

Montana Healthcare Programs Durable Medical Equipment 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-4 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 (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

*Prior authorization will be required if the item has a reimbursement amount equal to or greater than \$1,000.00 or the MSRP is greater than \$1,334.00 on certain codes.

Non-Rural Fee or Rural Fee:

The Medicare-prevailing fee that is applicable will be determined by the zip code in which the member resides.

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