

**Montana Medicaid - Fee Schedule  
Orientation and Mobility Services  
July 1, 2015**

**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.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster.

Conversion factor for Physician Services fiscal year 2016 is \$36.93

**Policy Adjuster** - M = Maternity, F= Family Planning

**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.

The posted fees on this schedule are for EPSDT providers. For School Based providers, please refer to that fee schedule in the School Based provider information and the associated Allied Health fees posted on the RBRVS fee schedule found at: <https://medicaidprovider.mt.gov/enduserbrvs>

**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

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| <b>Proc</b> | <b>Mod</b> | <b>Description</b>                | <b>Effective</b> | <b>Method</b> | <b>Office Fees</b> | <b>PA</b> | <b>Policy Adjust</b> |
|-------------|------------|-----------------------------------|------------------|---------------|--------------------|-----------|----------------------|
| 97533       |            | SENSORY INTEGRATION PER 15 MINUTE | 7/1/2015         | Fee Schedule  | \$20.49            |           |                      |
| 97535       |            | SELF-CARE MNGMENT TRAINING        | 7/1/2015         | Fee Schedule  | \$24.48            |           |                      |