

Montana Healthcare Programs Denturist Fee Schedule Explanation

Effective January 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:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

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: Based on Relative Value for Dentists (RVD) X Montana Medicaid Dental Conversion Factor. Conversion factor for fiscal year 2020 is \$34.09

Medicare: Medicare-prevailing fee.

Anes Value: Number of anesthesia base value units.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster.

Global Days

Global surgery indicator

Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure Indicators

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

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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