Montana Healthcare Programs Hearing Aid Fee Schedule Explanation
Effective July 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

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