Montana Medicaid - Fee Schedule
Optician
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	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
V2500		CONTACT LENS PMMA SPHERICAL	7/1/2014	FEE SCHED	$24.09	$0.00		Y						
V2501		CNTCT LENS PMMA-TORIC/PRISM	7/1/2014	FEE SCHED	$77.44	$0.00		Y						
V2502		CONTACT LENS PMMA BIFOCAL	7/1/2014	FEE SCHED	$130.76	$0.00		Y						
V2503		CNTCT LENS PMMA COLOR VISION	7/1/2014	FEE SCHED	$24.09	$0.00		Y						
V2510		CNTCT GAS PERMEABLE SPHERICL	7/1/2014	FEE SCHED	$24.09	$0.00		Y						
V2511		CNTCT TORIC PRISM BALLAST	7/1/2014	FEE SCHED	$77.44	$0.00		Y						
V2512		CNTCT LENS GAS PERMBL BIFOCL	7/1/2014	FEE SCHED	$130.76	$0.00		Y						
V2513		CONTACT LENS EXTENDED WEAR	7/1/2014	FEE SCHED	$24.09	$0.00		Y						
V2520		CONTACT LENS HYDROPHILIC	7/1/2014	FEE SCHED	$24.09	$0.00		Y						
V2521		CNTCT LENS HYDROPHILIC TORIC	7/1/2014	FEE SCHED	$77.44	$0.00		Y						
V2522		CNTCT LENS HYDROPHIL BIFOCL	7/1/2014	FEE SCHED	$130.76	$0.00		Y						
V2523		CNTCT LENS HYDROPHIL EXTEND	7/1/2014	FEE SCHED	$24.09	$0.00		Y						
V2623		PLASTIC EYE PROSTH CUSTOM	1/1/2015	MEDICARE	$905.61	$0.00								
V2624		POLISHING ARTIFICAL EYE	1/1/2015	MEDICARE	$73.83	$0.00								
V2625		ENLARGEMNT OF EYE PROSTHESIS	1/1/2015	MEDICARE	$465.34	$0.00								
V2626		REDUCTION OF EYE PROSTHESIS	1/1/2015	MEDICARE	$190.23	$0.00								
V2627		SCLERAL COVER SHELL	1/1/2015	MEDICARE	$1,596.47	$0.00		Y						
V2628		FABRICATION & FITTING	1/1/2015	MEDICARE	$386.80	$0.00								
92314		PRESCRIPTION OF CONTACT LENS	7/1/2014	RBRVS	$60.96	$27.44		Y						
92315		RX CNTACT LENS APHAKIA 1 EYE	7/1/2014	RBRVS	$56.59	$17.89		Y						
92316		RX CNTACT LENS APHAKIA 2 EYE	7/1/2014	RBRVS	$70.49	$26.35		Y						
92340		FIT SPECTACLES MONOFOCAL	7/1/2014	RBRVS	$27.38	$14.85								
92341		FIT SPECTACLES BIFOCAL	7/1/2014	RBRVS	$31.20	$18.67								
92342		FIT SPECTACLES MULTIFOCAL	7/1/2014	RBRVS	$33.71	$21.16								
92352		FIT APHAKIA SPECTCL MONOFOCL	9/1/2011	RBRVS	$0.00	$0.00								
92353		FIT APHAKIA SPECTCL MULTIFOC	9/1/2011	RBRVS	$0.00	$0.00								
92370		REPAIR & ADJUST SPECTACLES	7/1/2014	FEE SCHED	$16.12	$0.00								