

**Montana Medicaid – Fee Schedule  
Optician  
January 1, 2011**

**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.

**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 (RVUs) 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 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 Day s** – 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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Proc	Mod	Description	Effective	Method	Fees		Global	Indicators					Policy	
					Office	Facility	Days	PA	Mult	Bilat	Assist	CoSurg	Team	Adjust
V2500		CONTACT LENS PMMA SPHERICAL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2501		CNTCT LENS PMMA-TORIC/PRISM	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y						
V2502		CONTACT LENS PMMA BIFOCAL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y						
V2503		CNTCT LENS PMMA COLOR VISION	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2510		CNTCT GAS PERMEABLE SPHERICL	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2511		CNTCT TORIC PRISM BALLAST	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y						
V2512		CNTCT LENS GAS PERMBL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y						
V2513		CONTACT LENS EXTENDED WEAR	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2520		CONTACT LENS HYDROPHILIC	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2521		CNTCT LENS HYDROPHILIC TORIC	7/1/2000	FEE SCHED	\$74.43	\$0.00		Y						
V2522		CNTCT LENS HYDROPHIL BIFOCL	7/1/2000	FEE SCHED	\$125.69	\$0.00		Y						
V2523		CNTCT LENS HYDROPHIL EXTEND	7/1/2000	FEE SCHED	\$23.16	\$0.00		Y						
V2623		PLASTIC EYE PROSTH CUSTOM	1/1/2009	MEDICARE	\$856.71	\$0.00								
V2624		POLISHING ARTIFICAL EYE	1/1/2009	MEDICARE	\$69.85	\$0.00								
V2625		ENLARGEMNT OF EYE PROSTHESIS	1/1/2009	MEDICARE	\$440.21	\$0.00								
V2626		REDUCTION OF EYE PROSTHESIS	1/1/2009	MEDICARE	\$179.96	\$0.00								
V2627		SCLERAL COVER SHELL	1/1/2009	MEDICARE	\$1,510.25	\$0.00		Y						
V2628		FABRICATION & FITTING	1/1/2009	MEDICARE	\$365.91	\$0.00								
92314		PRESCRIPTION OF CONTACT LENS	7/1/2010	RBRVS	\$59.02	\$30.19		Y						
92315		PRESCRIPTION OF CONTACT LENS	7/1/2010	RBRVS	\$51.83	\$19.56		Y						
92316		PRESCRIPTION OF CONTACT LENS	7/1/2010	RBRVS	\$68.79	\$31.04		Y						
92340		FITTING OF SPECTACLES	7/1/2010	RBRVS	\$28.56	\$16.17								
92341		FITTING OF SPECTACLES	7/1/2010	RBRVS	\$32.95	\$20.56								
92342		FITTING OF SPECTACLES	7/1/2010	RBRVS	\$35.70	\$23.31								
92352		SPECIAL SPECTACLES FITTING	7/1/2009	RBRVS	\$0.00	\$0.00								
92353		SPECIAL SPECTACLES FITTING	7/1/2009	RBRVS	\$0.00	\$0.00								
92370		REPAIR & ADJUST SPECTACLES	1/1/2004	FEE SCHED	\$15.49	\$0.00								