

Montana Healthcare Programs Durable Medical Equipment 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 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 (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)

PA:

Prior Authorization

Y: Prior authorization is required by this code

Note: Prior Authorization required if item reimbursement is equal to or greater than \$1,000.00 or the MSRP is greater than \$1,334.00, even if the PA indicator indicated is "-"

Non-Rural Fee or Rural Fee:

The Medicare-prevailing fee that is applicable will be determined by the zip code in which the member resides.

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.