

Montana Healthcare Programs Denturist Fee Schedule Explanation

Proposed Effective March 1, 2018

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:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

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.

Method – Source of Fee Determination:

Note: If a valid, current code is not present, that code may be a non-covered service

Fee Sched: Based on Relative Value for Dentists (RVD) X Montana Medicaid Dental Conversion Factor. Conversion factor for fiscal year 2018 is \$32.77

Medicare: Medicare-prevailing fee.

Anes Value: Number of anesthesia base value units.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster.

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 Indicators

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

PA:

Prior Authorization

Y: Prior authorization is required by this code

Pass:

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

Y: Passport referral is required

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