

Montana Medicaid – Fee Schedule Respiratory Therapy

Definitions:

July 1, 2010

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.

By Report (BR): Equals 48% of billed charges. (Physician administered drugs will be priced by NDC if no rate is present.)

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$27.55.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2011 is \$40.09.

***If a valid, current code is not present, that code may be a noncovered 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 freestanding 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

Y – Indicator is applicable to this code

Space – This indicator does not apply to this code

Policy Adjust – M = Maternity, F = Family Planning

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Montana Medicaid – Fee Schedule Respiratory Therapy

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Indicators			Policy Adjust
					Office	Facility				Bilat	Assist	CoSurg	
G0237		THERAPEUTIC PROC'D STRG ENDUR	7/1/2010	RBRVS	\$9.10	\$9.10							
G0238		OTH RESP PROC, INDIV	7/1/2010	RBRVS	\$9.78	\$9.78							
G0239		OTH RESP PROC, GROUP	7/1/2010	RBRVS	\$10.46	\$10.46							
31502		CHANGE OF WINDPIPE AIRWAY	7/1/2010	RBRVS	\$34.88	\$34.88	000		Y				
31720		CLEARANCE OF AIRWAYS	7/1/2010	RBRVS	\$52.16	\$52.16	000		Y				
31725		CLEARANCE OF AIRWAYS	7/1/2010	RBRVS	\$95.05	\$95.05	000		Y				
36600		WITHDRAWAL OF ARTERIAL BLOOD	7/1/2010	RBRVS	\$29.03	\$15.43			Y				
82800		BLOOD PH	1/1/2010	MEDICARE	\$20.22	\$0.00							
82803		BLOOD GASES: PH, PO2 & PCO2	1/1/2010	MEDICARE	\$46.18	\$0.00							
90700		DTAP VACCINE < 7 YRS IM	7/1/2010	FEE SCHED	\$0.00	\$0.00							
90702		DT VACCINE < 7, IM	7/1/2010	FEE SCHED	\$19.49	\$0.00							
90703		TETANUS VACCINE IM	7/1/2010	FEE SCHED	\$25.15	\$0.00							
90704		MUMPS VACCINE SC	7/1/2010	FEE SCHED	\$20.30	\$0.00							
90705		MEASLES VACCINE SC	7/1/2010	FEE SCHED	\$17.22	\$0.00							
90706		RUBELLA VACCINE SC	7/1/2010	FEE SCHED	\$17.87	\$0.00							
90707		MMR VACCINE SC	7/1/2010	FEE SCHED	\$48.31	\$0.00							
90713		POLIOVIRUS IPV SC/IM	7/1/2010	FEE SCHED	\$24.71	\$0.00							
90716		CHICKEN POX VACCINE, SC	7/1/2010	FEE SCHED	\$80.58	\$0.00							
90720		DTP/HIB VACCINE, IM	7/1/2010	FEE SCHED	\$37.43	\$0.00							
90721		DTAP/HIB VACCINE, IM	7/1/2010	FEE SCHED	\$37.55	\$0.00							
90723		DTAP-HEP B-IPV VACCINE IM	7/1/2004	FEE SCHED	\$70.72	\$0.00							
90735		ENCEPHALITIS VACCINE, SC	1/1/2010	FEE SCHED	\$102.08	\$0.00							
90740		HEPB VACC ILL PAT 3 DOSE IM	7/1/2010	FEE SCHED	\$106.85	\$0.00							
90743		HEP B VACC ADOL 2 DOSE IM	7/1/2010	FEE SCHED	\$21.67	\$0.00							
90744		HEPB VACC PED/ADOL 3 DOSE IM	7/1/2010	FEE SCHED	\$21.67	\$0.00							
90746		HEP B VACCINE ADULT IM	7/1/2010	FEE SCHED	\$53.42	\$0.00							
90747		HEPB VACC ILL PAT 4 DOSE IM	7/1/2010	FEE SCHED	\$106.85	\$0.00							
90748		HEP B/HIB VACCINE, IM	5/1/2005	BY REPORT	\$0.00	\$0.00							
92950		HEART/LUNG RESUSCITATION CPR	7/1/2010	RBRVS	\$268.52	\$179.20	000						
94010		BREATHING CAPACITY TEST	7/1/2010	RBRVS	\$31.47	\$31.47							
94010	TC	BREATHING CAPACITY TEST	7/1/2010	RBRVS	\$23.01	\$23.01							
94010	26	BREATHING CAPACITY TEST	7/1/2010	RBRVS	\$8.46	\$8.46							
94060		EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$54.44	\$54.44							
94060	TC	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$39.33	\$39.33							
94060	26	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$15.11	\$15.11							
94070		EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$55.93	\$55.93							
94070	TC	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$26.74	\$26.74							
94070	26	EVALUATION OF WHEEZING	7/1/2010	RBRVS	\$29.15	\$29.15							
94150		VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00							
94150	TC	VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00							
94150	26	VITAL CAPACITY TEST	7/1/2009	RBRVS	\$0.00	\$0.00							
94200		LUNG FUNCTION TEST (MBC/MVV)	7/1/2010	RBRVS	\$21.37	\$21.37							
94200	TC	LUNG FUNCTION TEST (MBC/MVV)	7/1/2010	RBRVS	\$15.88	\$15.88							
94200	26	LUNG FUNCTION TEST (MBC/MVV)	7/1/2010	RBRVS	\$5.49	\$5.49							
94240		RESIDUAL LUNG CAPACITY	7/1/2010	RBRVS	\$36.24	\$36.24							
94240	TC	RESIDUAL LUNG CAPACITY	7/1/2010	RBRVS	\$23.69	\$23.69							

