

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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Applicable FARS/DFARS Apply.