

Montana Healthcare Programs Orientation and Mobility Fee Schedule

Explanation

Proposed Effective July 1, 2025

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, HCPCS or CDT-5 coding manual for complete definitions
In order to assure correct coding.

Effective

This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globin's, vaccines, And toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

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.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Allied conversion factor for fiscal year 2026 is \$28.23

Fees:

The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Indicators:

Policy Adjust: M= Maternity, F= Family Planning

PA:

Prior Authorization

Y: Prior authorization is required by this code

CPT codes, descriptions, and other data only are copyright (2025) American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.