Please see first page for a complete description of information contained in the fee schedules.

**Montana Medicaid – Fee Schedule
Respiratory Therapy**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Indicators			Policy Adjust
					Office	Facility				Assist	CoSurg	Team	
94240	26	RESIDUAL LUNG CAPACITY	7/1/2010	RBRVS	\$12.55	\$12.55							
94250		EXPIRED GAS COLLECTION	7/1/2010	RBRVS	\$22.73	\$22.73							
94250	TC	EXPIRED GAS COLLECTION	7/1/2010	RBRVS	\$17.24	\$17.24							
94250	26	EXPIRED GAS COLLECTION	7/1/2010	RBRVS	\$5.49	\$5.49							
94260		THORACIC GAS VOLUME	7/1/2010	RBRVS	\$28.90	\$28.90							
94260	TC	THORACIC GAS VOLUME	7/1/2010	RBRVS	\$22.69	\$22.69							
94260	26	THORACIC GAS VOLUME	7/1/2010	RBRVS	\$6.25	\$6.25							
94350		LUNG NITROGEN WASHOUT CURVE	7/1/2010	RBRVS	\$32.19	\$32.19							
94350	TC	LUNG NITROGEN WASHOUT CURVE	7/1/2010	RBRVS	\$19.64	\$19.64							
94350	26	LUNG NITROGEN WASHOUT CURVE	7/1/2010	RBRVS	\$12.55	\$12.55							
94360		MEASURE AIRFLOW RESISTANCE	7/1/2010	RBRVS	\$39.97	\$39.97							
94360	TC	MEASURE AIRFLOW RESISTANCE	7/1/2010	RBRVS	\$27.42	\$27.42							
94360	26	MEASURE AIRFLOW RESISTANCE	7/1/2010	RBRVS	\$12.55	\$12.55							
94370		BREATH AIRWAY CLOSING VOLUME	7/1/2010	RBRVS	\$31.51	\$31.51							
94370	TC	BREATH AIRWAY CLOSING VOLUME	7/1/2010	RBRVS	\$18.96	\$18.96							
94370	26	BREATH AIRWAY CLOSING VOLUME	7/1/2010	RBRVS	\$12.55	\$12.55							
94375		RESPIRATORY FLOW VOLUME LOOP	7/1/2010	RBRVS	\$35.76	\$35.76							
94375	TC	RESPIRATORY FLOW VOLUME LOOP	7/1/2010	RBRVS	\$20.65	\$20.65							
94375	26	RESPIRATORY FLOW VOLUME LOOP	7/1/2010	RBRVS	\$15.11	\$15.11							
94400		CO2 BREATHING RESPONSE CURVE	7/1/2010	RBRVS	\$49.07	\$49.07							
94400	TC	CO2 BREATHING RESPONSE CURVE	7/1/2010	RBRVS	\$29.83	\$29.83							
94400	26	CO2 BREATHING RESPONSE CURVE	7/1/2010	RBRVS	\$19.24	\$19.24							
94450		HYPOXIA RESPONSE CURVE	7/1/2010	RBRVS	\$51.76	\$51.76							
94450	TC	HYPOXIA RESPONSE CURVE	7/1/2010	RBRVS	\$32.51	\$32.51							
94450	26	HYPOXIA RESPONSE CURVE	7/1/2010	RBRVS	\$19.24	\$19.24							
94620		PULMONARY STRESS TEST/SIMPLE	7/1/2010	RBRVS	\$63.22	\$63.22							
94620	TC	PULMONARY STRESS TEST/SIMPLE	7/1/2010	RBRVS	\$31.83	\$31.83							
94620	26	PULMONARY STRESS TEST/SIMPLE	7/1/2010	RBRVS	\$31.35	\$31.35							
94640		AIRWAY INHALATION TREATMENT	7/1/2010	RBRVS	\$12.83	\$12.83							
94642		AEROSOL INHALATION TREATMENT	7/1/2003	BY REPORT	\$0.00	\$0.00							
94660		POS AIRWAY PRESSURE, CPAP	7/1/2010	RBRVS	\$56.17	\$37.16							
94662		NEG PRESS VENTILATION, CNP	7/1/2010	RBRVS	\$36.80	\$36.80							
94664		AEROSOL OR VAPOR INHALATIONS	7/1/2010	RBRVS	\$13.19	\$13.19							
94667		CHEST WALL MANIPULATION	7/1/2010	RBRVS	\$18.28	\$18.28							
94668		CHEST WALL MANIPULATION	7/1/2010	RBRVS	\$17.92	\$17.92							
94680		EXHALED AIR ANALYSIS, O2	7/1/2010	RBRVS	\$52.88	\$52.88							
94680	TC	EXHALED AIR ANALYSIS, O2	7/1/2010	RBRVS	\$40.01	\$40.01							
94680	26	EXHALED AIR ANALYSIS, O2	7/1/2010	RBRVS	\$12.87	\$12.87							
94681		EXHALED AIR ANALYSIS, O2/CO2	7/1/2010	RBRVS	\$54.00	\$54.00							
94681	TC	EXHALED AIR ANALYSIS, O2/CO2	7/1/2010	RBRVS	\$44.06	\$44.06							
94681	26	EXHALED AIR ANALYSIS, O2/CO2	7/1/2010	RBRVS	\$9.94	\$9.94							
94690		EXHALED AIR ANALYSIS	7/1/2010	RBRVS	\$45.66	\$45.66							
94690	TC	EXHALED AIR ANALYSIS	7/1/2010	RBRVS	\$42.05	\$42.05							
94690	26	EXHALED AIR ANALYSIS	7/1/2010	RBRVS	\$3.61	\$3.61							
94720		MONOXIDE DIFFUSING CAPACITY	7/1/2010	RBRVS	\$47.11	\$47.11							
94720	TC	MONOXIDE DIFFUSING CAPACITY	7/1/2010	RBRVS	\$34.56	\$34.56							

