

**Montana Medicaid - Fee Schedule
School-Based Health Services
December 1, 2013**

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.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 46% of billed charges

RBRVS: Based on Medicare Relative Value Units (RVUs) x Montana Medicaid allied health conversion factor x policy adjuster

Policy Adjuster - M = Maternity, F= Family Planning

Fees

Effective October 01, 2013, this fee will be adjusted to reimburse the services at the federal matching assistance percentage (FMAP) rate of 66.33%.

Please note the match rate is now activated by claim paid date, not date of service.

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Pass - Passport Referral

Y: Passport referral is required

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

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Proc	Mod	Description	Effective	Method	Office Fees	PA	Pass	Policy Adjust
H0036		COMM PSY FACE-FACE PER 15 MIN	7/1/2013	FEE SCHED	\$25.11			
H2027		PSYCHOED SVC, PER 15 MIN	7/1/2013	FEE SCHED	\$25.11			
T1000		PRIVATE DUTY/INDEPENDENT NSG	7/1/2013	FEE SCHED	\$7.01			Y
T1019		PERSONAL CARE SER PER 15 MIN	7/1/2013	FEE SCHED	\$5.05			
T2003		N-ET; ENCOUNTER/TRIP	7/1/2013	FEE SCHED	\$12.61			Y
V5266		BATTERY FOR HEARING DEVICE	10/1/2007	BY REPORT	\$0.00			
90832		PSYTX PT&/FAMILY 30 MINUTES	1/1/2013	RBRVS	\$42.58			
90853		GROUP PSYCHOTHERAPY	7/1/2013	RBRVS	\$16.69			
92506		SPEECH/HEARING EVALUATION	7/1/2013	RBRVS	\$147.60			Y
92507		SPEECH/HEARING THERAPY	7/1/2013	RBRVS	\$48.40			Y
92508		SPEECH/HEARING THERAPY	7/1/2013	RBRVS	\$14.10			Y
92557		COMPREHENSIVE HEARING TEST	7/1/2013	RBRVS	\$25.46			Y
92567		TYMPANOMETRY	7/1/2013	RBRVS	\$9.72			Y
92587		EVOKED AUDITORY TEST	7/1/2013	RBRVS	\$14.86			Y
92587	TC	EVOKED AUDITORY TEST	7/1/2013	RBRVS	\$2.10			Y
92587	26	EVOKED AUDITORY TEST	7/1/2013	RBRVS	\$12.76			
96101		PSYCHO TESTING BY PSYCH/PHYS	7/1/2013	RBRVS	\$56.25			
97001		PT EVALUATION	7/1/2013	RBRVS	\$50.89			Y
97002		PT RE-EVALUATION	7/1/2013	RBRVS	\$28.69			Y
97003		OT EVALUATION	7/1/2013	RBRVS	\$57.58			Y
97004		OT RE-EVALUATION	7/1/2013	RBRVS	\$36.30			Y
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2013	RBRVS	\$11.79			Y
97530		THERAPEUTIC ACTIVITIES	7/1/2013	RBRVS	\$23.80			Y
97533		SENSORY INTEGRATION	7/1/2013	RBRVS	\$19.64			Y
97535		SELF CARE MNGMENT TRAINING	7/1/2013	RBRVS	\$23.56			Y