

Montana Healthcare Programs **Proposed** Hearing Aid Fee Schedule

Explanation

Effective January 1, 2018

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:

Note: If a valid, current code is not present, that code may be a non-covered service

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

Medicare: Medicare-prevailing fee.

MSRP: Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)

PA:

Prior Authorization

Y: Prior authorization is required by this code

CPT codes, descriptors, and other data only are copyright 1995-2017 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.