Montana Medicaid - Fee Schedule
Speech Therapy
July 1, 2016

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. Allied conversion factor for fiscal year 2017 is $25.38
***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

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

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	Pass	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
92507		SPEECH/HEARING THERAPY	7/1/2016	RBRVS	$56.88	$56.88			Y						
92508		SPEECH/HEARING THERAPY	7/1/2016	RBRVS	$16.80	$16.80			Y						
92521		EVALUATION OF SPEECH FLUENCY	7/1/2016	RBRVS	$79.90	$79.90									
92522		EVALUATE SPEECH PRODUCTION	7/1/2016	RBRVS	$66.65	$66.65									
92523		SPEECH SOUND LANG COMPREHEN	7/1/2016	RBRVS	$139.56	$139.56									
92524		BEHAVRAL QUALIT ANALYS VOICE	7/1/2016	RBRVS	$64.62	$64.62									
92526		ORAL FUNCTION THERAPY	7/1/2016	RBRVS	$61.95	$61.95			Y						
92597		ORAL SPEECH DEVICE EVAL	7/1/2016	RBRVS	$52.18	$52.18			Y						
92605		EVAL FOR NONSPEECH DEVICE RX	7/1/2008	RBRVS	$0.00	$0.00			Y						
92606		NON-SPEECH DEVICE SERVICE	9/1/2011	RBRVS	$0.00	$0.00			Y						
92607		EX FOR SPEECH DEVICE RX 1HR	7/1/2016	RBRVS	$91.06	$91.06			Y						
92608		EX FOR SPEECH DEVICE RX ADDL	7/1/2016	RBRVS	$37.99	$37.99	ZZZ		Y						
92609		USE OF SPEECH DEVICE SERVICE	7/1/2016	RBRVS	$79.46	$79.46			Y						
92610		EVALUATE SWALLOWING FUNCTION	7/1/2016	RBRVS	$61.52	$52.64			Y						
92611		MOTION FLUOROSCOPY/SWALLOW	7/1/2016	RBRVS	$62.94	$62.94			Y						
96105		ASSESSMENT OF APHASIA	7/1/2016	RBRVS	$77.36	$77.36									
96125		COGNITIVE TEST BY HC PRO	7/1/2016	RBRVS	$84.41	$84.41			Y						
97532		COGNITIVE SKILLS DEVELOPMENT	7/1/2016	RBRVS	$19.09	$19.09			Y						
97533		SENSORY INTEGRATION	7/1/2016	FEE SCHED	$20.86	$0.00			Y						