

Montana Healthcare Programs Community First Choice Services 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:

- U9 = self-directed
- TS = follow-up service used for personal assistance and self-directed personal assistance.

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. Fees for drugs, radiopharmaceuticals, blood products, immune globin's, vaccines, And toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

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

PA:

Prior Authorization

- Y:** Prior authorization is required by this code
- NA:** Prior authorization not required for this code

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Applicable FARS/DFARS Apply.