Montana Healthcare Programs Nursing Facility Ancillary Services Fee Schedule Explanation

Effective 2014 Revised 06/27/2017

Definitions:

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-4 coding manual for complete definitions to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

End – This is the last date of service for which this procedure code can be used.

Fee – Cost with no markup

Medicare EOB – Medicare Explanation of Benefits
    Y – Requires a Medicare EOB attachment
    Space – This indicator does not apply to this code

PA – Prior Authorization
    Y: Prior authorization is required
    N/A – This indicator does not apply to this code

Notes: