

# Montana Healthcare Programs Dental Fee Schedule Explanation

Effective March 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:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

### 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:** Based on Relative Value for Dentists (RVD) x Montana Medicaid Dental Conversion Factor. Conversion factor for fiscal year 2018 is \$32.77

**Medicare:** Medicare-prevailing fee.

**Anes Value:** Number of anesthesia base value units.

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

### Global Days

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 Indicators

**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

### PA:

Prior Authorization

**Y:** Prior authorization is required by this code

**Pass:**

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

**Y:** Passport referral is required

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