIDAL ROTATIONAL TEST	7/1/2014	RBRVS	$70.39	$70.39			Y						
92546	TC	SINUSOIDAL ROTATIONAL TEST	7/1/2014	RBRVS	$59.90	$59.90			Y						
92546	26	SINUSOIDAL ROTATIONAL TEST	7/1/2014	RBRVS	$10.51	$10.51									
92547		SUPPLEMENTAL ELECTRICAL TEST	7/1/2014	RBRVS	$4.18	$4.18	ZZZ		Y						
92548		POSTUROGRAPHY	7/1/2014	RBRVS	$71.12	$71.12			Y						
92548	TC	POSTUROGRAPHY	7/1/2014	RBRVS	$53.33	$53.33			Y						
92548	26	POSTUROGRAPHY	7/1/2014	RBRVS	$17.81	$17.81									
92550		TYMPANOMETRY & REFLEX THRESH	7/1/2014	RBRVS	$14.40	$14.40			Y						
92551		PURE TONE HEARING TEST AIR	7/1/2014	RBRVS	$8.08	$8.08			Y						
92552		PURE TONE AUDIOMETRY AIR	7/1/2014	RBRVS	$20.97	$20.97			Y						
92553		AUDIOMETRY AIR & BONE	7/1/2014	RBRVS	$25.11	$25.11			Y						
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2014	RBRVS	$15.62	$15.62			Y						
92556		SPEECH AUDIOMETRY COMPLETE	7/1/2014	RBRVS	$24.87	$24.87			Y						
92557		COMPREHENSIVE HEARING TEST	7/1/2014	RBRVS	$25.91	$22.51			Y						
92558		EVOKED AUDITORY TEST QUAL	7/1/2014	FEE SCHED	$36.14	$0.00									
92561		BEKESY AUDIOMETRY DIAGNOSIS	7/1/2014	RBRVS	$25.60	$25.60			Y						
92562		LOUDNESS BALANCE TEST	7/1/2014	RBRVS	$31.43	$31.43			Y						
92563		TONE DECAY HEARING TEST	7/1/2014	RBRVS	$20.73	$20.73			Y						
92564		SISI HEARING TEST	7/1/2014	RBRVS	$19.27	$19.27			Y						
92565		STENGER TEST PURE TONE	7/1/2014	RBRVS	$11.24	$11.24			Y						
92567		TYMPANOMETRY	7/1/2014	RBRVS	$10.02	$7.59			Y						
92568		ACOUSTIC REFL THRESHOLD TST	7/1/2014	RBRVS	$10.75	$10.75			Y						
92570		ACOUSTIC IMMITANCE TESTING	7/1/2014	RBRVS	$22.26	$20.80			Y						
92571		FILTERED SPEECH HEARING TEST	7/1/2014	RBRVS	$18.30	$18.30			Y						
92572		STAGGERED SPONDAIC WORD TEST	7/1/2014	RBRVS	$34.84	$34.84			Y						
92575		SENSORINEURAL ACUITY TEST	7/1/2014	RBRVS	$50.90	$50.90			Y						

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92576		SYNTHETIC SENTENCE TEST	7/1/2014	RBRVS	$23.65	$23.65			Y						
92577		STENGER TEST SPEECH	7/1/2014	RBRVS	$13.19	$13.19			Y						
92579		VISUAL AUDIOMETRY (VRA)	7/1/2014	RBRVS	$29.07	$25.91			Y						
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2014	RBRVS	$46.52	$46.52			Y						
92583		SELECT PICTURE AUDIOMETRY	7/1/2014	RBRVS	$35.33	$35.33			Y						
92584		ELECTROCOCHLEOGRAPHY	7/1/2014	RBRVS	$47.98	$47.98			Y						
92585		AUDITOR EVOKE POTENT COMPRE	7/1/2014	RBRVS	$89.36	$89.36			Y						
92585	TC	AUDITOR EVOKE POTENT COMPRE	7/1/2014	RBRVS	$71.09	$71.09			Y						
92585	26	AUDITOR EVOKE POTENT COMPRE	7/1/2014	RBRVS	$18.30	$18.30									
92586		AUDITOR EVOKE POTENT LIMIT	7/1/2014	RBRVS	$57.22	$57.22			Y						
92587		EVOKED AUDITORY TEST	7/1/2014	RBRVS	$15.25	$15.25			Y						
92587	TC	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$2.00	$2.00			Y						
92587	26	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$13.26	$13.26									
92588		EVOKED AUDITORY TEST	7/1/2014	RBRVS	$22.99	$22.99			Y						
92588	TC	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$2.72	$2.72			Y						
92588	26	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$20.27	$20.27									
92590		HEARING AID EXAM ONE EAR	7/1/2014	FEE SCHED	$22.27	$22.27			Y						
92591		HEARING AID EXAM BOTH EARS	7/1/2014	FEE SCHED	$34.88	$34.88			Y						
92593		HEARING AID CHECK BOTH EARS	7/1/2003	FEE SCHED	$19.80	$19.80			Y						
92594		ELECTRO HEARNG AID TEST ONE	7/1/2003	FEE SCHED	$17.51	$17.51			Y						
92595		ELECTRO HEARNG AID TST BOTH	7/1/2003	FEE SCHED	$35.32	$35.32			Y						
92596		EAR PROTECTOR EVALUATION	7/1/2014	RBRVS	$29.00	$29.00			Y						
92597		ORAL SPEECH DEVICE EVAL	7/1/2014	RBRVS	$50.17	$50.17			Y						
92601		COCHLEAR IMPLT F/UP EXAM <7	7/1/2014	RBRVS	$96.05	$82.92			Y						
92602		REPROGRAM COCHLEAR IMPLT 7/>	7/1/2014	RBRVS	$56.74	$45.79			Y						
92603		COCHLEAR IMPLT F/UP EXAM 7/>	7/1/2014	RBRVS	$101.41	$84.86			Y						
92604		REPROGRAM COCHLEAR IMPLT 7/>	7/1/2014	RBRVS	$61.02	$46.91			Y						
92620		AUDITORY FUNCTION 60 MIN	7/1/2014	RBRVS	$64.77	$57.95									
92621		AUDITORY FUNCTION + 15 MIN	7/1/2014	RBRVS	$15.38	$13.19	ZZZ								
92625		TINNITUS ASSESSMENT	7/1/2014	RBRVS	$48.12	$43.26									
92626		EVAL AUD REHAB STATUS	7/1/2014	RBRVS	$62.09	$53.09									
92627		EVAL AUD STATUS REHAB ADD-ON	7/1/2014	RBRVS	$14.89	$12.21	ZZZ								
92640		AUD BRAINSTEM IMPLT PROGRAMG	7/1/2014	RBRVS	$86.32	$74.40			Y						
95992		CANALITH REPOSITIONING PROC	7/1/2014	RBRVS	$30.12	$26.47			Y						