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					Office	Facility					Assist	CoSurg	Team	
94720	26	MONOXIDE DIFFUSING CAPACITY	7/1/2010	RBRVS	\$12.55	\$12.55								
94725		MEMBRANE DIFFUSION CAPACITY	7/1/2010	RBRVS	\$56.29	\$56.29								
94725	TC	MEMBRANE DIFFUSION CAPACITY	7/1/2010	RBRVS	\$43.74	\$43.74								
94725	26	MEMBRANE DIFFUSION CAPACITY	7/1/2010	RBRVS	\$12.55	\$12.55								
94750		PULMONARY COMPLIANCE STUDY	7/1/2010	RBRVS	\$67.35	\$67.35								
94750	TC	PULMONARY COMPLIANCE STUDY	7/1/2010	RBRVS	\$56.29	\$56.29								
94750	26	PULMONARY COMPLIANCE STUDY	7/1/2010	RBRVS	\$11.06	\$11.06								
94760		MEASURE BLOOD OXYGEN LEVEL	7/1/2009	RBRVS	\$0.00	\$0.00								
94761		MEASURE BLOOD OXYGEN LEVEL	7/1/2009	RBRVS	\$0.00	\$0.00								
94762		MEASURE BLOOD OXYGEN LEVEL	7/1/2010	RBRVS	\$20.97	\$20.97								
94770		EXHALED CARBON DIOXIDE TEST	7/1/2010	RBRVS	\$32.75	\$32.75								
94770	TC	EXHALED CARBON DIOXIDE TEST	7/1/2010	RBRVS	\$25.42	\$25.42								
94770	26	EXHALED CARBON DIOXIDE TEST	7/1/2010	RBRVS	\$7.34	\$7.34								
94772		BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00								
94772	TC	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00								
94772	26	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00								