

Montana Medicaid - Fee Schedule
Physical Therapy
July 1, 2015

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.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2016 is \$24.93

***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

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

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Policy Adjust - F = Family Planning M = Maternity

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| Proc | Mod | Description | Effective | Method | Fees | | Global Days | PA | Mult | Indicators | | | Policy Adjust |
|-------|-----|------------------------------|------------|--------|----------|----------|-------------|----|------|------------|--------|--------|---------------|
| | | | | | Office | Facility | | | | Bilat | Assist | CoSurg | |
| G0283 | | ELEC STIM OTHER THAN WOUND | 07/01/2015 | RBRVS | \$9.77 | \$9.77 | | | Y | | | | |
| 95831 | | LIMB MUSCLE TESTING MANUAL | 07/01/2015 | RBRVS | \$21.86 | \$10.89 | | | Y | | | | |
| 95860 | | MUSCLE TEST ONE LIMB | 07/01/2015 | RBRVS | \$86.78 | \$86.78 | | | Y | | | | |
| 95860 | TC | MUSCLE TEST ONE LIMB | 07/01/2015 | RBRVS | \$49.91 | \$49.91 | | | Y | | | | |
| 95860 | 26 | MUSCLE TEST ONE LIMB | 07/01/2015 | RBRVS | \$36.87 | \$36.87 | | | | | | | |
| 95861 | | MUSCLE TEST 2 LIMBS | 07/01/2015 | RBRVS | \$121.86 | \$121.86 | | | Y | | | | |
| 95861 | TC | MUSCLE TEST 2 LIMBS | 07/01/2015 | RBRVS | \$63.37 | \$63.37 | | | Y | | | | |
| 95861 | 26 | MUSCLE TEST 2 LIMBS | 07/01/2015 | RBRVS | \$58.49 | \$58.49 | | | | | | | |
| 95863 | | MUSCLE TEST 3 LIMBS | 07/01/2015 | RBRVS | \$150.70 | \$150.70 | | | Y | | | | |
| 95863 | TC | MUSCLE TEST 3 LIMBS | 07/01/2015 | RBRVS | \$78.83 | \$78.83 | | | Y | | | | |
| 95863 | 26 | MUSCLE TEST 3 LIMBS | 07/01/2015 | RBRVS | \$71.87 | \$71.87 | | | | | | | |
| 95864 | | MUSCLE TEST 4 LIMBS | 07/01/2015 | RBRVS | \$171.14 | \$171.14 | | | Y | | | | |
| 95864 | TC | MUSCLE TEST 4 LIMBS | 07/01/2015 | RBRVS | \$94.78 | \$94.78 | | | Y | | | | |
| 95864 | 26 | MUSCLE TEST 4 LIMBS | 07/01/2015 | RBRVS | \$76.36 | \$76.36 | | | | | | | |
| 95992 | | CANALITH REPOSITIONING PROC | 07/01/2015 | RBRVS | \$30.09 | \$26.35 | | | Y | | | | |
| 97001 | | PT EVALUATION | 07/01/2015 | RBRVS | \$52.83 | \$52.83 | | | Y | | | | |
| 97002 | | PT RE-EVALUATION | 07/01/2015 | RBRVS | \$29.54 | \$29.54 | | | Y | | | | |
| 97010 | | HOT OR COLD PACKS THERAPY | 09/01/2011 | RBRVS | \$0.00 | \$0.00 | | | Y | | | | |
| 97012 | | MECHANICAL TRACTION THERAPY | 07/01/2015 | RBRVS | \$11.27 | \$11.27 | | | Y | | | | |
| 97016 | | VASOPNEUMATIC DEVICE THERAPY | 07/01/2015 | RBRVS | \$13.51 | \$13.51 | | | Y | | | | |
| 97018 | | PARAFFIN BATH THERAPY | 07/01/2015 | RBRVS | \$7.78 | \$7.78 | | | Y | | | | |
| 97022 | | WHIRLPOOL THERAPY | 07/01/2015 | RBRVS | \$16.50 | \$16.50 | | | Y | | | | |
| 97024 | | DIATHERMY EG MICROWAVE | 07/01/2015 | RBRVS | \$4.54 | \$4.54 | | | Y | | | | |
| 97026 | | INFRARED THERAPY | 07/01/2015 | RBRVS | \$4.29 | \$4.29 | | | Y | | | | |
| 97028 | | ULTRAVIOLET THERAPY | 07/01/2015 | RBRVS | \$5.29 | \$5.29 | | | Y | | | | |
| 97032 | | ELECTRICAL STIMULATION | 07/01/2015 | RBRVS | \$13.51 | \$13.51 | | | Y | | | | |
| 97033 | | ELECTRIC CURRENT THERAPY | 07/01/2015 | RBRVS | \$22.99 | \$22.99 | | | Y | | | | |
| 97034 | | CONTRAST BATH THERAPY | 07/01/2015 | RBRVS | \$12.76 | \$12.76 | | | Y | | | | |
| 97035 | | ULTRASOUND THERAPY | 07/01/2015 | RBRVS | \$9.02 | \$9.02 | | | Y | | | | |
| 97036 | | HYDROTHERAPY | 07/01/2015 | RBRVS | \$23.56 | \$23.56 | | | Y | | | | |
| 97110 | | THERAPEUTIC EXERCISES | 07/01/2015 | RBRVS | \$22.81 | \$22.81 | | | Y | | | | |
| 97112 | | NEUROMUSCULAR REEDUCATION | 07/01/2015 | RBRVS | \$23.48 | \$23.48 | | | Y | | | | |
| 97113 | | AQUATIC THERAPY/EXERCISES | 07/01/2015 | RBRVS | \$30.22 | \$30.22 | | | Y | | | | |
| 97116 | | GAIT TRAINING THERAPY | 07/01/2015 | RBRVS | \$19.99 | \$19.99 | | | Y | | | | |
| 97124 | | MASSAGE THERAPY | 07/01/2015 | RBRVS | \$18.82 | \$18.82 | | | Y | | | | |
| 97140 | | MANUAL THERAPY 1/> REGIONS | 07/01/2015 | RBRVS | \$20.99 | \$20.99 | | | Y | | | | |
| 97150 | | GROUP THERAPEUTIC PROCEDURES | 07/01/2015 | RBRVS | \$12.27 | \$12.27 | | | Y | | | | |
| 97530 | | THERAPEUTIC ACTIVITIES | 07/01/2015 | RBRVS | \$24.48 | \$24.48 | | | Y | | | | |
| 97532 | | COGNITIVE SKILLS DEVELOPMENT | 07/01/2015 | RBRVS | \$18.75 | \$18.75 | | | Y | | | | |
| 97533 | | SENSORY INTEGRATION | 07/01/2015 | RBRVS | \$20.49 | \$20.49 | | | Y | | | | |
| 97535 | | SELF CARE MNGMENT TRAINING | 07/01/2015 | RBRVS | \$24.48 | \$24.48 | | | Y | | | | |
| 97537 | | COMMUNITY/WORK REINTEGRATION | 07/01/2015 | RBRVS | \$21.24 | \$21.24 | | | Y | | | | |
| 97542 | | WHEELCHAIR MNGMENT TRAINING | 07/01/2015 | RBRVS | \$21.49 | \$21.49 | | | Y | | | | |
| 97597 | | ACTIVE WOUND CARE/20 CM OR < | 07/01/2015 | RBRVS | \$53.82 | \$17.18 | 000 | | Y | | | | |
| 97598 | | RMVL DEVITAL TIS ADDL 20CM/< | 07/01/2015 | RBRVS | \$17.87 | \$8.40 | ZZZ | | Y | | | | |
| 97602 | | WOUND(S) CARE NON-SELECTIVE | 07/01/2008 | RBRVS | \$0.00 | \$0.00 | | | Y | | | | |

