# Montana Healthcare Programs Ambulance Fee Schedule Explanation

Effective July 1, 2020

# 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