Montana Healthcare Programs Ambulance Fee Schedule Explanation

Effective July 1, 2021

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