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

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|-------|-----|------------------------------|------------|--------|---------|----------|----------------|----|------|------------|--------|--------|------|------------------|
| | | | | | Office | Facility | | | | Bilat | Assist | CoSurg | Team | |
| 97605 | | NEG PRESS WOUND TX <=50 CM | 07/01/2015 | RBRVS | \$31.16 | \$19.94 | | | Y | | | | | |
| 97606 | | NEG PRESS WOUND TX >50 CM | 07/01/2015 | RBRVS | \$37.02 | \$22.06 | | | Y | | | | | |
| 97610 | | LOW FREQUENCY NON-THERMAL US | 07/01/2015 | RBRVS | \$85.91 | \$13.11 | | | | | | | | |
| 97750 | | PHYSICAL PERFORMANCE TEST | 07/01/2015 | RBRVS | \$23.31 | \$23.31 | | | Y | | | | | |
| 97755 | | ASSISTIVE TECHNOLOGY ASSESS | 07/01/2015 | RBRVS | \$25.30 | \$25.30 | | | Y | | | | | |
| 97760 | | ORTHOTIC MGMT AND TRAINING | 07/01/2015 | RBRVS | \$26.80 | \$26.80 | | | Y | | | | | |
| 97761 | | PROSTHETIC TRAINING | 07/01/2015 | RBRVS | \$23.31 | \$23.31 | | | Y | | | | | |
| 97762 | | C/O FOR ORTHOTIC/PROSTH USE | 07/01/2015 | RBRVS | \$33.71 | \$33.71 | | | Y | | | | | |
| 99091 | | COLLECT/REVIEW DATA FROM PT | 09/01/2011 | RBRVS | \$0.00 | \$0.00 | | | Y | | | | | |