**Montana Healthcare Programs Durable Medical Equipment Fee Schedule Explanation**

Effective January 1, 2021

**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 Professional, HCPCS or CDT coding manual for complete definitions 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:** Medicaid fee; not determined using RBRVS payment schedule **Medicare:** Medicare-prevailing fee.

**MSRP:** Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)

# PA:

Prior Authorization

**Y:** Prior authorization is required by this code

\*Prior authorization will be required if the item has a reimbursement amount equal to or greater than $1,000.00 or the MSRP is greater than $6,667.00 on certain codes.

# Non-Rural Fee or Rural Fee:

The Medicare-prevailing fee that is applicable will be determined by the zip code in which the member resides.

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