MONTANA
Department of Public Health & Human Services

January 3, 2011

Montana Health Care Programs Notice

Physician, Mid-Level Practitioner, Lab and Imaging, Outpatient Hospital, IDTF, Podiatrist

ATP Fee Schedule

2011 ATP Tests and Fee Schedules

ATP Tests

July 2008–2011

82040
82247
82248
82310
82330
82374
82435
82465
82550
82565
82947
82977
83615
84075
84100
84132
84155
84295
84450
84460
84478
84520
84550

2011 ATP Fee Schedule

ATP	Short Description	100% Amount	62% Amount	60% Amount
ATP02	Auto.Test Panel Pricing Code, 1–2 Tests	$12.22	$7.58	$7.33
ATP03	Auto.Test Panel Pricing Code, 3 Tests	$15.58	$9.66	$9.35
ATP04	Auto.Test Panel Pricing Code, 4 Tests	$16.45	$10.20	$9.87
ATP05	Auto.Test Panel Pricing Code, 5 Tests	$18.35	$11.38	$11.01
ATP06	Auto.Test Panel Pricing Code, 6 Tests	$18.40	$11.41	$11.04
ATP07	Auto.Test Panel Pricing Code, 7 Tests	$19.15	$11.87	$11.49
ATP08	Auto.Test Panel Pricing Code, 8 Tests	$19.85	$12.31	$11.91
ATP09	Auto.Test Panel Pricing Code, 9 Tests	$20.37	$12.63	$12.22
ATP10	Auto.Test Panel Pricing Code, 10 Tests	$20.37	$12.63	$12.22
ATP11	Auto.Test Panel Pricing Code, 11 Tests	$20.72	$12.85	$12.43
ATP12	Auto.Test Panel Pricing Code, 12 Tests	$21.18	$13.13	$12.71
ATP16	Auto Test Panel Pricing Code 13–16 Tests	$24.78	$15.36	$14.87
ATP18	Auto Test Panel Pricing Code, 17–18 Tests	$24.97	$15.48	$14.98
ATP19	Auto Test Panel Pricing Code, 19 Tests	$25.95	$16.09	$15.57
ATP20	Auto Test Panel Pricing Code, 20 Tests	$26.77	$16.60	$16.06
ATP21	Auto Test Panel Pricing Code, 21 Tests	$27.62	$17.12	$16.57
ATP22	Auto.Test Panel Pricing Code, 22 Tests	$28.47	$17.65	$17.08
ATP 23	Auto.Test Panel Pricing Code, 23+ Tests	$28.47	$17.65	$17.08

2010 ATP Fee Schedule

ATP	Short Description	100% Amount	62% Amount	60% Amount
ATP02	Auto.Test Panel Pricing Code, 1–2 Tests	$12.43	$7.71	$7.46
ATP03	Auto.Test Panel Pricing Code, 3 Tests	$15.87	$9.84	$9.52
ATP04	Auto.Test Panel Pricing Code, 4 Tests	$16.75	$10.39	$10.05
ATP05	Auto.Test Panel Pricing Code, 5 Tests	$18.67	$11.58	$11.20
ATP06	Auto.Test Panel Pricing Code, 6 Tests	$18.73	$11.61	$11.24
ATP07	Auto.Test Panel Pricing Code, 7 Tests	$19.50	$12.09	$11.70
ATP08	Auto.Test Panel Pricing Code, 8 Tests	$20.20	$12.52	$12.12
ATP09	Auto.Test Panel Pricing Code, 9 Tests	$20.72	$12.85	$12.43
ATP10	Auto.Test Panel Pricing Code, 10 Tests	$20.72	$12.85	$12.43
ATP11	Auto.Test Panel Pricing Code, 11 Tests	$21.08	$13.07	$12.65
ATP12	Auto.Test Panel Pricing Code, 12 Tests	$21.57	$13.37	$12.94

ATP Tests

2010 ATP Fee Schedule, continued

ATP16	Auto Test Panel Pricing Code 13–16 Tests	$25.23	$15.64	$15.14
ATP18	Auto Test Panel Pricing Code, 17–18 Tests	$25.40	$15.75	$15.24
ATP19	Auto Test Panel Pricing Code, 19 Tests	$26.40	$16.37	$15.84
ATP20	Auto Test Panel Pricing Code, 20 Tests	$27.25	$16.90	$16.35
ATP21	Auto Test Panel Pricing Code, 21 Tests	$28.10	$17.42	$16.86
ATP22	Auto.Test Panel Pricing Code, 22 Tests	$28.97	$17.96	$17.38
ATP 23	Auto.Test Panel Pricing Code, 23+ Tests	$28.97	$17.96	$17.38

Note: 62% goes to Sole Community Hospitals. All other providers get 60%.

Contact Information

For claims questions or additional information, contact Provider Relations:

1-800-624-3958 (Toll-free in- and out-of-state)
(406) 442-1837 (Helena)
E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

http://medicaidprovider.hhs.mt.gov/