Montana Healthcare Programs
School Based Health 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. 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
- **Medicare:** Medicare-prevailing fee.
- **RBRVS:** Based on Medicare Relative Value Units (RVU’s) x Montana Medicaid conversion factor x policy adjuster. Allied conversion factor for fiscal year 2018 is $24.29
- **Policy Adjuster:** M = Maternity, F= Family Planning
- **MSRP:** Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when MSRP is available)

**Fees:**
Effective October 01, 2017, this fee will be adjusted to reimburse the services at the federal matching assistance percentage (FMAP) rate of 65.38%
Please note the match rate is now activated by claim paid date, not date of service.
**PA:**
Prior Authorization
  - **Y:** Prior authorization is required by this code
  - **NA:** Prior authorization not required for this code

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