

# Montana Healthcare Programs Ambulance Fee Schedule Explanation

Effective January 1, 2022

## 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 Professional, HCPCS or CDT coding manual for complete definitions 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
- AAC:** Average Acquisition Cost

### 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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