Montana Medicaid - Fee Schedule
Occupational Therapy
January 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 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

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 Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
96125		COGNITIVE TEST BY HC PRO	7/1/2014	RBRVS	$78.15	$78.15			Y					
97003		OT EVALUATION	7/1/2014	RBRVS	$58.10	$58.10			Y					
97004		OT RE-EVALUATION	7/1/2014	RBRVS	$36.37	$36.37			Y					
97012		MECHANICAL TRACTION THERAPY	7/1/2014	RBRVS	$11.00	$11.00			Y					
97016		VASOPNEUMATIC DEVICE THERAPY	7/1/2014	RBRVS	$13.19	$13.19			Y					
97018		PARAFFIN BATH THERAPY	7/1/2014	RBRVS	$7.59	$7.59			Y					
97022		WHIRLPOOL THERAPY	7/1/2014	RBRVS	$16.11	$16.11			Y					
97024		DIATHERMY EG MICROWAVE	7/1/2014	RBRVS	$4.43	$4.43			Y					
97026		INFRARED THERAPY	7/1/2014	RBRVS	$4.18	$4.18			Y					
97028		ULTRAVIOLET THERAPY	7/1/2014	RBRVS	$5.16	$5.16			Y					
97032		ELECTRICAL STIMULATION	7/1/2014	RBRVS	$13.19	$13.19			Y					
97033		ELECTRIC CURRENT THERAPY	7/1/2014	RBRVS	$22.19	$22.19			Y					
97034		CONTRAST BATH THERAPY	7/1/2014	RBRVS	$12.46	$12.46			Y					
97035		ULTRASOUND THERAPY	7/1/2014	RBRVS	$8.81	$8.81			Y					
97036		HYDROTHERAPY	7/1/2014	RBRVS	$22.43	$22.43			Y					
97110		THERAPEUTIC EXERCISES	7/1/2014	RBRVS	$21.95	$21.95			Y					
97112		NEUROMUSCULAR REEDUCATION	7/1/2014	RBRVS	$22.92	$22.92			Y					
97113		AQUATIC THERAPY/EXERCISES	7/1/2014	RBRVS	$29.49	$29.49			Y					
97116		GAIT TRAINING THERAPY	7/1/2014	RBRVS	$19.51	$19.51			Y					
97124		MASSAGE THERAPY	7/1/2014	RBRVS	$18.05	$18.05			Y					
97140		MANUAL THERAPY 1/> REGIONS	7/1/2014	RBRVS	$20.49	$20.49			Y					
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2014	RBRVS	$11.97	$11.97			Y					
97530		THERAPEUTIC ACTIVITIES	7/1/2014	RBRVS	$23.89	$23.89			Y					
97532		COGNITIVE SKILLS DEVELOPMENT	7/1/2014	RBRVS	$18.30	$18.30			Y					
97533		SENSORY INTEGRATION	7/1/2014	RBRVS	$20.00	$20.00			Y					
97535		SELF CARE MNGMENT TRAINING	7/1/2014	RBRVS	$23.89	$23.89			Y					
97537		COMMUNITY/WORK REINTEGRATION	7/1/2014	RBRVS	$20.73	$20.73			Y					
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2014	RBRVS	$20.97	$20.97			Y					
97597		ACTIVE WOUND CARE/20 CM OR <	7/1/2014	RBRVS	$52.50	$16.98	000		Y					
97598		RMVL DEVITAL TIS ADDL 20CM/<	7/1/2014	RBRVS	$17.40	$8.15	ZZZ		Y					
97602		WOUND(S) CARE NON-SELECTIVE	7/1/2008	RBRVS	$0.00	$0.00			Y					
97605		NEG PRESS WOUND TX </=50 CM	7/1/2014	RBRVS	$29.51	$19.05			Y					
97606		NEG PRESS WOUND TX >50 CM	7/1/2014	RBRVS	$31.56	$21.09			Y					
97610		LOW FREQUENCY NON-THERMAL US	7/1/2014	FEE SCHED	$29.51	$0.00								
97750		PHYSICAL PERFORMANCE TEST	7/1/2014	RBRVS	$22.99	$22.99			Y					
97755		ASSISTIVE TECHNOLOGY ASSESS	7/1/2014	RBRVS	$24.94	$24.94			Y					
97760		ORTHOTIC MGMT AND TRAINING	7/1/2014	RBRVS	$26.40	$26.40			Y					
97761		PROSTHETIC TRAINING	7/1/2014	RBRVS	$22.99	$22.99			Y					
97762		C/O FOR ORTHOTIC/PROSTH USE	7/1/2014	RBRVS	$32.65	$32.65			Y					